This form is for participants who choose to receive personal support from only one individual support worker, and no other.

|  |  |
| --- | --- |
| Participant’s Name |  |
| NDIS Number |  |
| Nominee/Representative Name |  |

This service agreement is **in** **addition to** **the Participant Service Agreement FF-11** for each participant who lives alone and is assisted with personal supports by a sole worker. This is required under changes to the conditions of registration for NDIS providers.

Forms needed to complete this form: CCF-19 Home Risk Assessment Section 6: Home Alone, CCF-72 Schedule of Supports, CCF-90 Home Alone – Communication, Monitoring & Supervision Plan

**Step 1** Complete CCF-19 Home Risk Assessment Section 6: Home Alone

**Step 2** Check that CCF-72 Schedule of Supports is signed and dated.

**Step 3** Update **Table A** to include risk factors identified in CCF-19 Risk Assessment

**Step 4** Update **Table B** with information from the Communication Plan (CCF-90) which identifies how communication and checks will occur.

**Step 5** Update **Table C** with the Monitoring and Supervision Plan (CCF-90) which identifies how the sole worker will be supervised and monitored.

**Step 6** Sign this service agreement

**Kyeema agrees to:**

* deliver personal supports to me in my own home
* communicate with me about the delivery of my personal supports
* give me the choice to select the worker/s I prefer, should they be available
* ask me for feedback on worker selection and worker performance
* get someone other than the support worker to check in with me regularly
* supervise and monitor the support worker
* communicate with other providers that may engage with me

**Daily Personal Activities**

The personal supports that will be delivered under the service agreement – see CCF-72 Schedule of Supports

**Assessment of risk factors** – use CCF-19 p.8

**Table A**

|  |  |  |
| --- | --- | --- |
| **Risk Outcome** | **Risk Factors –** complete if necessary | **Tick if relevant** |
| Personal contact  LOW  MODERATE  HIGH | Does not receive supports from any other NDIS provider that involve regular, face to face contact (CCF-19 6.2) | K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png |
| Limited or no regular face to face contact with relatives, friends or other people acquainted the participant is acquainted with (CCF-19 6.1) | K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png |
| Communication  LOW  MODERATE  HIGH | Without the assistance of another person the participant has limited or no ability to communicate (CCF-19 6.7) | K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png |
| The participant uses equipment to communicate with others, including to enable or facilitate the use of a phone or other device (CCF-19 6.7) | K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png |
| Physical mobility  LOW  MODERATE  HIGH | Relies on other people to be physically mobile or to facilitate their physical mobility (CCF-19 6.8) | K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png |
| Uses equipment to enable them to be physically mobile or to facilitate their physical mobility (CCF-19 6.9) | K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png |

**Communicating and obtaining feedback** – use CCF-90

**Table B**

|  |  |  |
| --- | --- | --- |
| **Communication method** | **Frequency** | **Outcomes/notes**  Include any relevant information documented in Communication Plan CCF-90 p.1 |
| * Face to face contact   (in own home) |  |  |
| * Face to face contact (virtual/online) |  |  |
| * Telephone/text |  |  |
| * Survey |  |  |
| * Other |  |  |

**Worker supervision and monitoring of supports** – Use CCF-90

As far as reasonably possible, there must be visits by a supervisor to the Participant’s home. Onsite monitoring and Participant Check-Ins may occur as part of same visit.

**Table C**

|  |  |  |
| --- | --- | --- |
|  | **How often** | **Purpose/notes** |
| * Participant check in visits |  |  |
| * Onsite monitoring |  |  |
| * Observation online/virtual observation of workers in participant’s home |  |  |
| * Reports to manager |  |  |
| * Review of progress notes and other records |  |  |
| * Other |  |  |

**Engagement with other providers**

With my consent, Kyeema will communicate any known risk factors identified in Table A with other providers that support me.

**Agreement signatures**

Participant Name:

Signature of Participant:

Date:

|  |
| --- |
| If signed by nominee/legally appointed decision maker:  I confirm that this agreement has been explained to the participant if he/she has the capacity to understand this, and that otherwise I make these decisions in the participant’s best interests:  Signature of Nominee:  Date:  Name of Nominee: Relationship to Participant: |

Signature on behalf of provider:

Date:

Name: Position:

Copies given to the participant

|  |
| --- |
| * FF-11 Participant Service Agreement |
| * CCF-72 Schedule of Supports |
| * CCF-19 Home Risk Assessment Form * FF-09 Home Alone with Sole Worker Service Agreement | |