

CUSTOMER CODE OF CONDUCT

I, _____, do hereby agree to abide by the following

Customer Code of Conduct:

1. I understand that I have a responsibility to not act or conduct myself in any manner which would endanger the life, safety, health or well-being of my case manager.
2. I understand that I shall not exhibit any of the following behaviors or take any of the following actions, nor shall I place my case manager in an environment in which any of the following may occur:
 - Verbal harassment toward my case manager, including yelling or demanding behavior;
 - Making inappropriate remarks or physical actions toward my case manager that may be considered racist, discriminatory, or sexual in nature;
 - Possession of unauthorized materials such as explosives, illegal weapons, or other similar items while in the presence of my case manager;
 - Manufacturing, use, or distribution of illegal drugs while in the presence of my case manager;
 - Possession of a legal firearm in the presence of my case manager, when that firearm is not securely stored in a safe location;
 - Verbal threat or other behavior toward my case manager that insinuates physical harm;
 - Sexual assault of my case manager;
 - Physical contact with my case manager resulting in bodily harm; or
 - Use of a firearm or other weapon in a threatening manner toward my case manager.
3. I understand that I am responsible to ensure that family members, or any other person who is present in my household, abide with the rules of conduct provided for herein.

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CUSTOMER ACKNOWLEDGEMENT:

I have read or have had the “Customer Code of Conduct” read to me. I understand and hereby agree to abide by the rules stated in the “Customer Code of Conduct”. If I violate any of these rules, I understand that my case management services may be reviewed for corrective action or possible closure. Loss of case management will automatically result in the loss of all services provided under the Home and Community-Based Services for the Frail Elderly (HCBS/FE) waiver, the option to self-direct Senior Care Act services, and possibly services funded through other sources.

Customer Signature: _____

Customer Printed Name: _____ Date: _____