|  |  |
| --- | --- |
| **How to use this Service Agreement** | |
|  | Nurturing Hands Allied Health P/L wrote this agreement. When you see the words “We” or “Us” it means Nurturing Hands Allied Health P/L. |
|  | We have written this Service Agreement in an easy-to-read way.  We use pictures to explain some ideas. |
|  | You can **ask for help** to read this Service Agreement. A friend, family member or support person may be able to help you. |
|  | This Service Agreement is between: |
|  | You (write your name) |
|  | Who lives at (write your address) |
| and | |
|  | Us, Nurturing Hands Allied Health P/L, your NDIS Service Provider. |
|  | This agreement **STARTS** on  \_\_/\_\_/\_\_\_\_ |
|  | This agreement **ENDS** on  \_\_/\_\_/\_\_\_\_ |

**What’s in this document?**

Table of Contents

[What is a Service Agreement 4](#_Toc205559777)

[Responsibilities 5](#_Toc205559778)

[What you need to do 6](#_Toc205559779)

[What we need to do 7](#_Toc205559780)

[What both of us need to do together 7](#_Toc205559781)

[Paying for your support 9](#_Toc205559782)

[Changing this agreement 11](#_Toc205559783)

[Ending this agreement 12](#_Toc205559784)

[Cancelling services 12](#_Toc205559785)

[Tell us what you think 13](#_Toc205559786)

[Making this agreement 14](#_Toc205559787)

[Contact us 16](#_Toc205559788)

[Your Schedule of Supports 16](#_Toc205559789)

# What is a Service Agreement

|  |  |
| --- | --- |
|  | This Service Agreement is about the services and supports you will get from us. |
|  | It explains the supports that we will give you. |
|  | At the end of this document, there is a list of:   * Your Supports * Their Prices |
|  | We call this your “**Schedule of Supports**” |
|  | There is also a copy of your NDIS plan at the end of this document. |

|  |  |
| --- | --- |
| This agreement also explains: | |
|  | * What you can expect from **US** |
|  | * What we expect from **YOU** |

# Responsibilities

|  |  |
| --- | --- |
| Responsibilities are things that: | |
|  | * **YOU** need to do |
|  | * **WE** need to do |
|  | * Both of us need to do **TOGETHER** |

# What you need to do

|  |  |
| --- | --- |
| You need to: | |
|  | * Tell us how you want to get your support |
|  | * Tell us **48 HOURS BEFORE** if you want to cancel an appointment |
|  | * Tell us as soon as possible if your plan changes of ends |

# 

# What we need to do

|  |  |
| --- | --- |
| We will give you: | |
|  | * Supports that meet your needs |
|  | * Supports when you want them |
|  | * An invoice for your supports after each session, if you self-manage. |

# What both of us need to do together

|  |  |
| --- | --- |
| We both need to: | |
|  | * Treat each other **KINDLY** and with **RESPECT** |
|  | * Work out a **PLAN** for your support |
|  | * Check out how your supports are going at least once per year |
|  | * Talk to each other about your supports and funding |
|  | * Follow NDIS laws – the *National Disability Insurance Scheme Act 2013* |
|  | * Keep the paperwork for your supports |
|  | * Give **6 WEEK’S NOTICE** if this agreement needs to end |
|  | * Listen to feedback |
|  | * Fix problems quickly |

# Paying for your support

|  |  |
| --- | --- |
|  | Funding is the money to pay for your supports |
| Tick the box to show where your funding comes from: | |
|  | ☐  The National Disability Insurance Scheme (NDIS) (Agency-Managed) |
|  | ☐  You (Self-Managed) |
|  | ☐  Your Plan Manager (Plan-Managed) |
|  | If you have a Plan Manager, they will pay us for your supports |
| If you manage your own funding you need to: | |
|  | * Have enough funding to pay for our services |
|  | * Pay for travel costs if you manage your own transport funding |
|  | We will send your invoices that tell you how much you need to pay. |
|  | You will need to pay those invoices within 7 days |
|  | If you don’t, we may not be able to provide you with support |
|  | We will connect third party services to assist us in ensuring you are safe, and your supports are maintained during an emergency or disaster. |

# Changing this agreement

|  |  |
| --- | --- |
|  | This agreement may need to change |
|  | You might want to change it.  We might want to change it. |
|  | We will talk to you about any changes. |

# Ending this agreement

|  |  |
| --- | --- |
|  | You can end your Service Agreement if we cannot give you the supports you need. |
|  | You need to tell us 6 weeks before you want the agreement to end. |
|  | If we need to end the agreement, we will tell you 6 weeks before the date. |

# Cancelling services

|  |  |
| --- | --- |
|  | You must tell us if you need to cancel an appointment, at least 48 hours before. |
|  | We will have to charge you a fee if you don’t tell us |
|  | If we have to charge you these fees more than 8 times in 1 year, we have to tell the NDIA. |

# Tell us what you think

|  |  |
| --- | --- |
|  | It’s important that we know how you feel about our service |
| You can: | |
|  | Give us feedback – tell us how things are going. All feedback or complaints will be kept private |
|  | Make a complaint – tell us if something is wrong. If you want to do this anonymously, you can mail the complaint form to:  Nurturing Hands Allied Health P/L  15 Caromar Street  Croydon Vic 3136 |
|  | You can contact the NDIS Commission via phone on 1800 035 544 (free call from landlines) Monday to Friday 9am to 5pm (4.30pm in NT) |
|  | Or via their website <https://www.ndiscommission.gov.au> |

# Making this agreement

|  |  |
| --- | --- |
|  | Please read and sign this page |
|  | I understand and agree to everything in this agreement. |
|  | Your name |
|  | Your signature |
|  | Date  \_\_/\_\_/\_\_\_\_ |
|  | Your Parent’s, Nominee’s or Guardian’s name |
|  | Your Parent’s, Nominee’s or Guardian’s signature |
|  | Date  \_\_/\_\_/\_\_\_\_ |
| Your Coordinator or Contact reads and signs this page | |
|  | I accept this agreement for |
|  | Staff Member’s name |
|  | Signature |
| A purple calendar with orange lines  AI-generated content may be incorrect. | Date  \_\_/\_\_/\_\_\_\_ |
| A purple calendar with orange lines  AI-generated content may be incorrect. | This agreement needs to be checked on or before:  \_\_/\_\_/\_\_\_\_ |

# Contact us

|  |  |
| --- | --- |
|  | 0419 54 59 51 |
|  | [deb@nurturing-hands.com.au](mailto:deb@nurturing-hands.com.au) |
|  | 15 Caromar Street  Croydon Vic 3136 |
|  | [www.nurturing-hands.com.au](http://www.nurturing-hands.com.au) |

# Your Schedule of Supports

|  |  |  |
| --- | --- | --- |
| Name of Support | About this Support | How much this Support Costs |
|  |  |  |
|  |  |  |
|  |  |  |
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