

Service Agreement and Schedule of Supports Participant Summary Information Accommodation Services



Participant Name:	Nominated Service Outlet:
NDIS NUMBER	
Participant's INALA Accommodation Contact Name: Kerry Ballard E: kballard@inala.org.au T: 8853 0512 M: 0425 285 701	
NDIS PLAN Dates: From: To: Amended NDIS PLAN Dates (if applicable) From: To:	INALA – NDIS Plan supports Agreement dates: From: To: Amended NDIS Plan Agreement Dates (if applicable): From: To:
INALA Service Booking dates From: To: SERVICE BOOKING COMPLETED <input type="checkbox"/> No <input type="checkbox"/> Yes	Supports review date / s: Formal review: on / by Interim review date
PARTICIPANT'S PLAN NOMINEE: Name: Address: E: T: M:	Name & Contact Details for Correspondence: Name: Address: E: T: M:
Is the participant Plan Managed <input type="checkbox"/> No <input type="checkbox"/> Yes Self Managed <input type="checkbox"/> No <input type="checkbox"/> Yes NDIA Managed <input type="checkbox"/> No <input type="checkbox"/> Yes Name & Contact Details for INVOICES for NDIS related supports Name: Address: E: T: M:	Name & Contact Details for INVOICES for INALA related supports Name: Address: E: T: M:
Participant Details entered on CIMS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Participant Details entered on NAV <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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Inala Non- NDIS support and fee information summary checklist (Please confirm by ticking box that these costs have been discussed and agreed):

- Rent
- Shared Accommodation Contribution
- Accommodation Transport Levy
- Food
- Cash Advance (if applicable)
- Transport from accommodation services to client family home is charged at \$1/km (if applicable)

CONSENT FOR INDIVIDUAL FILE RECORDS

In order to provide the supports which you and Inala have agreed to, with a safe, appropriate and person-centred focus, the supporting services need to maintain all essential information needed for your supports in an individual file, with your consent. This information includes contact information, and health, medication or specific support needs, activity and NDIS plan details, relevant communications, any incidents, issues or concerns and feedback and suggestions, etc in a secure confidential file which will be accessed only on a need-to-know basis by management and supporting staff. This information will not be shared to a 3rd party without your consent. It can be reviewed by you at any time, and consent emended or withdrawn.

- Yes, I hereby consent to me essential information as detailed to be kept in a secure and confidential individual file.

CONSENT FOR USE OF PHOTOS, STORIES, NARRATIVE

There are occasions when INALA makes use of stories, testimonials, photos, video, and associated materials relating to its services, clients, staff, festivals, events for purposes of publicity, newsletters, appeal brochures, its website, etc.

Please tick the boxes below to indicate whether you consent to the following. You can withdraw your consent at any time:

- Yes, I hereby consent to my photo, name and / or comment / story being published in the INALA Newsletter, Facebook page and website.
- Yes, I hereby consent to my photo, name and / or comment / story being sent to newspapers (local, state and / or national), radio and television media outlets.
- Yes, I hereby consent for my photo, story / comment to appear but using a false name to preserve my privacy.
- No, I do not provide consent for any photo of me to be taken and / or stories or comments be used by INALA.

Comments / Notes:

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Participant / Nominee Name: _____ Date: ____/____/____

Participant / Nominee Signature: _____

Inala Representative Name: _____ Date: ____/____/____

Inala Representative Signature: _____

Inala Representative Position: _____

1. Schedule of Supports NDIA Funded Support

Both parties agree for INALA to provide the following detailed supports for Accommodation and Support Co-ordination (if applicable).

The Terms of INALA's support are detailed in the Terms of Agreement which you should have received. If you have any questions or require a copy, please ask.

Allocated NDIS Funding for the agreed supports is calculated via a Supported Independent Living Quote or the NDIS Price Guide current at the time of the initial agreement. If the NDIS Prices for the supports changes during the time of the agreement, the NDIS funding claimed for agreed supports will change in line with the revised NDIS prices.

Support Agreement Period:

Support Budget Item	Support Item Number	Item Name	Supports Units / hrs Hrs / Week (if applicable)	Supports Units / Hrs for Agreement period	Allocated NDIS FUNDING p.a. (Estimated Funding to be used)
Assistance in a shared living arrangement as per submitted / approved Supported Independent Living (SIL) quote	N/A	Assisting with and/or supervising tasks of daily life to develop the skills of the individual to live as autonomously as possible	As per submitted / approved SIL quote	As per submitted / approved SIL quote	\$ per week
Co-ordination of supports	07_002_0106_8_3	Support to co-ordinate supports and participate in the community	Support Coordination is charged at 15 minutes increments hours per annum	\$..... per annum per hour
Improved Health and Wellbeing	12_025_0128_3_3	Assessment, therapy, training and any approved travel to deliver support. Dysphagia Assessment.	 hours per annum	\$..... per annum per hour

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Please don't hesitate to ask if anything is unclear or you require further information.

Please indicate your agreement for INALA provisioned NDIS related Service supports by signing below.

Thank you for choosing INALA

Participant / Nominee Name: _____ Date: ____/____/____

Participant Nominee Signature: _____

Inala Representative Name: _____ Date: ____/____/____

Inala Representative Signature: _____

Inala Representative Position: _____

2. Schedule of Agreed INALA provisioned NON - NDIS funded Supports

The terms and description of INALA's non-NDIS related supports should have been provided to you. If you have any questions or require a copy, please ask.

Fees & Charges Schedule 2019	Period	\$
Residential Fees		
Rent	Weekly	153.00
Shared Accommodation Contribution	Weekly	80.00
Food	Weekly	90.00
Residential Transport Levy	Weekly	30.00
Additional Transport to and from Family Home	As required	\$1 per km

Indicative Monthly Fee (for 4 weeks)

Charge	No	Rate	Total
Residential Fees			
Rent	4	153.00	612.00
Shared Accommodation Contribution	4	80.00	320.00
Food	4	90.00	360.00
Residential Transport Levy	4	30.00	120.00
			1,412.00

Rent and Accommodation fees are reviewed and increased in line with Centrelink Disability Pension reviews each March and September

Please don't hesitate to ask if anything is unclear or you require further information.

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Accommodation Services**



Please indicate your agreement for INALA provisioned non - NDIS related Service supports by signing below.

Thank you for choosing INALA

Participant / Nominee Name: _____ Date: ____/____/____

Participant Nominee Signature: _____

Inala Representative Name: _____ Date: ____/____/____

Inala Representative Signature: _____

Inala Representative Position: _____