

Clients Licence Agreement For Accommodation

Licence Agreement
For 16 yrs plus

LICENCE AGREEMENT BETWEEN OPEN CHOICE AND (Clients Name):

The Open Choice Independence Project undertakes to provide suitable accommodation for.....in an area that has been agreed with the appropriate authority.

I understand the **The Open Choice Independence Project** will have a six month tenancy for self contained accommodation and that I will be the sole tenant.

I will be solely responsible for the keys to my accommodation, and under no circumstances will I give the keys to my friends.

The Open Choice Independence Project has a DUTY OF CARE, therefore have the right to visit; to be sure I am safe and well.

I will fully respect all my neighbours' privacy regarding music and noise levels in and around my accommodation, with particular attention to times between 11.00PM and 9.00AM.

I understand that **The Open Choice Independence Project** does not agree or give me permission for my friends to stay overnight.

I understand that under no circumstances will pets be allowed in the property.

I understand that I will not and can not redecorate, or change any of the fixtures and fittings to the accommodation without permission from the owner of the property.

I understand that I will be held responsible for any malicious damage caused to the property unnecessarily and will be held liable for the costs of the repair.

I understand that under no circumstances am I to have **ANY** unprescribed drugs in this property at any time belonging to myself, my family or any of my friends

Personal items such as stereos, DVD players, CD's, DVD's etc, are **not** covered by **Open Choice's** insurance and therefore remain my own responsibility. (Information regarding insuring your own personal belongings is available from The **Open Choice** staff).

I understand that there may be times when my information will need to be shared with the youth offending team, mental health team and any other professional agencies related to me, and that this contract will be reviewed on a monthly basis.

I have read and fully understand ALL that is written above. I am also aware that if this contract is broken, a meeting will be called where a decision could be reached to end this placement with The Open Choice Independence Project, who would serve me two weeks notice to leave.

Signed
(Client).....Date.....

Signed (Social Worker).....Date.....
- Witness

Signed (O.C. Project
Worker).....Date.....
- Witness

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