

# **WORK Independent Living Counselor Acknowledgement of Program Policies**

I have read and been informed about the content, requirements, and expectations of the *WORK* program policies for Independent Living Counselors.

I have obtained a copy of the *WORK* Program Manual (the current *WORK* Program Manual can be found on line at <http://www.kdheks.gov/hcf/workinghealthy/work.htm>) 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 *WORK* program policies and procedures.

Please read the *WORK* 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 31<sup>st</sup> of each year.**

Independent Living Counselor Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_