This Agreement is made between:

|  |  |
| --- | --- |
| Participant Name |  |
| NDIS Number |  |
| Nominee/Representative Name |  |
| Mobile |  |
| Email |  |
| Address |  |
| Alternate contact person |  |
| Participant Response in an Emergency Situation | 🞏 Independent 🞏 Needs assistance 🞏 Full support |

And **Support Coordination Department, Kyeema Support Services Inc (Kyeema)**

This agreement will commence on the **……/……/……** for the duration of the current NDIS Plan. **Kyeema** agrees to provide supports as per attached Schedule of Supports for this time.

The supports and their prices are set out on the attached **Schedule of Supports** (SCF-04) and is subject to change as the NDIS prices and participant choices change.

**Provider’s responsibilities:**

**Support Coordination Department** agrees to:

* review the service with you when your current plan ends
* work with you to provide supports that fit your needs and at your preferred times
* treat you with courtesy and respect
* deliver supports that are appropriate to your needs, goals and preferences
* consult you on decisions about how your supports are provided
* listen to your feedback and resolve problems quickly
* keep clear records on services provided to you
* protect your privacy and confidential information
* provide your supports in a manner consistent with all relevant laws
* support you during an emergency/disaster by keeping essential supports in place, conducting regular check-ins and referring to your emergency details on your Participant Information Form (CCF-40)

**Participant’s responsibilities:**

I agree to:

* work with the **Support Coordination Department** to ensure that the services and supports delivered meet my needs;
* treat others with courtesy and respect
* talk to the **Support Coordination Department** if I have any concerns about the services or supports being provided;
* give the **Support Coordination Department** two (2) clear business days’ notice if I need to change a scheduled support
* inform the **Support Coordination Department** if my NDIS plan is suspended, replaced or if I stop being a participant in the NDIS

**Conflict of Interest**

Kyeema Support Coordination will act in my best interests ensuring that I and/or my nominee are informed, empowered and able to maximise choice and control.

Kyeema Support Coordination will not (by act or omission) constrain, influence or direct decision making by me or my family so as to limit my access to information, opportunities and choice and control.

**Travel Costs**

I agree that the following travel costs may be claimed under this agreement, which includes staff travel time and other travel costs.

* Staff travel time is the time needed to travel from their workplace to your chosen location and return.
* Other travel costs may include non-labour costs such as road tolls, parking fees and the running costs of the vehicle.
* Other travel costs not covered in your NDIS Plan must be paid by you.

All travel claims are based on current Price Guide hourly rate for the support item the travel relates to.

**Non-Face-to-Face Support Provision**

My support coordinator will work on my behalf at times when I am not present.

**NDIA Requested Reports**

I agree that NDIA requested reports may be claimed as per the current price guide for the relevant support item and only if the report is requested by the NDIA.

**Changes to this Service Agreement**

If I need to change anything about my support I will discuss it with a person from the Support Coordination Department.

**Goods and services tax (GST)**

I will not be charged GST

**Ending this Service Agreement**

Should either the **Support Coordination Department** or I wish to end this agreement, we agree to give one months’ notice. If either **Support Coordination Department** or I seriously breach this agreement, then the agreement can be broken immediately.

**Feedback and complaints**

If at any time you wish to give feedback or speak up about a problem with your service, you can speak to any **Kyeema** staff member. If you feel uncomfortable talking directly to **Kyeema** about your feedback or issue you can speak to a participant advocate whose contact details are prominently displayed at all sites. You may call the NDIA on 1800 800 110 if you are still not satisfied.

**Kyeema’s Support Coordination Department can be contacted on:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Support Coordination Manager | Support Coordinator 2 | Support Coordinator 3 | Support Coordinator 4 |
| Mobile | 0448 992 354 | 0438 566 883 | 0448 168 083 | 0477 316 680 |
| Office  | 03 5521 1666 |
| Address | Shop 13, Pioneer Plaza, 103-111 Percy St, Portland 3305(Postal: PO Box 86, Portland Vic 3305) |

**Agreement signatures:**

All parties agree to the terms or conditions of this agreement.

Signature of Participant:

 Date:

|  |
| --- |
| If signed by **Nominee**: 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: Relationship to Participant:  |

Signature on behalf of provider:

 Date:

Name: Position: Support Coordinator

**Attachment**

[ ]  Support Coordination Schedule of Supports Form SCF-04