

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES
EMPLOYER OF RECORD (EOR)
ACKNOWLEDGEMENT AND RELEASE OF LIABILITY**

I, _____, am an employer of record for, _____, an individual who utilizes the Department of Developmental Services' (DDS) resources under a DDS Self-Directed Support Agreement. I am in the process of hiring an applicant for employment to assist the individual for whom I serve as the employer of record. The Fiscal Intermediary, _____, has conducted a criminal history background check on the following applicant, _____, Date of Birth ____/____/____ who is the applicant I wish to hire as an employee to assist the individual. The Fiscal Intermediary has informed me that it has obtained the following information concerning the applicant as a result of a criminal history background check: _____

I understand that the criminal behavior listed above for which the applicant has been charged with, or may be or has been convicted of, could potentially happen again while the applicant is in my employment. This criminal behavior or other behaviors associated with the charge or conviction may be detrimental to the health and safety of the individual for whom I serve as employer of record as well as my own health and safety.

I have had an opportunity to ask any questions I may have and received answers from the Fiscal Intermediary about hiring an applicant whose criminal history background check shows charges or convictions for criminal behavior.

It is my decision as the employer of record, in consultation with the individual for whom I serve as employer of record, to hire the applicant as an employee for the individual and to assume the risk that the applicant's criminal behavior could potentially happen again. Accordingly, I hold the Fiscal Intermediary and its employees harmless from and against all claims, liabilities, judgments, fines, assessments, penalties, awards, or other expenses, of any kind or nature whatsoever, including, without limitation, attorney's fees, expert witness fees, and costs of investigation, or litigation, relating to or arising out of this applicant's criminal behavior as it relates to the individual for whom I serve as employer of record or me, directly or indirectly.

Print Name of Employer of Record

Name of Individual represented

Employer of Record's Signature

Date

Print Name of Witness

Witness's Relationship to Employer of Record

Witness Signature

Date