



Realcare Sydney Pty Ltd - Service Agreement

Easy Read version



This service agreement is between



you – _____,



who lives at

and



us – Realcare Sydney Pty Ltd – your
NDIS service provider.

Start date:

____/____/____

This agreement **starts** on ____/____/____.

End date:

____/____/____

This agreement **ends** on ____/____/____.

How to use this service agreement



_____ wrote this service agreement.

When you see the words 'we' or 'us', it means _____.



We have written this service agreement in an easy to read way.

We use pictures to explain some ideas.



You **can ask for help** to read this service agreement.

A friend, family member or support person may be able to help you.

What's in this document?

What is a service agreement?	5
Responsibilities	7
What you need to do	8
What we need to do	9
What both of us need to do together	10
Paying for your supports	12
Changing this agreement	15
Ending this agreement	16
	17
Tell us what you think	18
Your Schedule of Supports	19
For people who use the NDIS only	23
Contact us	22

What is a service agreement?



This service agreement is about the services and supports you will get from us.



It explains the supports that we will give you.

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At the end of this document, there is a list of:

- your supports
- their prices.



We call this your *Schedule of Supports*.



There is also a copy of your NDIS plan at the end of this document.

This agreement also explains:



- what you can expect from **us**



- what we expect from **you**.

Responsibilities

Responsibilities are things that:



- **you** need to do



- **we** need to do



- both of us need to do **together**.

What you need to do

You need to:



- tell us how you want to get your supports



- tell us **48 hours before** if you want to cancel an appointment



- tell us as soon as possible if your plan changes or ends.

What we need to do

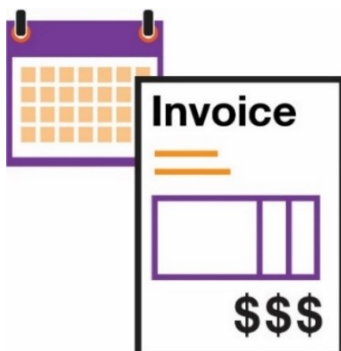
We will give you:



- supports that meet your needs



- supports when you want them



- an invoice for your supports at least **once a month** if you self-manage.

What both of us need to do together

We both need to:



- treat each other **kindly** and with **respect**



- work out a **plan** for your supports



- check how your supports are going, at least once a year



- talk to each other about your supports and funding



- follow NDIS laws – the *National Disability Insurance Scheme Act 2013*



- keep the paperwork for your supports



- give **6 weeks' notice** if this agreement needs to end



- listen to feedback



- fix problems quickly.

Paying for your supports



Funding is the money to pay for your supports.

Tick the box to show where your funding comes from:



☐ the National Disability Insurance Scheme (NDIS) (**Agency-Managed**)



☐ You (**Self-Managed**)



☐ Your Plan Manager (**Plan-Managed**)



If you have a Plan Management Provider, they will pay us for your supports.

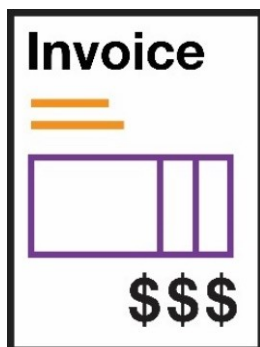
If you manage your own funding, you need to:



- have enough funding to pay for our services



- pay for travel costs if you manage your own transport funding.



We will send you invoices that tell you how much you need to pay.



You will need to pay those invoices within 7 days.



If you don't, we might not be able to provide you with support.

Changing this agreement



This agreement might need to change.



You might want to change it.

We might want to change it.



We will talk to you about any changes.

Ending this agreement



You can end your service agreement if we can't give you the supports you need.



You need to tell us 6 weeks before you want the agreement to end.



If we need to end the agreement, we will tell you 6 weeks before the date.

Cancelling services



You must tell us if you need to cancel an appointment at least 48 hours before.



We will have to charge you a fee if you don't tell us.



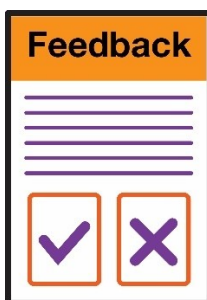
If we have to charge you these fees more than 8 times in 1 year, we have to tell the NDIA.

Tell us what you think



It's important that we know how you feel about our service.

You can:



- give us feedback – tell us how things are going.



- make a complaint – tell us if something is wrong.

If you don't want to talk to us, you can contact the NDIA:



1800 800 110

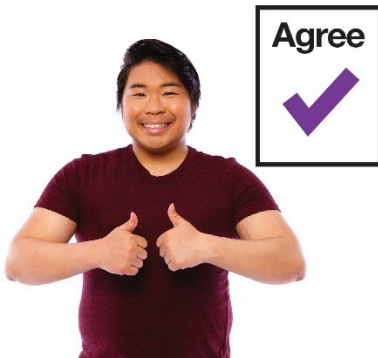


www.ndis.gov.au

Making this agreement



Please read and sign this page.



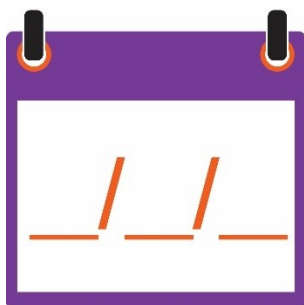
I understand and agree to everything in this agreement.



Your name



Your signature



Date

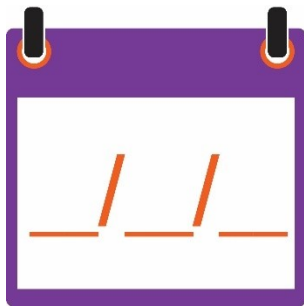
Name



Your parent, nominee or guardian's name



Your parent, nominee or guardian's signature



Date

_____/_____/_____



Your co-ordinator or contact from

reads and signs this page.



I accept this agreement for

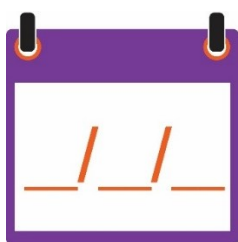
_____.



Staff member's name

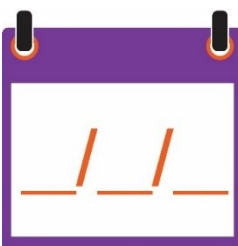


Signature



Date

____ / ____ / ____



This agreement needs to be checked on
or before

____ / ____ / ____

Contact us



Your Schedule of Supports

For people who use the NDIS only

Name of support	About this support	How much this support costs
