

Grampians Health (GH) & National Disability Insurance Scheme (NDIS)

Schedule of Supports

This Schedule is an Agreement **between** Grampians Health (**GH, we and us**) (trading as Safety Link Assist) and the Participant (**you**):

Participant's Full Name and GH client registration number (if known)			
NDIS Participant No:			
Date of Birth:			
Participant's NDIS nominee (if applicable)			
Nominated email/postal address for receipt of notices			
NDIS Plan Dates:	_____	to	_____

Another current Schedule of Support exists for the current NDIS plan: Yes / No

Consent

- We will only contact people with your permission.
- We are required by law to share your information without your permission in a medical emergency, or if you or another person are at risk of being hurt.

Please tell us who you we can talk to about you and your services:

Name: _____ **Relationship:** _____
Phone: _____ **Email:** _____

Name: _____ **Relationship:** _____
Phone: _____ **Email:** _____

Support Coordinator / Case Manager: _____
Phone: _____ **Mobile:** _____
Email: _____

This Schedule will commence on _____ for the period _____ to _____ (if your plan is extended or rolled over this Schedule will expire on the new end of plan date) for the provision of the following support/s:

Support Type: Safety Link Assist	Funds you authorise to Safety Link Assist (\$ amount)	Specify Plan Type (Self-Managed, Plan-Managed or NDIA Managed)
Capital (for equipment repairs/rental) Support Category: <i>Assistive Technology, Maintenance, Repair and Rental</i>	\$	
Core (for continence products) Support Category: <i>Consumables</i>	\$	
Purchase of Assistive Technology (AT)	\$	
Home Modifications	\$	
Vehicle Modifications	\$	
Other (please specify)	\$	

The payment terms under this Service Agreement will vary depending on how your NDIS plan is managed:

Self-Managed/Participant nominee

- This means the NDIA provides you with funding so you can access the supports that will best help you achieve your goals. A nominee may have been appointed to assist you to manage your funding.
- We will request payment from you or your nominee (as applicable) before we are able to arrange the supports you have requested from us.

NDIA Managed

- Please ensure that you give Grampians Health consent to view your plan details when your plan is activated by:
 - Phoning the NDIS National Contact Centre: 1800 800 110
 - or
 - Completing the NDIS 'Consent to Share your information' form.
- The NDIA pays your providers on your behalf.
- As long as you have the supports and funding in your plan, we will claim directly from your NDIS Participant Plan.

Plan Managed

- The NDIA provides funding in your plan to pay for a Plan Manager who pays your providers for you, helps you keep track of funds and takes care of financial reporting for you.
- If you are plan managed, you **must** fill in the relevant table below with all of your plan managers' details. **GH** will forward invoices to your nominated Plan Manager for the supports.
- You consent to us providing a copy of this signed Service Agreement to your Plan Manager for the purpose of creating a service booking on the My Place Portal.

**If the supports you are authorising GH to supply are 'Plan Managed' please provide Plan Manager Details **

Participant's NDIS Plan Manager details (where relevant):

Plan Management Provider	
Contact Name	
Contact number	
Nominated email address for receipt of notices	

Please note:

- **The dates** in this Schedule of Supports **need to align** with your current NDIS Plan (including plan extension or plan roll-over dates).
- Upon **expiration and renewal** of this 'Schedule of Supports', a new 'Schedule of Supports' will be required.

The **Parties agree** to the terms and conditions of this Schedule of Supports.

For and on behalf of **the Participant**

Name: (NDIS Participant) _____

Signature: (NDIS Participant) _____

OR

Name: (NDIS Nominee) _____

Signature: (NDIS Nominee) _____

Date: _____

For and on behalf of **GH**

Name: (GH Authorised Delegate): _____

Signature: (GH Authorised Delegate): _____

Date: _____