



## Commonwealth Home Support Program

### Service Agreement

This Service Agreement has been developed and negotiated in partnership with you and/or your appointed decision maker. If requested by you, your registered supporter, family member, carer, advocate or another significant person may have also been involved. We will help you to understand all terms of this Service Agreement.

<b>Your details</b>		
Name		
Address		
Phone		
Email		
Date of Birth		
<b>Your Classification</b>		
Classification Level		
Approval date		
<b>CHSP services to be delivered</b>		
<b>CHSP</b>	<b>CHSP Service Type</b>	<b>CHSP Service</b>
	Social Support and Community Engagement	Group social Support
We will also work with you to determine how, when and by whom the services are delivered to you.		
When you want to access further services, we will assist you to request a support plan review or re assessment of your care needs.		
<b>What you are expected to pay</b>		
<b>CHSP Client Contribution (what you pay)</b>		Per activity
<b>Process for client contribution increases</b>		
Any increase in the client contribution is outlined in the client contribution policy. We will discuss with you and seek your agreement to any changes to your client contribution. This is outlined in the client contribution policy (see link or attached).		
<b>Your CHSP client contributions</b>	A registered provider delivering CHSP services to you may charge a client contribution towards the delivery of your services.	
	The amount must be agreed in writing between you and the provider. You will not be denied CHSP services because you are unable to pay. Our financial hardship policy explains how you can apply for a waiver or reduction of the CHSP contribution fee due to financial hardship. Our financial hardship policy is available at	

	<p>(add URL) or a copy can be provided on request.</p> <p>There is no formal means testing for CHSP client contributions. We have a documented and publicly available client contribution policy, which outlines what your client contribution fees are and how they are determined. We will make this available to you before you sign this Service Agreement and your services are delivered.</p> <p>By signing this agreement, you agree to pay any applicable fees or client contributions for CHSP services we deliver to you.</p> <p><input checked="" type="checkbox"/> I have read and agreed to the information under 'What you are expected to pay' (please tick the box)</p>	
<b>Our details</b>		
Registered provider	Doncaster Community Care and Counselling Centre Inc.	
Provider ABN	61 321 463 378	
Address	Suite 4/Level 1 687 Doncaster Road DONCASTER VIC 3086	
Phone	9856 1500	
Email	Doncare@doncare.org.au	
<b>When services will start and end</b>		
<b>CHSP Service</b>	<b>Start Date</b>	<b>End Date</b>
Group Social Support		
<b>Reviewing your Service Agreement</b>		
We will review this agreement on or before or upon your request.		
When reviewing your agreement, we will ensure you have the opportunity to participate in the review. We will give consideration to whether any updates need to be made to this agreement and if necessary, we will vary the Service Agreement.		
<b>Varying your Service Agreement</b>		
When a variation is needed to this agreement, we will consult with you about the variation and only vary the agreement with your written consent.		
<b>Termination of this Service Agreement</b>		
You can terminate this agreement if:		
<ul style="list-style-type: none"> <li>- You notify us in writing that you no longer wish to receive our services, or</li> <li>- You notify us in writing that you are moving to a location where we do not deliver services.</li> </ul>		
If you wish to stop receiving services, you must contact us in writing via email: <a href="mailto:SSP@Doncare.org.au">SSP@Doncare.org.au</a> or via post: Doncare, Suite 4/Level 1, 687 Doncaster Road, Doncaster VIC 3108.		
We can only terminate this agreement if:		
<ul style="list-style-type: none"> <li>- You can no longer be cared for in the home or community with the resources available to us, or</li> <li>- Your condition changes to an extent that you no longer need our services or an approved needs assessor assesses your needs as being more appropriately met through other types of funded aged care services, or</li> <li>- You have intentionally caused serious injury to a member of staff or have</li> </ul>		

intentionally infringed the ability of a member of staff to work in a safe environment, or

- You have not paid any fee or contribution to us, for a reason within your control, and have not negotiated an alternative arrangement for payment of the fee or contribution
- And we have given you written notice of our intention to cease delivery.

#### **Cooling off period**

There is a cooling off period where you may withdraw from this agreement. You can withdraw from this agreement anytime within 14 days of signing the agreement, so long as you have not received services from us.

Where this occurs, the Service Agreement will have no effect, and we will refund any amount paid to us under the agreement.

#### **Your registered supporter/s (if you have any)**

Name	
Address	
Phone	
Email	
Notes	

  

#### **Person/s we can contact in relation to your Service Agreement (optional)**

Name	
Address	
Phone	
Email	
Notes	

If you would like to receive services, you agree to the best of your knowledge that the above information is accurate, and agree to the conditions in this document. I

You can also ask for other supports to help you understand this agreement, such as access to a translation service.

By signing this agreement, this signing date is determined to be your agreement commencement date.

**Date Service Agreement will commence:** (INSERT DATE)

**Client signature:** .....

If signed by an active, appointed decision maker, please specify their name and authority to enter into this agreement on behalf of the client (e.g., enduring power of attorney or guardian).