



**State of Connecticut  
 Department of Developmental Services  
 New Hire E-Learning Training Verification Form**



M. Jodi Rell  
 Governor

Peter H. O'Meara  
 Commissioner

Kathryn du Pree  
 Deputy Commissioner

Employee Name \_\_\_\_\_ Employer Name \_\_\_\_\_

**FI Information: Allied Community Resources**  
**Service Type: household employee**  
**Employee ID if any: na**

**By signing below I am certifying:**

- I have completed all of the required lessons and attained a score of 80 or better for each lesson.**
- I have taken the tests for each lesson on my own.**
- My employer must sign this form prior to submitting for reimbursement.**
- That I understand the Fiscal Intermediary will verify my scores for each lesson prior to making payment.**
- That I must complete all lessons to be eligible for reimbursement.**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Employer Signature:**

*By signing this Training Verification form I am certifying that the employee named above is currently employed by me and I am authorizing the payment for 18 hours for completion of the E-Learning lessons with a minimum score of 80 on each lesson.*

Please fax this completed form to listed FI Fax number below:

**Allied Community Resources: 860-627-0330 Toll free - 866-598-2227**