

# TBI Waiver Responsibility Agreement

A Responsibility Agreement is between the TBI Waiver program member and the provider agency. The agreement must address the specific actions that are expected by the Member. Each case is unique. Keep it simple, to the point and describe what the expectation(s) is from the program member.

(Type a description of the undesirable behavior(s) in this section)

## Responsibility Agreement:

I, \_\_\_\_\_ understand that in order for my services with the Traumatic Brain Injury Waiver to continue I will be responsible for the following:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

I understand that if I am unable to live up to this agreement the agency can request to close my case due to an unsafe environment.

Program Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Attendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement will be in place until \_\_/\_\_/\_\_.