CARE FOCUS PLAN

# Service Agreement

## 1. Introduction

This Service Agreement is between **Care Focus Plan** (referred to as "we," "our," or "us") and the **NDIS participant** (referred to as "you" or "participant").

We are committed to providing **NDIS plan management services** to help you manage your funding, pay providers on time, and track your budget. This agreement outlines our responsibilities, your rights, and how we will work together.

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## 2. Our Responsibilities

As your **NDIS Plan Manager**, Care Focus Plan agrees to:

✅ **Process Provider Payments** – Ensure all invoices are paid **accurately and on time**.
✅ **Track Your Budget** – Provide **monthly spending reports** and help you manage funds wisely.
✅ **Offer Support & Guidance** – Assign a **dedicated plan manager** to assist with your plan.
✅ **Ensure Compliance** – Follow **NDIS guidelines** and provide ethical and professional services.
✅ **Keep Your Information Secure** – Protect your personal and financial details in accordance with the **Privacy Act 1988 (Cth)**.

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## 3. Your Responsibilities

To ensure smooth plan management, you agree to:

✔ **Provide Accurate Information** – Share your **NDIS plan details** and provider invoices.
✔ **Approve Payments** – Confirm services received and notify us of any disputes.
✔ **Use Funds as Intended** – Ensure your NDIS funds are spent in line with your plan goals.
✔ **Inform Us of Any Changes** – Notify us if your NDIS plan, contact details, or circumstances change.

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## 4. Service Fees & Payments

Our **NDIS plan management service** is **fully funded by the NDIS**, meaning:

- There are **no out-of-pocket costs** for you.
- Our fees are set by the **NDIS Price Guide** and will be deducted from your plan automatically.
- We will ensure **timely payments to your service providers**.

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## 5. Ending or Changing This Agreement

This agreement remains in place for the duration of your **NDIS plan** unless:

📌 **You decide to switch plan managers** – You can cancel this agreement anytime with **14 days' notice**.
📌 **Your NDIS plan changes or ends** – We will adjust services accordingly.
📌 **Both parties agree to make changes** – We can update the agreement together if needed.

To cancel or make changes, please contact us via **[phone number]** or **[email address]**.

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## 6. Privacy & Confidentiality

We respect your privacy and will:

🔒 **Keep all personal and financial information secure.**
🔒 **Not share your details without your consent** unless required by law or the NDIS Commission.

For more details, refer to our **Privacy Policy**.

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## 7. Feedback & Complaints

We value your feedback and are committed to **continuous improvement**. If you have concerns or complaints, you can:

📩 **Email us:** [email address]
📞 **Call us:** [phone number]
📍 **Contact the NDIS Commission:** If you are unsatisfied with our resolution, you can contact the **NDIS Quality and Safeguards Commission** via **1800 035 544**.

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## 8. Agreement Confirmation

By signing this agreement, you confirm that you:

✅ Understand the services we provide.
✅ Agree to work with Care Focus Plan as your **NDIS plan manager**.
✅ Allow us to process payments on your behalf.

# CARE FOCUS PLAN

**Participant Name:** _____
**NDIS Number:** _____
**Signature:** _____
**Date:** __ / __ / ____

📌 **Need help?** Contact us anytime—we're here to support you!