



**STAYING PUT AGREEMENT**

This document constitutes a formal agreement between:

..... (Name of Young Person)

..... (Name of Staying Put Provider)

and the Leaving Care Service.

.....(Name of young person) will become an  
Excluded Licensee at the address below as from \_\_ / \_\_ / \_\_ (Date).

(An excluded licensee is excluded from the `Protection from Eviction Act 1977`)

Address: .....  
.....  
.....

Postcode: .....

**RESPONSIBILITIES OF THE YOUNG PERSON**

I agree to:

1. Engage in the support as listed in order to develop my independence skills
2. Behave in a reasonable way, showing respect for my Staying Put Provider all of their property, neighbours and the community.
3. No drugs or other illegal property being brought into the household
4. Keep to the house rules set out in this agreement.
5. Pay my rent in full on the day it is due.
6. Let my 18+ Worker or Staying Put Provider know at least one month before if I wish to leave this placement.
7. Take all my property with me when I leave. If it is not collected within two weeks the Staying Put Provider reserves the right to dispose of it.
8. Leave my room, furnishings and fittings in a good order
9. Contact my 18+ Worker if I would like to change this agreement or make a complaint.
10. Pay for any goods stolen or any deliberate damage that I have caused.

**RESPONSIBILITIES OF THE STAYING PUT PROVIDER**

I agree to:

1. Provide one single fully furnished room for the rent of £\_\_\_.\_\_\_.\_\_\_. a week
2. Provide heating, hot water, lighting and food for £30.00 a week.

3. Inform the 18+ worker and the Housing Benefit Department if the young person ceases to reside at the accommodation in order to prevent an overpayment of Staying Put Allowances and benefits.
4. To respect confidentiality at all times regarding the young persons personal details.
5. To ensure the accommodation is of an adequate standard and allow the annual health and safety checks to be carried out.
6. Inform the 18+ Worker of any significant incidents.
7. Ensure that there is adequate, up to date insurance to cover any deliberate acts of damage or any goods stolen. This is not covered by the 18+ Team.
8. Inform Buildings and Contents insurers of the Staying Put arrangement. Failure to do so may result in insurance cover being void.
9. Inform mortgage providers or landlords of the Staying Put arrangement .Failure to do so may be a breach of Mortgage /Tenancy requirements.
10. Check with HMRC to confirm the impact of the Staying Put Scheme on tax implications.
11. Inform the DWP and Housing Benefit Office if claiming any means tested benefits as some payments received for a Staying Put arrangement may be classed as income.
12. To provide the following support in preparation for independence as agreed with all parties.

	Tasks	Weekly hours of support	State support to be given.	Comments
1	Basic living skills. Cooking Washing/Ironing Cleaning			
2	Budgeting /Money Management			
3	Employment /Education and Training.			
4	Filling in Forms			
5	Reading letters and help with understanding and acting on information.			
6.	Developing Social Skills /Behaviour management			
7.	Emotional support, counselling and advice.			
8	Help in accessing other services /community organisations /activities			
9.	Support with family contact.			
10.	Supervision and monitoring of health and wellbeing			
11.	Moving on			
12.				

13.				
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## **RESPONSIBILITIES OF THE PERSONAL ADVISER**

1. Provide assistance when fixing a suitable rent in line with the Local Housing Allowance Rates.
2. Advise and assist with Housing Benefit Claims
3. Advise and assist the young person with any other benefit claims to maximise income.
4. Suggest guidelines for house rules.
5. Review the placement as part of the young persons Pathway Plan Review.

<b>HOUSE RULES</b>	
1	Young Person to engage with support from the Staying Put Provider
2	For all parties to respect privacy and not enter each others rooms without permission.
3	To inform carers if staying away for nights /weekends
4	To get agreement from provider to register mobile phone contracts ,credit cards or loan agreements at this address
5	List any issues in relation to other Foster care placements :-

<b>CONTINGENCY PLAN:</b>	

Signed: - ..... (Young Person)

Date: - \_\_ / \_\_ / \_\_

Signed :-.....(Staying Put Provider)

Date: - \_\_ / \_\_ / \_\_

Signed :-.....(18+ Worker)

Date: - \_\_ / \_\_ / \_\_

Signed :-.....(Team Manager)

Date: - \_\_ / \_\_ / \_\_