

Choices In Community Living, Inc.

Residential Respite Client Resource Agreement

I agree to pay a flat rate of \$20 per day to cover all living expenses during the respite period. This rate is inclusive of: food, utilities, cable, transportation and rent. Payments should be made by cash, check, credit card or money order.

Representative Payee: _____
Address: _____
City: _____
Phone Number: _____

Any change of the Representative Payee's address or phone number MUST be reported to CICL until the payee has been changed to CICL.

This agreement between the undersigned and CICL shall be binding and enforceable under the laws of the State of Ohio.

Party Responsible for Payment: _____ Date: _____

CICL Manager or Designee: _____ Date: _____

Contact CICL at (937) 898-2220 with questions or concerns.