



SAFE AT HOME APPLICATION ASSISTANT AGREEMENT

Return Form to: Safe at Home (c/o SOS Office) 700 Capital Avenue, Suite 152 Frankfort, KY 40601

	- I tollowal	
	☐ Change of Informat	tion
Name:		
Agency Name:		
Agency Name.		
Agency Mailing Address:		
City:	Zip Code:	County
Oity.	Zip Gode.	County
Assistant Email:		Assistant Phone
Supervisor Name:		Agency Phone:
Supervisor Name.		Agency Filone.
Languages other than En	glish:	
I have completed the in-po	erson or online training:	
☐ Yes	crossi of offinite training.	
□ No		

Type of Registration:

New
Renewal

As an Application Assistant, I understand and agree to the following:

- <u>Scope of Work</u>: Adhere to the policies, procedures and directions provided by program staff for rendering assistance to potentially eligible applications for Safe at Home Program, as well as current participants in the Safe at Home Program.
- <u>Period of Performance</u>: The effective date of this agreement is the date of last signature. This agreement shall terminate three (3) years from the effective date, unless terminated as provided herein. An agreement may be renewed upon submission of a new application.
- <u>Nondiscrimination</u>: The Application Assistant agrees not to discriminate against any client, employee or applicant for employment or services because of race, creed, color, national origin, gender, sexual orientation, age, or mental, physical or sensory disabilities.
- Application Assistant IS Not A Secretary of State Employee: The Application Assistant performing under this agreement is not an employee of the Secretary of State, nor is the Application Assistant considered to be an agent of the Secretary of State in any manner whatsoever. The Application Assistant will not hold himself/herself out as, nor claim to be an agent, officer or employee of Secretary of State by reason hereof and will not make any claim, demand, or application to or for any right or privilege applicable to an agent, officer or employee of the Secretary of State.
- Application Assistant IS Not Responsible for Conduct of Program: The parties recognize that the role of the Application Assistant is limited to the scope of work specified in this agreement. Application Assistants play no role in, and bear no responsibility for, the administration of the program.
- <u>Termination</u>: This agreement shall be terminated if the Application Assistant leaves the program/organization noted on this agreement and does not update their information. The Application

- Assistant must notify the program upon leaving the program/organization. At the discretion of the department, a new agreement may be issued upon request by a trained Application Assistant.
- Termination for Default: The Secretary of State may, by written notice, terminate this agreement in whole or in part for failure of the Application Assistant to perform any of the provisions hereof.
- Expiration: The Safe at Home Program will notify the Application Assistant prior to the expiration of their agreement at the contact information on record. If the Application Assistant fails to submit a new Application Assistant Agreement before the end of the three-year term, it shall expire.
- Non-Assignability: The Application Assistant may not delegate any duty, nor assign any right, under this agreement.
- <u>Inclusiveness</u>: This agreement contains the entire agreement of the parties. Any understandings not contained in this agreement are not a part of this agreement, unless such understandings are written, signed by all parties, and attached hereto

Application Assistant:	
Signature (Electronic Signatures are not accepted)	Date