



Youth/Parents Crisis Counselling Centre

(YOPAC)

P.O. Box 3799, Tel: 022-2182066 yopac@africaonline.co.tz. Dar-Es-Salaam

CLIENT SERVICE PROVISION AGREEMENT FORM BETWEEN FAMILY MEMBERS AND YOPAC

1. FAMILY NAME: Eg MR & MRS P.MAZIKU REG. NO.....
2. FULL NAME (FATHER)
3. FULL NAME (MOTHER)
4. DISTRICT.....WARD.....STREET.....Hs.No.....
FULL NAME TEN CELL LEADER.....
5. CONTACT ADDRESS OF THE FAMILY : P.O BOX
- TEL.....MOBILE.....EMAIL.....
6. CLIENT'S NAME: () AN ORPHAN, () SICK PERSON AND () OTHER -
Specify..... (MALE/FEMALE AGE.....)

<i>photograph</i>	CLIENT'S ref. number:	
CLIENT'S	IDENTIFIED	NEEDS
.....		
.....		
.....		
.....		

7. AVAILABLE RESOURCES TO MEET CLIENT'S NEEDS (STRENGTH)
 - 7.1 FROM THE FAMILY
 -
 -
 -
 - 7.2 FROM THE ORGANIZATION/AGENCY.....
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 -

7.3 FROM OTHER RESOURCE PROVIDERS (Detailed information of their particulars and type of resources that will be provided should be attached in a separate sheet).....

8.0 MEMORANDUM OF UNDERSTANDING

8.1 THAT THE FAMILY SHALL SUPPORT THE CLIENT BY:.....

8.2 THAT THE ORGANIZATION SHALL SUPPORT THE CLIENTS BY:

8.3 THAT OTHER (NAME)SHALL SUPPORT BY

.....(Attach a separate sheet filled with detailed information of other resource providers)

8.4 THAT THE CLIENT SHALL SUPPORT HERSELF/HIMSELF BY:

9.0 WE AS A TEAM OF CARE GIVERS , UNDERTAKING THIS OATH, CONSCIOUSLY KNOW THAT IT IS OUR RESPOSIBILITY TO CARE AND SUPPORT THE MENTIONED CLIENT: FOR THIS REASON, WE HEREBY EXPRESS OUR CONSENT TO SUPPORT THE CLIENT BY WILLINGLY SIGNING THIS AGREEMENT THIS (DAY) OF(MONTH).....(YEAR), PROMISING TO ACT ACCORDINAGLY AS AGREED HEREIN AND SPECIFIED THEREAFTER IN ARTICLE 8.0 ABOVE.

MAY THE FAILURE TO FULLFIL THIS AGREEMENT BY EITHER PART WITH NO APPARENT REASONS BE TERMED AS A VIOLATION OF HUMAN RIGHTS!

(UDHR Article 25/1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event] of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in] circumstance beyond his control

SIGNED AND WITNESSED BY

ON BEHALF OF THE FAMILY FULL NAME..... SIGNATURE.....DATE.....

ON BEHALF OF THE ORGANIZATION (NAME) SIGNATURE.....DATE.....SEAL.....

CLIENT AND OR ON BEHALF OF THE CLIENT (NAME)..... SIGNATURE.....DATE.....

LOCAL AUTHORITY (NAME)..... SIGNATURE.....SEAL.....DATE.....