## PRODUCTIVE LIVING SYSTEMS, INC. Supported Apartment Program Tenant Expectations

Client Name:			Admission Date:		
			Ini	itials	
1.	<ul> <li>Physical aggression</li> </ul>		ting, yelling, hitting, or damaging any property).  e is considered domestic violence by law enforcement agencies in program.		
2.	natural consequences	when living in an ap	ts of other tenants may result in police intervention as part of partment building. Profane, obscene, loud, boisterous duct are absolutely prohibited.		
3.			to pay for the entire repair or replace what you damaged. damage within 24 hours of it occurring.		
4.	4. Removal of any client's, staff's, or PLS' belongings without permission is considered theft, and may result in police intervention as part of natural consequences when living in an apartment building.				
5.	No smoking in the buil	ding.			
6.	6. No fireworks, candles (any item lit with flame), explosives or any item that might cause a fire.				
7.	7. No deep frying food is allowed. This can and has resulted in fires.				
8.	8. No weapons of any kind (pocket knives, etc. approved on a case by case basis).				
9.	0 0				
10	10. Possessing/using items considered contraband (see contraband policy) may put your placement at risk.				
11	11. By accepting placement, you are agreeing to maintain and clean your apartment (safe and healthy environment). You are responsible for timely garbage removal.				
12. No pets unless approved. This is done on a case by case basis.					
13	13. Rent and basic utilities do not include cable or internet service. You may arrange for these services at your cost.				
14. Guests may visit during the hours of 8:00am -10:00pm, with prior approval. Specific requirements are outlined in the Stages of Progress.					
It's important to note that PLS staff are able to enter the apartment anytime your health, safety or welfare are in question and to ensure the condition of the apartment is in good standing for your protection and well-being.					
Refusal to follow these expectations will result in re-evaluation of placement and possibly discharge from the SAP program. By signing I agree to abide by all of the above expectations.					
_	liont Signaturo	 Date	PLS Representative Signature Date		
U	lient Signature	Date	PLS Representative Signature Date		
G	uardian Signature	Date	Care Manager Signature Date		