



# Service Agreement

<b>Participant Details:</b>	<b>Participant Name:</b>	
	<b>Date of Birth</b>	
	<b>Participant Representative (if applicable):</b>	
	<b>Representatives Relationship:</b>	
<b>NDIS Plan Details:</b>	<b>NDIS Number:</b>	
	<b>Plan Dates:</b>	
<b>Service Agreement Date:</b>		

This **Service Agreement** is made between the above-mentioned participant in the National Disability Insurance Scheme and Developing Links.

*[Participant / participant's representative (such as a family member or friend)]*

And

**Provider**

*Developing Links Pty Ltd.*

This Service Agreement will commence on **{DD/MM/YYYY}** and will continue for the period of the above-mentioned participant plan dates.

This Service agreement between the above parties will be in effect of signed service agreement, or, until notified in writing by the participant/nominated representative.

To utilise services provided by *Developing Links* and by accepting the details outlined in this service agreement, the participant/nominated representative, will provide *Developing Links* with their NDIS number and plan details.

## **Responsibilities of Developing Links.**

*Developing Links* agrees to provide the participant:

- Break down your NDIS plan, explain the multiple funding sections and advise what they can be used for. \* *dependent on item & if a support coordinator is involved.*
- Planned budget.
- Set up and pay invoices for therapists and other providers.
- Monthly statements so that you are aware of what has been paid out of your NDIS plan and what is the overall balance of the plan.
- Advise when funding is getting low.
- Communicate when unusual payments are pending.
- Monthly reports on how funding is being used.
- Support in identifying suitable providers for your needs.

## **Responsibilities of the Participant\Nominated representative.**

The participant/participant's representative agrees to:

- Provide Developing Links with information on how they would like to utilise their funding provided in their NDIS plan.
- Treat Developing Links with respect and courtesy.
- Communicate with Developing Links if there are any concerns about the supports being provided.
- Give the required notice if requesting to end this Service Agreement.
- Inform Developing Links immediately if the participants NDIS plan is suspended or replaced with a new plan or if the participant ceases to be a participant in the NDIS.

## **Payment of Invoices.**

By naming Developing Links to provide plan management services for you, Developing Links will claim the nominated monthly fee for provision of supports (agreed upon in Schedule of Services) through the NDIS portal. This will ensure the budget developed will be maintained. Please note a once off set-up fee will be deducted along with a one-month payment upon set up within Developing Links systems.

Providers will directly send Developing Links an invoice for services provided. Once invoices are received by Developing Links at [accounts@developinglinks.com.au](mailto:accounts@developinglinks.com.au) payment of services will be electronically be paid within 14 days.

## **Changes with NDIS Plan.**

You are notified of any changes or cancellation of the NDIS plan which has been nominated for Developing Links to plan manage, you will be responsible in notifying Developing Links immediately with the relevant details in writing.

## **Changes to Service Agreement.**

If changes to this service agreement are required by either party, a review is to be scheduled to discuss proposed changes. All changes to the service agreement are required in writing and to be signed and dated by both parties.

## **Ending this Service Agreement.**

If either party identified in this Service Agreement [participant or Developing Links] requests this Service Agreement to cease, notification of one-month notice is required. If either party is found to seriously breach the details outlined in the Service Agreement requirement of one-month notice will be waived.

## **Feedback, Complaints and Disputes.**

If you wish to give the provider feedback or make a complaint the participant can email *Brendan Hookway (Director)* on [brendan@developinglinks.com.au](mailto:brendan@developinglinks.com.au) or by contacting Developing Links on 1300 100 556.

If you are not satisfied or feel your grievance has not been adequately addressed, the participant can contact the National Disability Insurance Agency by calling 1800 800 110, visiting one of their offices in person, or visiting [ndis.gov.au](http://ndis.gov.au) for further information.

## **Goods and services tax (GST).**

For the purposes of GST legislation, the Parties confirm that:

- A supply of supports under this Service Agreement is a supply of one or more of the reasonable and necessary supports specified in the statement included, under subsection 33(2) of the *National Disability Insurance Scheme Act 2013 (NDIS Act)*, in the participants NDIS plan currently in effect under section 37 of the NDIS Act;
- Developing Links will pay GST as per specified in the *National Disability Insurance Scheme Act 2013*.

**Please note: Schedule of support is subject to NDIS pricing guidelines, pricing changes will occur July 1<sup>st</sup> annually.**

## Schedule of support.

Name of Support	Description of Support	
Financial Intermediary Set-up costs (26003) (14_033_0127_8_3)	<ul style="list-style-type: none"> <li>• Loading of client details into client management system</li> <li>• Receipt of funding</li> <li>• Setting up client account within finance system</li> <li>• Loading plan and setting service and budget allocation</li> </ul>	\$227.53 once only payment
Financial Intermediary monthly processing (26004) (14_034_0127_8_3)	<ul style="list-style-type: none"> <li>• Reconciling client balances</li> <li>• Paying supplier invoices on behalf of client</li> <li>• Processing client re-imbursment claims</li> <li>• Tracking expenditure against client budget</li> <li>• Monthly statements of expenditure and available funding</li> <li>• Assisting with purchases</li> <li>• Trouble shooting</li> <li>• Client liaison – emails, phone calls etc.</li> </ul>	12 @ \$102.28 = \$1227.36

*Disclaimer\*\* The mentioned parties within the service agreement agree to provide true and accurate information in relation to the supports/goods provided and agree that all purchases are in line with the National Disability Insurance Scheme guidelines (National Disability Insurance Scheme Act 2013)*

*Please refer to the NDIS guide for self-management. Developing Links can provide this document upon request.*

## Reimbursements.

If the participant/representative requires reimbursements to be processed for purchases made directly by the participant/representative. Developing Links will require the following information;

Banking institution:	
Account name:	
BSB:	
Account Number:	

## Consent to share information.

I, consent for *Developing Links* to share and receive relevant/necessary information with the professionals and institutions listed below, as part of the provision of service for:

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Participant Name:
NDIS Number:

Organisation	Contact Person	Contact Details

with the professionals and institutions which have provided you with a service and consequently ensure that the participant and the family's best interests are being pursued. In addition to this, it will allow *Developing Links* to connect families and participants to relevant/necessary service providers.

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## Contact details.

The *[participant/the participant's representative]* can be contacted on:

<b>Contact details</b>	
Phone [B/H] Phone [A/H]	
Mobile	
Email	
Address	
Alternative contact person	

The provider can be contacted on:

<b>Contact name</b>	Brendan Hookway or Melissa Sutcliffe
Phone	1300 100 556
Email	<a href="mailto:brendan@developinglinks.com.au">brendan@developinglinks.com.au</a> <a href="mailto:mel@developinglinks.com.au">mel@developinglinks.com.au</a>
Address	242 Angas Street, ADELAIDE 5000.

## Agreement signatures.

The parties agree to the terms and conditions of this Service Agreement.

\_\_\_\_\_  
Signature of *[participant/participant's representative]*

\_\_\_\_\_  
Name of *[participant/participant's representative]*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of authorised person from Developing Links

\_\_\_\_\_  
Name of authorised person from Developing Links

\_\_\_\_\_  
Date