Service Agreement Amendment Schedule
Change of Services

Home and Living (with Occupancy Rights)

Miscellaneous Services

Note: This Service Agreement Amendment Schedule is made under clause 8.1.2 of the Service Agreement and replaces Schedule 2 and any earlier Service Agreement Amendment Schedules in respect of services to be provided within the Participant’s Plan start and end dates specified in this Schedule.

## Parties

| **Participant Name** |       |
| --- | --- |
| **Participant Number** |       |
| **And** |  |
| **Service Provider** |       |
| **Address** |       |
| **NDIS Registration Status** |       |
| **NDIS Provider Number (where applicable)** |       |
| **ABN** |       |
| **Document ID** |       |
| **For** |  |
| **Service/s** |       |

## Contact details:

|  |  |
| --- | --- |
| Guardian Name: |       |
| Guardian Email and phone: |      @           |
| Service Provider Trading Name: |       |
| Service Provider Email (Signed DAS will be returned to this email) |      @      |
| Support Coordination (SC) Organisation Name |       |
| SC Contact (email and phone) |      @                |

## Participant’s Plan period to which this Service Agreement Amendment Schedule relates:

**Participant's Plan start date**

   /       /      (eg date/month/yyyy)

**Participant's Plan end date**

   /       /      (eg date/month/yyyy)

**Participant’s Plan period to which this Service Agreement Amendment Schedule relates.**

**From**

   /       /      (eg date/month/yyyy)

**To**

   /       /      (eg date/month/yyyy)

## Provider Notifications

GST Exempt This is a supply of one or more reasonable and necessary supports specified in the statement of participant supports under section 33 (2) of the *NDIS Act* set out in the Participant’s NDIS plan currently in effect under section 37 of the NDIS Act.

Yes/No

## Services

Note: All services to be provided during this Participant’s Plan period must be listed below in either Table 1 (New services added) or Table 2 (Existing services continuing) and **quote for the entire Plan period.**

Note: To assist the Support Coordinator and Guardian to understand the alterations made by this Service Agreement Amendment Schedule, all services previously listed in Schedule 2 or, if a Service Agreement Amendment Schedule has previously been made, in the most recent Service Agreement Amendment Schedule, must be listed in either Table 2 (Existing services continuing) or Table 3 (Services removed or not continuing) below.

## TABLE 1 - New services added.

|  |  |  |
| --- | --- | --- |
| **Support Category** | **Support Item Name** | **$ Allocations** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **Total ($)** **TOTAL FOR ALL ITEMS: $** |

|  |  |  |
| --- | --- | --- |
| **Support Category** | **Support Item Name** | **$ Allocations** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **Total ($)** |
| **TOTAL FOR ALL ITEMS: $** |

## TABLE 2 - Existing services continuing (with or without alteration)

List any services that were previously listed in Schedule 2 or, if a Service Agreement Amendment Schedule has previously been made, in the most recent Service Agreement Amendment Schedule, which will continue to be provided in this Plan period (adjust the number of hours/units if necessary)

**Continuing services**

|  |  |  |
| --- | --- | --- |
| **Support Category** | **Support Item Name** | **$ Allocations** |
|  |  | **$**  |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **Total ($)** |

**TOTAL FOR ALL ITEMS: $**

## TABLE 3 - Services removed or not continuing.

List any services that were previously listed in Schedule 2 or in the most recent Service Agreement Amendment Schedule (if one has been made) which will not be provided in this Plan period.

**Removed services.**

|  |  |  |
| --- | --- | --- |
| **Support Category** | **Support Item Name** | **$ Allocations** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **Total ($)** |

**TOTAL FOR ALL ITEMS: $**

## Signing page

The Service Provider warrants:

(a) that this Schedule reflects an agreement reached between the parties to:

(i) continue the provision of services beyond the Participant’s Plan end date specified in item 2 of Schedule 1 or in the most recent Service Agreement Amendment Schedule (if one has been made); and/or

(ii) alter the range and/or details of services specified in Schedule 2 of the Service Agreement or in the most recent Service Agreement Amendment Schedule (if one has been made);

(b) (prior to entering the start date and end date of the Participant’s Plan in this Schedule) it verified with the Support Coordinator the accuracy of those dates; and

(c) (prior to entering the details of services in this Schedule) it has confirmed with the Support Coordinator that there is sufficient funding available in the Participant’s Plan for the total cost for all services listed in this Schedule.

|  |  |
| --- | --- |
| SIGNED for and on behalf of the **Service Provider (This must be signed by the Service Provider NOT the Support Coordinator)** | Signature |
|  | Name of Service Provider authorised signee      |
|  | Date   /    /      |

|  |  |
| --- | --- |
| SIGNED for and on behalf of the **Participant** by the **Guardian** | Signature |
|  | Name of Guardian signing      |
|  | Date of execution   /    /      |

**The following Support Coordinator’s Notation can only be completed by the Support Coordinator.**

If you are the **Provider** and have already completed and signed the **Service Agreement Amendment Schedule,** do not fill out the Support Coordinator’s Notation. Return the **Service Agreement** to the **Support Coordinator** for completion of the Support Coordinator’s notation.

### Support Coordinator's Notation

**Note: This page is for the Support Coordinator only**

If you identified any errors or issues with the details in the Amended Schedules, please note them in the ‘Support Coordinator’s Comments’ field below and return to the provider to address. Otherwise, if there are no errors or issues, please complete the ‘Support Coordinator’s Confirmation’ below, sign and provide to the **Guardian**.

##### Support Coordinator's Comments (optional)

##### Support Coordinator's Confirmation

##### Signature



##### Name of Support Coordinator signing

##### Date

   /       /      (eg date/month/yyyy)

**Appendix 1: Schedule of Supports**

|  |  |  |
| --- | --- | --- |
| Support as identified in NDIS plan (include Support Category and Item name) | Support Description and details of how the support will be delivered. | Price and Plan Management Method(travel costs must be deducted from maximum funding amount and service hours adjusted accordingly) |
|       |       |       |
|       |       |       |
|       |       |       |
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