**ACKNOWLEDGMENT**

 acknowledges the following:

1. I, , have applied to participate in LCBDD’S DSP Employment Connections program.
2. I hereby acknowledge that the sole role of LCBDD in the DSP Employment Connections program is to determine my eligibility for employment as a Direct Services Provider (DSP).
3. I understand and agree that LCBDD has no role in any employment-related decision with respect to my hiring as a DSP beyond the initial screening process.
4. I understand and agree that LCBDD has no role in the selection of Participating Provider Agencies to which I may apply. Such decisions are made solely by me.
5. I understand and agree that any and all hiring decisions shall be made solely by the Participating Provider Agencies to which I apply.

APPLICANT:

Name Date

 Sworn to before me and subscribed in my presence this day of , 201 .

 Notary Public