



National Disability Insurance Support (NDIS) Service

Agreement This Service Agreement is made between:

NDIS Participant Name	
NDIS Number:	
NDIS Plan Period:	
Date of Birth:	
Address:	
Phone Number:	
Email:	
Participant's Nominee:	

And provider,

Service Provider's Name	Spring Care Disability Support
Contact Person:	Tim Ng
Phone Number/Email:	hello@springcares.com.au
Address:	19 Ace Ave Fairfield NSW 2165

Duration of Service Agreement

This agreement will commence from _____ and will finish on _____

1. Purpose of Service Agreement

This Service Agreement is made for the purpose of providing support services under the participant's NDIS plan. Both parties agree that this Service Agreement is made in the context of the NDIS, which is a scheme that aims to:

1. Support the independence and social and economic participation of people with disability, and
2. Enable people with a disability to exercise choice and control in the pursuit of their goals and the

planning and delivery of their supports.

As a provider, Spring Care Disability agrees to provide the following supports (tick appropriate box)

- ☒ Assistance with Social and Community participation.
- ☐ Group bases Community, social and recreational activities.
- ☐ Assistance in living arrangements - supported independent living.
- ☒ Assistance with daily
- ☐ activities.Others. Please

specify:

The type and duration of support service will continue between the agreed start and finish dates unless a review is required early and requested by either the Participant or Spring Care Disability

Spring Care Disability will respect notice periods relating to changes made in the type or duration of support services in the event of a review of the Participant's NDIS plan.

The NDIS **is due to be reviewed** prior to the NDIS plan review date or as required and agreed by the Participant and Spring Care Disability.

2. Service Provider's

ResponsibilitiesSpring Care

Disability agrees to:

- Review the provision of therapy services at each occasion of service with the participant
- Once agreed, provide therapy services 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 the participant on decisions about how treatment is provided
- Give the participant information about managing any complaints or disagreements and details of the provider's cancellation policy (if relevant)
- Listen to the participant's feedback and resolve problems quickly
- Give the participant a minimum of 24 hours notice if the provider has to change a scheduled appointment to provide therapy services
- Give the participant the required notice if the provider needs to end the Service Agreement (see "Ending this Service Agreement" below for more information)
- Protect the participant's privacy and confidential information
- Provide support 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
- Issue regular invoices and statements of the therapy services delivered to the participant as per the Terms of Business for Registered Providers.
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3. The Participant's Responsibilities:

The Participant or Plan's Nominee agrees to:

- Inform the provider about how they wish the therapy services to be delivered to meet the participant's needs
- Treat the provider with courtesy and respect
- Talk to the provider if the participant has any concerns about the therapy services being provided
- Give the provider a minimum of 24 hours notice if the participant cannot make a scheduled appointment; and if the notice is not provided by then, the provider's cancellation policy will

- apply
- Give the provider the required notice if the participant needs to end the Service Agreement (see 'Ending this Service Agreement' below for more information), and
- Let the provider know immediately if the participant's NDIS plan is suspended or replaced by a new NDIS plan or the participant stops being a participant in the NDIS.

4. Changes to this Service Agreement

If changes to the treatment 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.

5. Terminating this Service Agreement

Should either party require this agreement to end, both agree to give a minimum of 30 days notice. Service provider or Service recipient seriously breaches this agreement, then the requirement of notice will be waived.

6. Schedule of Support

By signing this agreement, you understand and consent to possible annual price increases as directed by National Disability Insurance Agency (NDIA). Spring Care Disability follows the NDIA Price Guide.

Code	N/A
Establishment Fee	\$295

Support Areas Required	Description of Support/s Day and Hour	Hours per week	Base Rate (\$) as per most up to date NDIS price guide	Weekly Cost (\$)	Code
04 Access Community Social And Rec Activ Standard	Thursday	3	\$67.56	\$202.68	04_104_0125_6_11
04 Access Community Social And Rec Activ Standard Provider Travel	Milages		\$1		04_799_0125_6_1

6.1 Participant's additional expenses

Additional expenses (i.e., things that are not included as part of a Participant's NDIS supports) are the responsibility of (Participant Name) or their plan nominee to pay directly to Spring Care Disability. These are not included in the hourly price for support set by the NDIA. Examples include service provider travel and transport fees, public transport costs, community venue activity entrance fees, event tickets, meals, etc. *If there is more than one Participant sharing a vehicle per trip, the cost of the KMS will be shared between the numbers of Participants in the vehicle. \$1 / km

7. Cancellation and Reschedule of Support Services.

Cancellation by Spring Care Disability.

Should Spring Care Disability staff be unavailable due to illness/ leave, support for that day may be cancelled. Spring Care Disability will notify you of our staff member's absence as early as possible. Where applicable and appropriate, supports for that day may be renegotiated for another time agreed upon by both the Participant and Spring Care Disability to enable continuity of supports or another staff member may be utilised. Spring Care Disability will be responsible to notify the Participant no later than 2 hours prior to the documented support start time. No charge will be incurred by the Participant for that day's support.

