



Center for Social Change, Inc.

Independent Visitation Agreement

I _____ agree to use my free time as identified in my Individual Plan to spend time with my friend at her home where she lives with Center for Social Change. During the time I am on the premises, I understand that the staff of Center for Social Change are not liable for me, but will call for emergency assistance if necessary. I also understand that I must abide by the rules within the home and if I fail to do so, I will be asked to leave. I will provide the staff at Center for Social Change a contact number to reach my staff at Quantum Leap for emergencies and other communication during my visits.

Signature

Date