

## Appendix A: Schedule of Supports

(NON NDIS Schedule)

Participant Name:							
Support type:  Describe supports here	Price and payment information:  List the current price of support, hours per annum and total			How will support be provided?  List the day, am or pm frequency and location. Note other if required.			
	List price	Hours per session	\$ Total	Day of week	am/pm	Frequency (e.g. daily, weekly, monthly)	Location (e.g. centre, home, community) and other
			<b>SERVICE TOTAL</b>				

### Terms of this Agreement

**CANCELLATION POLICY/PROCESS:** Cancellations of support require 48 hours as per service agreement page 4.  
**No shows** will result in charges to the participant as per service agreement page 4.

**GST.**Applies

**REVIEW OF SUPPORTS:** Headway Gippsland Inc and the participant will review the schedule of supports each 6 months or at the request of the participant.

**SERVICE BOOKINGS:** Headway Gippsland Inc will create a service booking to reflect the service total as schedule of supports as required

All prices for supports, provided by Headway Gippsland Inc, are **subject to change** as per Headway Gippsland Inc's Schedule of Fees.

Participant name:

Signature X \_\_\_\_\_

Date / /

Nominee name:

Signature X \_\_\_\_\_

Date / /

Staff member name:

Signature X \_\_\_\_\_

Date / /

- Easy read/pictorial documents provided
- Consumer rights and responsibilities provided
- Copy of this service agreement and schedule of supports provided