

EXPLOITATION AGREEMENT

The member's first option must be to make purchases and handle finances themselves. When the member needs assistance from a worker, the following guidelines must be followed. If you violate this agreement, a referral to Adult Protective Services, Medicaid fraud and law enforcement will be made.

I, _____ (print worker's name), understand that I am acting on behalf of the member when I perform the following (initial each line):

- Making purchases on behalf of the member _____
- Paying bills on behalf of the member _____
- Using the member's Food Stamp Card on behalf of the member _____
- Using the member's debit card or credit card on behalf of the member _____
- Accepting cash from the member to make purchases or payments on behalf of the member _____
- Making purchases or payments by check(s) on behalf of the member _____
- Making deposits on behalf of the member _____
- Picking up prescriptions at the pharmacy on behalf of the member _____

I agree to the following guidelines (initial each line):

- I will purchase only items requested by the member and return all items purchased to the member _____
- I will return all remaining cash and change from the purchases _____
- I will return the credit, debit or Food Stamp card(s) to the member _____
- I will provide receipts to the member verifying the purchases or payments were made _____
- I will not utilize the member's card(s) or cash for myself or others _____
- I will not distribute the member's PIN numbers, card numbers, check numbers or cards to anyone _____
- I will not write a check to myself, my family, friends or others _____
- I will not use a check for my own purchase(s) or payment(s) _____
- I will not commit acts of fraud, exploitation or theft of cash, cards or other items belonging to the member _____
- I will not accept gifts or personal gain (Christmas gifts, accepting money for bills/gas, eating member's food, etc.) _____
- I will not take prescription drugs that belong to the member (or anyone in the member's household) and will ensure that all prescription drugs are delivered in full to the member _____

Worker: _____

Date: _____

Agency or Program Representative: _____

Date: _____