Service Agreement Amendment Schedule

Specialist Disability Accommodation

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** |  |
| **Specialist Disability Accommodation Provider** |       |
| **Address** |       |
| **NDIS Provider Number**  |       |
| **ABN** |       |
| **Document Number** |       |
| **For** |  |
| **Service** | **Specialist Disability Accommodation** |
| **SDA Property Address** |       |

## Contact details:

|  |  |
| --- | --- |
| Guardian Name |       |
| Guardian Email Guardian phone |      @           |
| SDA Provider |       |
| SDA Provider Email (Signed SAAS will be returned to this email) |      @      |
| SDA Provider Phone |       |
| Support Coordination Provider |       |
| Support Coordination Provider emailSupport Coordination 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

## Services

Note: All services to be provided during this Participant’s Plan period must be listed below and **quote for the entire Plan period.**

**Item 1**

|  |  |  |
| --- | --- | --- |
| **Support Category** | **Support Item Name** | **$ Allocations** |
| **Specialist Disability Accommodation** |  | **$**  |
|  |  | **$** |
|  |  | **$** |

**Total ($)**

**TOTAL FOR ALL ITEMS: $**

## Signing section

The Support Coordinator hereby warrants:

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

(i) continue the provision of Specialist Disability Accommodation 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) the accuracy of those dates; and

(c) (prior to entering the details of services in this Schedule) 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 **Support Coordination Provider**  | Signature |
|  | Name of Support Coordination Provider authorised signee      |
|  | Date:   /    /      |

**Note:** As there is already a Service Agreement in place between the Participant and the Specialist Disability Accommodation Provider for Specialist Disability Accommodation services, the Guardian does not need to sign the Service Agreement Amendment Schedule.

### 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)