

Support Coordination Service Agreement

Participant Name: _____

NDIS Number: _____

Date of Agreement: _____

1. Purpose

This Service Agreement is made in line with the National Disability Insurance Scheme (NDIS) guidelines. It outlines the support coordination services to be provided under the participant's NDIS plan and sets out the responsibilities of both the participant (or their representative) and the provider.

2. Supports and Services

The provider agrees to deliver the following support coordination services funded in the participant's NDIS plan:

- Support Coordination (Level 2 – Coordination of Supports)
- Specialist Support Coordination (Level 3 – Specialist Supports) (if applicable)

Hourly Rate: As per the current NDIS Pricing Arrangements and Price Limits.

3. Responsibilities

Provider responsibilities:

- Deliver services in line with the NDIS Practice Standards and NDIA guidelines.
- Communicate openly and honestly in a timely manner.
- Consult the participant on decisions about how supports are provided.
- Issue invoices in line with NDIS requirements (including support dates, hours, and line items).
- Respect privacy and confidentiality.

Participant responsibilities:

- Provide accurate and up-to-date information relevant to supports.
- Notify the provider of any changes to the NDIS plan, contact details, or circumstances.
- Give at least 24 hours' notice if unable to attend scheduled appointments.
- Work in partnership with the provider to achieve plan goals.

4. Plan Management and Payment

- Supports will be claimed directly from the NDIS plan through the NDIA, a Plan Manager, or paid by the participant (if self-managed).
- The provider will claim funding using the correct line item from the participant's budget.
- Invoices and payments will follow NDIS payment rules.

5. Cancellation Policy

Less than 24 hours' notice of cancellation may result in the session being charged in line with NDIS cancellation rules.

6. Changes and Reviews

This agreement may be reviewed and updated at any time with the consent of both parties. Either party may end this agreement with 14 days' written notice.

7. Feedback, Complaints and Disputes

- Feedback or complaints can be directed to the provider in writing or verbally.
- If issues remain unresolved, participants can contact the NDIS Quality and Safeguards Commission on 1800 035 544.

8. Privacy and Confidentiality

All personal information will be kept private and only shared with consent or as required by law.

9. Signatures

Participant/Representative Name:	_____
Signature:	_____
Date:	_____

Provider Name: _____

Signature: _____

Date: _____