

Service Agreement

1. Parties

This **Service Agreement** is for _____ a participant in the National Disability Insurance Scheme (participant), and is made between:

Participant / participant's representative

and

Alzheimer's Queensland

Provider

This Service Agreement will commence on _____ for the period to _____.

2. The NDIS and this Service Agreement

This Service Agreement is made for the purpose of 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.

3. Schedule of supports

Alzheimer's Queensland agrees to provide the participant supports listed under schedule of supports on final page of this agreement (section 15).

The supports and their prices are set out in the attached Schedule of Supports. All prices are GST inclusive (if applicable) and include the cost of providing the supports.

Additional expenses (i.e. things that are not included as part of a Participant's NDIS supports) are the responsibility of the [participant / participant's representative] and are not included in the cost of the supports.

All fee increases will reflect any updates to the NDIS price guide.

4. Alzheimer's Queensland's Responsibilities

Alzheimer's Queensland agrees to:

- review the provision of supports at least 3 and 6 monthly, then annually thereafter with the participant;
- once agreed, provide supports that meet the participant's needs at the participant's preferred times;
- communicate openly and honestly in a timely manner;
- treat the participant with courtesy and respect;
- consult with the participant on decisions about how supports are provided;
- give the participant information about managing any complaints or disagreements and details of the Alzheimer's Queensland's Cancellation Policy;
- listen to the participant's feedback and resolve problems quickly;
- give the participant a minimum of 24 hours' notice if it has to change a scheduled appointment;
- give the participant the required notice if it needs to end this Service Agreement (see 'Ending this Service Agreement' below for more information);
- protect the participant's privacy and confidential information;
- provide supports in a manner consistent with all relevant laws, including the *National Disability Insurance Scheme Act 2013* and *Rules* and the Australian Consumer Law;
- keep accurate records on the supports provided to the participant; and
- issue regular invoices and statements of the supports delivered to the participant.

5. Responsibilities of the participant / participant's representative

The participant/participant's representative agrees to:

- inform **Alzheimer's Queensland** about how they wish supports to be delivered to meet the participant's needs;
- treat **Alzheimer's Queensland** with courtesy and respect;

- talk to Alzheimer's Queensland if the participant has any concerns about the supports being provided;
- give **Alzheimer's Queensland** a minimum of 48 hours' notice if the participant cannot make a scheduled appointment (if notice is not provided by then, Alzheimer's Queensland's Cancellation Policy will apply)
- give **Alzheimer's Queensland** the required notice if the participant needs to end the Service Agreement (see 'Ending this Service Agreement' below for more information); and
- let **Alzheimer's Queensland** know immediately if the participant's NDIS plan is suspended or replaced by a new plan, or the participant stops being a participant in the NDIS.

6. Payments

Alzheimer's Queensland will seek payment for its provision of supports after the participant / participant's representative confirms satisfactory delivery. Please tick the box that applies.

My Funds are self-managed and I request the invoices for the funds to be sent to myself or my nominee as per the following details:

Name:

Address:

Email:

Phone:

The participant has chosen to self-manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, **Alzheimer's Queensland** will send the participant an invoice for those supports for the participant to pay. The participant will pay the invoice by Direct Debit/ EFT/ Cheque within 14 days.

My Funds are plan-managed and I request the invoices for the funds to be sent to my plan manager the following details:

Registered Plan Management Provider:

Name:

Address:

Email:

Phone:

[If the funding for any of the supports provided under this Service Agreement is managed by a Registered Plan Management Provider:] The participant has nominated the Plan Management Provider to manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, the **Alzheimer's Queensland** will claim payment for those supports from the participant. The participant will pay the invoice by Direct Debit/ EFT/ Cheque within 14 days.

My Funds are managed by the NDIA and I request the invoices for the funds to be lodged through the NDOS portal:

The participant has nominated the NDIA to manage the funding for supports provided under this Service Agreement. After providing those supports, **Alzheimer's Queensland** will claim payment for those supports from the NDIS.

7. Changes to this Service Agreement

If changes to the supports or their delivery are required, the Parties agree to discuss and review this Service Agreement. The Parties agree that any changes to this Service Agreement will be in writing, signed, and dated by the Parties.

