



BEHAVIOURAL AGREEMENT

Dated: _____

This is an agreement between me, _____ and the Coast Mental Health Society ("CMH"). I acknowledge and agree that:

- A. This behavioural agreement is designed to provide the client the opportunity to make the transition to safe, quality housing
- B. This behavioural agreement provides for a mandatory acceptance that includes working with Coast Mental Health staff and other outside professionals, if deemed necessary by Coast staff.

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1. CMH has an obligation to protect the rights of other clients to quiet enjoyment, security, safety and physical well-being. CMH also must provide a safe and secure work environment for its employees.
 2. CMH provides housing to many individuals with disabilities and/or those who are particularly vulnerable. As such, CMH has no tolerance for illegal activities, (including the use of illicit drugs) or for other activities that may disturb or interfere with the rights of other clients or of CMH as landlord.
 3. CMH supports and will assist clients in obtaining appropriate support services to ensure their tenancies will be successful. This includes connecting clients with health and social services agencies in the community to support clients.
 4. CMH wishes to assist me in maintaining my personal health and safety during my tenancy.
 5. I agree to enter into and adhere to a medication administration plan if necessary by Coast staff and my physician anytime during this agreement for the duration of this agreement
 6. I will agree to monthly unit inspections and will follow up in conjunction in staff direction.
 7. I agree to keep my unit and external areas clean and tidy and to adhere to CMH standards. This includes keeping the floors, hallways and exit paths clean and free of any excess clutter.
 8. If there are suggestions and/or recommendations (i.e. receiving homecare) with regards to the cleanliness or decluttering of my unit, I will comply with these requests within a reasonable period of time.

9. I agree to notify the Manager / Program Coordinator or designate immediately of any pests (rodents, cockroaches, bedbugs). I will follow their instructions which include preparing for and complying with treatment to avoid further infestation.
10. I will be responsible for my visitors/ guest's activities in my unit and on CMH property. I also understand I will not exceed the maximum allowable overnight guests of 14 overnights stays per calendar year.
11. I agree and understand that verbal and/or physical assaults to other clients, CMH staff or any other person(s) will not be tolerated and may result in written notice to end tenancy.
12. I understand and agree that this tenancy is for me only.
13. If I have concerns/complaints about my unit, staff, other clients, etc. I will report these to the Manager/ Program Coordinator.
14. The Client will pay the Rent Payment to CMH in advance on or before the first day of each calendar month.
15. In an emergency, CMH may change the electronic code on the main door of the Property and promptly provide the Client with a new key card.
16. The Client agrees not to loan their key card for their unit and the front door of the Property.
17. If the Client is locked out and there is damage to the Building or Unit in regaining access, the Client must pay any costs of repairing such damages. The Client must pay any other costs incurred in regaining access.
18. The Client must allow CMH, home support workers, repair and maintenance workers and pest control services timely access to the Client Unit to ensure all concerns are resolved.
19. The Client acknowledges that a severe pest infestation may require that some of the Client's belongings may need to be disposed of to ensure the infestation is eliminated.
20. The Client must take all reasonable steps to ensure that the use of common areas of the Property, including any laundry room, recreation room and facilities, parking area, or storage area, by the client or guest will: be prudent, safe and equitable; and comply with all notices, rules or regulations posted on or about the Property concerning the use of such common areas.

I understand and agree that the terms of this agreement are incorporated into and are material terms of my Residential Tenancy Agreement with CMH, dated _____. In addition to agreeing and signing the CMH Crime Free Addendum, I also agree that I must comply with the following terms of this behavioural agreement:

1. CMH must conduct an inspection of my rental unit on a monthly basis (as permitted under subsection 29(2) of the Residential Tenancy Act) to:
 - a) Ensure that I am properly maintaining and not damaging the rental unit.
 - b) Confirm that I am not undertaking any illegal activities or other activities that disturb or interfere with the rights of other clients or of CMH as landlord.
 - c) Ensure that I am complying with conditions of this agreement, my Residential Tenancy Agreement and the CMH Crime Free Addendum.
2. I will meet at minimum every 2 weeks with my Key worker and/or Manager/ PC as required in order to support my tenancy and ensure I am obtaining the supports and services necessary to maintain a successful tenancy.
3. I will participate in my recovery in cooperation with staff in programs including Recovery star and other programming.
4. I authorize and consent CMH and the Service Provider to share my personal information with one another. The purposes for sharing my personal information are to:
 - a) Confirm my compliance with this agreement.
 - b) Allow CMH and the Service Provider to properly support my tenancy and me.
 - c) Allow the Service Provider to develop and deliver services to meet my specific needs.
5. I agree to the conditions herein, which I acknowledge are reasonable and designed to address my specific needs, maintain my personal health and safety and allow me to live in close proximity to CMH's other clients:
6. This agreement will commence on the first day of my tenancy and will remain in effect until _____ or the termination of my tenancy, whichever occurs first. On or before the End Date, CMH will consult with me and consider the need to renew or replace this agreement with another behavioural agreement. If deemed to be necessary, I agree to continue this agreement or enter into a new behavioural agreement commencing on the End Date.

I have read and understand the terms of this agreement. I understand that if I fail to comply with its terms, CMH may terminate my tenancy.

Client Signature

Date (dd/mm/yy)

Coast Mental Health Program Staff Signature

Date (dd/mm/yy)