I have read and been informed about the content, requirements, and expectations of the *STEPS* program policies for Community Service Coordinators (CSCs).

I have obtained a copy of the *STEPS* Program Manual (the current *STEPS* Program Manual can be found online at <https://kancare.ks.gov/consumers/working-healthy/steps>) and agree to abide by the policy guidelines.

I understand that it is my responsibility to know the program policies and procedures contained in the manual, including revisions that have been made to *STEPS* program policies and procedures.

**I understand that I must ensure that there is no conflict of interest directing participants to the agency or organization that employs them without considering other service providers or providing services for their family members, relatives or friends allowing their family members or relatives to provide STEPS services for participants.**

Please read the *STEPS* Program Manual carefully to ensure that you understand the policies before signing this document.

**This form must be completed annually and is due by January 31st of each year.**

|  |  |
| --- | --- |
| CSC Signature: |  |
|  |  |
| Printed Name: |       |
|  |  |
| Date: |       |