

**SERVICE AGREEMENT
and
SCHEDULE OF SUPPORTS
PARTICIPANT SUMMARY CONFIRMATION
DAY and related Flexible COMMUNITY SUPPORTS**



| | |
|--|---|
| PARTICIPANT NAME: | NOMINATED SERVICE OUTLET: |
| NDIS NUMBER: | DATE OF BIRTH: |
| Participant's INALA Day Supports Contact NAME: | Participant's INALA Day Supports - Contact details E: T: M: |
| 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 N <input type="checkbox"/> Y <input type="checkbox"/> | 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 using a Plan Manager or is Self – Managed? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, complete below;</i> Name: Address: E: T: M: | Support Coordinator Details (If Applicable): Name: Address: E: T: M: |
| Name & Contact Details for INVOICES for INALA related supports Name: Address: E: T: M: | Inala NDIS support and fee information summary checklist (Please confirm by ticking box that these costs have been discussed and agreed): <input type="checkbox"/> Individual schedule of NDIS supports including individual participation support and group supports breakdowns <input type="checkbox"/> Program materials <input type="checkbox"/> Transport for daily programs <input type="checkbox"/> Individual community access costs <input type="checkbox"/> Transport to / from home |

| | | | | | | | | | | | | |
|---|--------------------------|----------------------------|--------------------------|--------------------------|---|--------------------------|----------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Participant Details entered on CMS | | | | | Participant Details entered on NAV | | | | | | | |
| N <input type="checkbox"/> | | Y <input type="checkbox"/> | | | N <input type="checkbox"/> | | Y <input type="checkbox"/> | | | | | |
| DAYS OF PARTICIPATION / SUPPORT: | | | | | TRANSPORT TO / FROM HOME | | | | | | | |
| Mon | Tue | Wed | Thurs | Fri | INALA Provided | | <input type="checkbox"/> | | PRIVATE | | | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AM. Mon | Tue | Wed | Thurs | Fri | | Sat | Sun |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Sat | Sun | | | | PM. Mon | Tue | Wed | Thurs | Fri | | Sat | Sun |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

CONSENT FOR INDIVIDUAL FILE RECORDS

In order to provide the supports which you and Inala have agreed to with a safe, appropriate and person-centered 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, any 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 amended or withdrawn

- Yes, I hereby consent to my 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 or not 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:

Participant / Nominee (name)

Participant / Nominee (sign) Date.....

Inala Representative (name)

Inala Representative (sign)

Inala Representative Position Date

SERVICE AGREEMENT and SCHEDULES OF SUPPORTS



1. Schedule of Agreed NDIS funded Supports

The Terms of INALA’s support are detailed in the Terms of Agreement which gives full detail of the agreements and which you should have received. If you have any questions or require a further copy, please ask your relevant Service manager (contact details are listed at the front page of this document).

Allocated NDIS Funding for the agreed supports is calculated on the NDIS Price Guide current at the time of this 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.

SERVICE AGREEMENT & SERVICE BOOKING 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 (Estimated Funding to be used) Weeks p.a. = |
|---|---------------------|--|---|---|--|
| Assistance with self-care activities: day | | | | | |
| Assistance to access community social and rec activities | | | | | |
| Group based community, social and recreational activities | | | | | |
| Group based activities in a centre - core | | | | | |
| Establishment Fee | | | | | |
| If applicable - To / from residence transport run Staff Supports | | Assistance to access community social and rec activities – individual – per weekdays | | | |
| | | | | | |
| TOTAL SUPPORTS SUMMARY for Service Agreement Period dates | | | | | |

Please do not 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)

Participant / Nominee (sign) Date.....

Inala Representative (name) Inala Representative (sign) Date :.....

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.

| INALA FEE FOR non-NDIS DAY AND RELATED FLEXIBLE SERVICE SUPPORTS | | | | | |
|---|-------------------------|---------------|---------------|-------------------------------------|---|
| Description of Supports | Supports units per week | Cost per unit | Cost per week | Supports units per Agreement Period | Estimated Cost per Agreement period Weeks p.a. = 48 |
| Combined Transport Support & Program Materials FLEXIBLE PROGRAM CHOICE This enables you to choose, mix and change programs as you prefer without affecting Inala fees payable. (Inala fees remain a reduced rate flat fee to cover costs flexibly) | | \$10 | | | |
| Transport to / from HOME / residence Kms (if applicable) | | | | | |
| Transport to / from home Hrs (only if non-NDIS) | | | | | |
| Program materials per session (if applicable) | | | | | |
| Program Activity Transport Support per session Kms (if applicable) | | | | | |

Please do not hesitate to ask if anything is unclear or you require further information.

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

THANK YOU FOR CHOOSING INALA!

Participant / Nominee (name)

Participant / Nominee (sign) Date

Inala Representative (name)

Inala Representative (sign) Date

Inala Representative Position