


RESPONSIBILITY AGREEMENT- ADAPTED VERSION

Member Name		Case Manager	
Date		RN	


I, *(insert member name)*, and *(insert CM agency and/or PA agency)* have entered into a formal responsibility agreement. The provider agency has discussed the Aged and Disabled policy 501.29 Rights and Responsibilities with me. I understand that as a member on the ADW program, I must meet the member responsibilities which includes maintaining a safe environment for my worker or those who enter the home and maintain compliance with the ADW program.

I understand that I, *(insert name)* agree to the following to ensure a safe environment in my home and compliance with the program, by *(insert date)*. *Please remove those that do not apply or circle.*


Unsafe Environment or Noncompliance:




Open Door for Workers




Answer call or respond




Sign, review, turn in worksheets




No screaming at worker




No illegal activities in home




Let your worker help you




Major clean up



Let your worker Clean up



No cussing or name calling



Treat your worker with respect

I understand that failure to maintain a safe environment for agency employees or compliance with the program may result in an agency request for discontinuation of services. Therefore, I agree to keep my home safe for my workers. I will comply with the ADW program.

Signatures

_____	_____
Member	Date
_____	_____
Case Manager	Date
_____	_____
RN or Resource Consultant	Date
_____	_____
Other	Date