Cancellation by the Participant

Spring Care Disability is required to receive notice of support cancellation 24 hours prior to provision of support. If Spring Care Disability does not receive such notice, payment will be claimed as per the participant's agreed support Plan through the NDIS Provider Portal. Spring Care Disability will make claim for no more than 8 individual instances of cancellation or no shows in a continuous 12-month period. Where cancellation is received within the specified timeframe no claim for payment will be made to NDIA.

Where a Participant will not be available to receive support for a period of time in excess of 5 days (e.g., supported holiday, family holiday) Spring Care Disability requests that a minimum of two (2) week's notification is provided. Failure to notify Spring Care Disability of an extended absence may result in Spring Care Disability making claims for payment of scheduled support to meet industrial relations obligations to its staff.

Spring Care Disability acknowledges that at times the health, personal and physical wellbeing of Participants may be compromised and extended periods away from support will occur at short notice. In these instances, Spring Care Disability will consult with Participants, their families/ Carers or others responsible to ensure a suitable outcome is reached.

8. Authorisation of Supports

Spring Care Disability acknowledges that each Participant's circumstance, knowledge, and expertise are different. To ensure Participants are provided opportunity to have as much choice, control, flexibility, and responsibility in the management of supports, Spring Care Disability has included a range of options for Participants to ensure accountability and effective authorisation of supports that have been provided. Participants can choose from the below options:

- ☐ I wish to manage and provide written authorisation of supports on a weekly basis to Spring Care Disability prior to Spring Care Disability making Claim for payment through NDIA.
- ☐ I provide Spring Care Disability with permission to manage the authorisation of supports and make to claims to NDIA for payments of support provided on a weekly basis. This also includes making claims any late notice cancellations within each claim period.
- ☐ I have chosen to self-manage my supports and request that Spring Care Disability provides me with details of types of support.

9. Claims for and Payment of Supports

Spring Care Disability will seek payment for supports provided to Participants. After checking that a support was delivered and has been correctly authorised, a claim for payment to NDIA will be made as soon as practicable. To ensure claims for payments are made in a timely fashion please select an option from the list below.

☐ If you have nominated the NDIA to manage your funded supports, Spring Care Disability will make a claim for payment from the NDIA.

☒ If you have nominated a Plan Management provider to manage your funded supports, Spring Care Disability will advise your Plan Management provider they can make a claim for payment from the NDIA. Where Spring Care Disability may be the Service Provider and the Plan Management provider Spring Care Disability will make claims for payment from NDIA.

Plan Manager Provider Name:

Address:

Email:

☐ If you have chosen to self-manage your supports (including Participant Transport Assistance payment Spring Care Disability will send you an invoice for you to pay. You will need to pay this invoice by either cheque or Electronic Funds Transfer. Accounts must be paid strictly within 7 days from the issue date of each invoice.

10. Goods and services tax (GST) For the purposes of GST legislation, the Parties confirm that:

- a. The supports described in this Service Agreement are reasonable and necessary supports specified in the statement of supports in the Participant's NDIS plan currently in effect under section 37 of the National Disability Insurance Scheme Act 2013;
- b. The Participant's NDIS plan is expected to remain in effect during the period the supports are provided.
- c. Will immediately notify Spring Care Disability if the Participant's NDIS Plan is replaced by a new plan or the Participant stops being a Participant in the NDIS.

11. Insurance & Indemnity:

Spring Care Disability will be responsible to implement and maintain current and appropriate insurance coverage.

12. Confidentiality

That Spring Care Disability and the Participant have a responsibility to:

- a. Keep all information in this Support Service Agreement confidential.
- b. Keep all attached information to the Support Service Agreement confidential.
- c. Only use the confidential information provided to enhance and support its performance in the provision of agreed services under this Support Service Agreement.
- d. Provide access to information from this agreement for a specific need allowing the supports requested to be provided.

I do not wish to be enrolled into the audit process

Initial _____

13. Feedback, complaints and disputes

If you wish to provide feedback or make a complaint, please contact your Client Service Manager on Ph. xx. If the complaint/dispute remains unresolved, and you are not happy with the outcomes or Spring Care Disability Complaints process you can write to the Director, Spring Care Disability, xxx, NSW xx Spring Care Disability is committed to resolving complaints fairly, equitably, and as quickly as possible. The complaint can be face to face, by phone, fax, letter, or email. The complaint will remain confidential, and information will only be available to those who are involved in resolving the complaint. Complainants will not be disadvantaged or be prevented from continuing to receive supports because of making a

complaint.

14. Service Agreement Signatures:

This agreement sets out all the terms of your supports and services with Spring Care Disability. This agreement supersedes and replaces all prior representations, contracts, and agreements (whether oral or in writing) detailing your supports and services with Spring Care Disability.

If there are any other matters you wish to discuss further, please let Spring Care Disability know before you sign this agreement.

Once you sign this agreement, you are confirming it is complete and no agreed terms are missing.

I, **confirm** that this agreement has been explained to me and/or my plan nominee and that I/we agree to this:

Name of Participant:	Date:
Signature: Unable to sign	
Phone/Mobile:	Email:
Name of Plan/Participant Nominee:	Date
Signature:	
	Email:
Signature on behalf of Spring Care Disability Service	
Name & Position: Operational Manager- Tim Ng	Date: 07/11/24
Mobile:	Email: hello@springcares.com.au

Receipt of the acceptance constitutes an absolute agreement for the provision of the service.