COMMUNITY HEALTH WORKER AGREEMENT FOR THE 
PRESCRIPTION FOR HEALTH DIABETES PROJECT - PHASE II

This is an agreement between ____________________ (herein named The CHW), and The Prescription For Health Diabetes Project at The Open Door Health Center (herein named The Project), in Homestead, Florida, to serve as a Community Health Worker.

I. Background:
The Open Door Health Center is a grantee of Building Community Supports For Diabetes Care, a national program funded by the Robert Wood Johnson Foundation. The Prescription For Health Diabetes Project is the name of the grant project at ODHC. The Project seeks to improve self management of diabetes Type 2, among the clinic patients as well as in the local community, with cultural/linguistic competence and sensitivity.

As a means to accomplish this goal, The Project has included a CHW component with its’ patient services.

II. Terms of Agreement:
A. The CHW agrees to:
   1. Participate in all education sessions, unless previously agreed to.
   2. Keep all patient information confidential.
   3. Be a positive role model for others with diabetes Type 2.
   4. Treat others with respect.
   5. Work as a “team” with other CHWs and Project/Clinic Staff.
   6. Complete duties as assigned
   7. Be available to work a minimum of 12 hours per month

B. The Project agrees to:
   1. Provide supervision and support to The CHW in fulfilling his/her duties/responsibilities.
   2. Provide ongoing education and training for CHWs.
   3. Provide a bi-weekly stipend of $7.18 per hour, in the form of a check, assuming CHW successfully meets Terms of Agreement listed in section A, #s1-6 above.

C. This agreement is effective June 24th, 2004 through April 30th, 2005.
   The Project reserves the right to terminate this agreement at any time for failure to fulfill the terms of this agreement. The CHW may terminate this agreement with two weeks’ notice to The Project.

D. The CHW is responsible for all applicable taxes.

_________________________________________  __________________________________________
CHW Signature                                      Dr. Nilda Soto, Director
_________________________________________
Date                                                Prescription For Health Diabetes Project

_________________________________  ______________________________
Date                                                 Date

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