8. Ending this Service Agreement

Should either party wish to end this Service Agreement they must give 14 days' notice.

If either party seriously breaches this Service Agreement the requirement of notice will be waived.

9. Feedback, complaints, and disputes

If the participant wishes to give **Alzheimer's Queensland** feedback, the participant can email the Quality Officer on quality2@alzqld.org.au or mail correspondence to 47 Tryon Street, Upper Mount Gravatt, QLD 4122.

If the participant is not happy with the provision of supports and wishes to make a complaint, the participant can email the Quality Officer on quality2@alzqld.org.au or mail correspondence to 47 Tryon Street, Upper Mount Gravatt, QLD 4122.

If the participant is not satisfied or does not want to talk to this person, the participant can contact the NDIA by calling 1800 800 110, visiting one of their offices in person, or visiting ndis.gov.au for further information.

10. Cancellation Policy

Cancellations made less than 2 business days before the scheduled service participants will be charged 100% of the agreed price for the cancelled appointment.

Exception will be made for unplanned hospital admission or medical emergency

Where we cancel a service/ support due to operational reasons, the service/support will be rescheduled at no penalty to either party.

11. Establishment Fees

If we provide at least 20 hours of personal care / community access supports per month to the participant Alzheimer's Qld will charge an establishment fee for service. This fee is

- \$621.70 for participants who have not previously been supported by the provider.

12. Goods and Services Tax (GST)

For the purposes of GST legislation, the Parties confirm that:

- a supply of supports under this Service Agreement is a supply of one or more of the reasonable and necessary supports specified in the statement included, under
- subsection 33(2) of the *National Disability Insurance Scheme Act 2013* (NDIS Act), in the participant's NDIS plan currently in effect under section 37 of the NDIS Act;
- the participant's NDIS plan is expected to remain in effect during the period the supports are provided; and
- the participant/participant's representative will immediately notify **Alzheimer's Queensland** if the participant's NDIS Plan is replaced by a new plan or the participant stops being a participant in the NDIS.

13. Contact details

The participant/the participant's representative can be contacted on:

Contact details	
Phone [B/H]	
Phone [A/H]	
Mobile	
Email	
Address	
Alternative contact person	

Alzheimer's Queensland can be contacted on:

Contact name	
Phone [B/H]	
Phone [A/H]	
Mobile	
Email	enquiries@alzqld.org.au
Address	47 Tryon Street, Upper Mount Gravatt, QLD 4122

14. Agreement signatures

The Parties agree to the terms and conditions of this Service Agreement.

Signature of

Name of

Date

Signature of authorised person
from Alzheimer's Queensland

Name of authorised person from
Alzheimer's Queensland

Date

15. Copy of participant's NDIS plan

[Attach a copy of the participant's NDIS plan or delete this page if not required.]

16. Schedule of supports

Support List the name of the support.	Description of support List the details of the support, including scope and volume and support item reference number.	Price and payment information List the price of the support (e.g per hour / per session / per unit) and whether NDIS funding for the support is managed by the Participant, Participant's Nominee, the NDIA, or a Registered Plan Management Provider.	How the support will be provided List how, when, where, and by whom the support will be provided.	Maximal value of the support allowance to be spent with us
List Support type that the travel relates (Check support catalogue to see if can be claimed)	Travel to and from the participants home/centre < > mins	Recorded in minutes (not kms) (30 mins maximum)		

Instruction guide only - do not enter data on this page

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*** Please note our prices will increase in line with the NDIS Price Guide and Support Catalogue

Annexure A Special Conditions

1. Centre-based respite

- 1.1 From time to time as part of your care services, we may offer, and you may ask us to provide, respite or social support services through our centre-based respite centres.
- 1.2 Some of our centre-based respite centres contain areas that have 'secure environments'. This means the area has entry and exit doors that are locked with electronic keypads. The purpose of having a secure environment is to reduce the risk of harm to people living with dementia, who may be at risk of wandering.
- 1.3 If you access services through one of our centre-based respite centres, you:
 - (a) acknowledge that you may be in a secure environment where your movement is restricted;
 - (b) acknowledge that having your movement restricted may cause distress, although we will monitor you for any signs of distress when you are in a secure environment;
 - (c) consent to your movement being restricted whilst in a secure environment.