



HSF APPLICATION ASSISTOR CODE OF ETHICS AND CONDUCT

1. HSF Assistors are prohibited from providing application assistance to their immediate, extended family members of any relation, personal friends or themselves. Family members and personal friends are to be referred to another impartial HSF Assistor for their interview, screening, verification collection, application submission, enrollment and changes in One-e-App. This is to ensure that an impartial and objective party is involved to remove any doubt of the information or documentation provided and to protect the integrity of the HSF Program’s data collection systems.
2. HSF Assistors may not participate in any activity or enterprise with clients or providers where income, profit or other gain may be accrued; that could reflect on the honor or efficiency of the HSF Program service; or is or may be contrary to the best interests of the HSF Program.
3. A HSF Assistors may not coach a client to give deceiving or otherwise false or misleading information in order for the client to become eligible for County/State/ Federal programs. Doing so may constitute fraudulent activity.
4. HSF Assistors are prohibited from soliciting or accepting any gifts, gratuities, kickbacks, or anything of monetary value from clients, providers, contractors, or potential contractors. Employees are prohibited from attempting to secure payment or any other benefit for services rendered as an HSF Assistors.
5. HSF Assistors should not to use One-e-App services or the data to view or gather information on him or herself, co-workers or people with any personal relationship. People described above including family members and personal friends are to be referred to another impartial HSF Assistor for their interview, screening, verification collection, application submission, enrollment and any changes in One-e-App. Refer to Section #1 above.
6. HSF Assistors may not disclose ANY information about applicants or their families, including their names, addresses, Social Security numbers, health status, or incomes to any other party. HSF Assistors must hold this information in the strictest of confidence and safeguard it from being revealed. Under NO circumstances should applicants receive solicitations or be placed on any mailing lists unrelated to HSF correspondence as a result of their applications or contacts with HSF Assistors.
7. HSF Assistors must never Invite or influence any applicant or their dependents to separate from any form of health coverage or arrange for this to happen to become eligible for the HSF Program.
8. Under no circumstances will HSF Assistors disclose their One-e-App username and passwords. HSF Assistors agree to notify the HSF Program anytime they believe their username and password has been compromised or suspect someone else has knowledge of your password.

HSF Assistors Agree to:

1. Assist applicants in properly completing the application and One-e-App process.
2. Ensure the confidentiality of all applications, records, and any information received in written, graphic, oral, or other tangible forms.
3. Answer questions pertaining to the application.
4. Review and explain the documents that are required with the application.
5. Act in a courteous and professional manner.
6. Abide by HSF program rules and enrollment procedures.

I understand that it is my responsibility to read and comply with the guidelines in this agreement. I also understand that not following the guidelines could result in losing access to One-e-App user rights and notification to supervisors and/or training leads.

Name of HSF Assistor (print name) _____

Signature of HSF Assistors _____ Date Signed _____

Date of First HSF Assistor Training _____

Enrollment Site/Affiliation _____