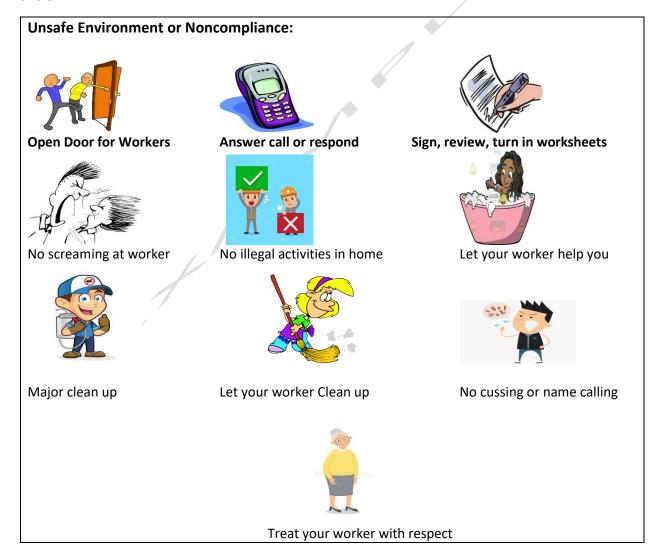
RESPONSIBILITY AGREEMENT- ADAPTED VERSION

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.*



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
<i>W</i>		