

C.A.R.E. Team

Agreement for Agency Commitment

The purpose of the CARE (Curtailling Abuse Related to the Elderly) Team is to improve the coordination and cooperation among human service and public safety organizations in fighting elder abuse. These organizations will consult with one another and plan comprehensive services to elderly persons who are victims of abuse. Furthermore, the CARE Team will address elder abuse issues by promoting increased awareness and prosecution of abuses.

As a participating member of the CARE Team, I agree to:

1. Commit the time to participate.
2. Be available to attend regular monthly meetings whenever possible.
3. Learn as much as possible about the problem of elder abuse and how to assist victims.
4. Receive Mandated Reporter Training and agree to abide by all mandated duties.
5. Provide professional opinion and advice on how to proceed with the cases presented and attempt to find the answers to questions within my field of expertise.
6. Engage in telephone consultations on an emergency basis.
7. To the extent possible, assist in educating the public and others in my profession about the problem of elder abuse.
8. Advocate for better alternatives and services for elderly persons in need of protection.
9. Respect and maintain the confidentiality of all clients whose cases are discussed.
10. Refrain from using the MDT to promote or advertise my agency or business.
11. Engage in self-monitoring for the purpose of eliminating and avoiding any conflict of interest, including the appearance of conflict of interest, in case discussions and resolution.
12. Exclude myself from any discussion or meeting as soon as I know or have reason to know of a potential conflict of interest in a personal or business relationship with either the victim or suspect in a case, i.e. employee/employer, family member and/or friend.

I understand that my membership on the CARE Team is primarily as a representative of an agency or organization and that this agreement will be null and void if I am no longer associated with that organization. I also understand that if I cease to be associated with my organization that they will be committed to fulfilling the terms and conditions of this agreement.

Print Name of Team Member

Print Name of Organization or Agency

Signature of Team Member

Signature of Agency Official