

**Client Details**

Participants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Caregiver name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**NDIS Plan**

NIDS number: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

A copy of the participant's NDIS plan is attached to this Service Agreement (recommended)

**Is the Plan funding:** (please tick)

Plan Managed

Agency Managed

Self Managed

Plan Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Support Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Services required:**

**Please tick funding to be used from NDIS Plan**

<u>Service</u>	CORE - 01 Assistance with Daily Life	CORE – 04 Assistance with Social, Economic & Community Participation	CB - 09 Increased Social & Community Participation	CB – 15 Improved Daily Living Skills	<u>Amount</u>
Weekend Group Day Excursions					
Respite					
Mentoring 1:1					
Social skills training					
Day Options Program (including Weekend Coffee Cart)					
Individual Community Access					
Camps					

## **Service Agreement Summary**

This **Service Agreement** is for \_\_\_\_\_, a participant in the National Disability Insurance Scheme and A.H.H Lifeskills PTY LTD (Provider Number 40 500 143 29

This Service Agreement will commence on \_\_\_\_/\_\_\_\_/\_\_\_\_ for the period *12 months*.

This Service Agreement is made for providing supports under the participant's NDIS plan.

The parties agree that this Service Agreement is made in the context of the NDIS, which is a scheme that aims to:

- support the independence and social and economic participation of people with disability, and
- enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports of supports

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### **The provider agrees to:**

- once agreed, provide supports that meet the participant's needs at the participant's preferred times
- communicate openly and honestly in a timely manner
- give the required notice periods for cancellations as per our Cancellation Policy (*see at [www.ahhlifeskills.com](http://www.ahhlifeskills.com)*)

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### **The participant/participant's representative agrees to:**

- inform the provider about how they wish the supports to be delivered to meet the participant's needs
- talk to the provider if the participant has any concerns about the supports being provided
- give the required notice periods for cancellations as per our Cancellation Policy. (*see at [www.ahhlifeskills.com](http://www.ahhlifeskills.com)*)

The parties agree that any changes to this Service Agreement will be in writing, signed, and dated by the parties.

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## Complaints

If the participant wishes to give the provider feedback, the participant can talk to *Adelaide Schiblhut* on 0429 323 221 or [info@ahhlifeskills.com](mailto:info@ahhlifeskills.com)

If the participant is not happy with the provision of supports and wishes to make a complaint, please refer to our Complaints Policy, at [ahhlifeskills.com](http://ahhlifeskills.com)

If the participant is not satisfied or does not want to talk to this person, the participant can contact the National Disability Insurance Agency by calling 1800 800 110, visiting one of their offices in person, or visiting NDIS Commission for further information.

A complaint can be made to the NDIS Commission by:

- Phone: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.

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<b>Contact name</b>	<b>Adelaide Schiblhut</b>
<b>Mobile</b>	<b>0429 323 221</b>
<b>Email</b>	<a href="mailto:info@ahhlifeskills.com">info@ahhlifeskills.com</a> <a href="mailto:finance@ahhlifeskills.com">finance@ahhlifeskills.com</a>

The parties agree to the terms and conditions of this Service Agreement. Please refer to the entire agreement for complete details.

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X  
\_\_\_\_\_  
Signature of [participant/participant's  
representative]

\_\_\_\_\_  
Name of [participant/participant's  
representative]

X  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of *AHH Life Skills provider*

\_\_\_\_\_  
Name of AHH Life Skills provider

X  
\_\_\_\_\_  
Date