

Support Coordination Agreement

Par	ticipant Name:	
Pla	n Start Date	
Pla	n End Date	
Dea	-	
	-	e time to meet with me, tor from Headway Gippsland Inc.
With	in your NDIS Plan	you have been provided with:
	• hours	of Support Coordination or
	• hours	per month.
with	other providers, wh	used over the months of your Plan, don't forget time spent liaising hich could include but is not limited to organising a cleaner, gardener, physiotherapist etc. all count in your allocation.
		on can vary from person to person it is about what it is you need to our NDIS Plan, we have listed some of the areas below.
		o select the areas we are going to focus on, as per our discussions, over after this time we will review your goals for the next six months.
	-	n't meet your needs, we need to communicate with one another and you would like support with to achieve.
	Staffing Support (this could be find	ing you staff members, booking shifts, liaising with staffing providers)
	Home Modification (this could be orgated following up applied	anising your OT assessment, putting your paperwork through SWEP,
	Therapy Services (this could include	e finding and sourcing a therapist, organise appointment with therapist)
	<u>Travel</u> (this could be ass	isting you to find transport options that meet your budget)
	(this may include	anding of Your NDIS Plan assisting you to organise a review of your plan if necessary, amounts in your plan and areas where these can be spent)



	Community Connectednes (this may include finding o NDIS goals)		ons/ activities which	ch may be of int	terest to you and	your			
	Accommodation (this may include looking for appropriate housing, applying for different housing or it may be support to find the right housing for you)								
	Planning/Budgeting (this may include looking at the amounts of money you have allocated in your Plan and determine a budget to support your NDIS goals)								
	Equipment (this may include looking for your equipment needs, liaising with you and your equipment supplier)								
	Skill Development/Support Groups (this may include appropriate staff to assist you learn the skills your are seeking, this could be finding a job, working as a volunteer, being involved in your local community, learning cooking skills)								
The	best way to contact me is e	either:							
•	my email or mobile, which								
•	the office, which is								
Му	usual office days are:								
	Monday		Wednesday		Friday				
	Tuesday		Thursday						
Reg	ards								
Sup	port Coordination Team								



I acl	nowledge the	receipt of Headway Gippsla	and Inc. d	ocuments listed below.	
Tob	e signed & ret	urned:	Participant to keep:		
	Service Agre	ement		About Us (easy English)	
	Schedule of	Supports		Compliments (easy English)	
	Support Cool	rdination Agreement		Freedom from Abuse & Neglect	
	Conflict of Int	erest (if applicable)		Participant Handbook	
I, , a	cknowledge th	Name of Participant or Par (as per NDIS Plan)	ticipant's	Nominee	
		Signature of Participant or (as per NDIS Plan)	Participa	nt's Nominee	
		Date			