

SERVICE AGREEMENT

You have choice and control about the support you receive. This Agreement sets out what we both agree about the services you are going to receive from Accessible Transport Australia (ATA).

1. WHO IS MAKING THIS AGREEMENT – NDIS Participant

Title:	Name:		
NDIS Number:	Plan Start Date:	Plan End Date:	
Is your NDIS Plan: NDIA Managed <input type="checkbox"/> Self-Managed <input type="checkbox"/> Plan Managed			
Address:			
Town:	State:	Postcode:	
Date of Birth	Phone:	Mobile	
If the participant is under 18, does the parent/guardian/carer consent for the participant to travel unaccompanied in an ATA vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email:			
Country of Birth		Ethnicity	
Is language/communication assistance required? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what language:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose			
Indigenous Status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Decline			
Is the participant aware of this referral? Yes <input type="checkbox"/> No			
Driver preference: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference <input type="checkbox"/> Other			
<i>** Please note, ATA will make all efforts to meet your preference but cannot guarantee we can assist every time.</i>			
Does the participant have a mobility aid?			
Stick/Walking Frame <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Electric Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Independent			
If the participant has a wheelchair, are they: <input type="checkbox"/> Transferable <input type="checkbox"/> Non-Transferable			
Distance participant can walk from door to vehicle: <input type="checkbox"/> Cannot walk unassisted <input type="checkbox"/> 0 - 30 metres <input type="checkbox"/> 30 – 100 metres			
Will the participant require assistance into the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Disability type: Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Neurological <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Other: _____			

<p>Are there any specific requirements/issues that the vehicle driver needs to be aware of? (i.e. must drive up driveway or pick up from the back of the house) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide information: Park on road at bottom of driveway</p>
<p>Vehicle preference (Clients living in Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly LGA's only – If you do not live in the above NSW LGA's, your transport will be provided by local taxi operators) SWCT Vehicle only weekdays Taxi only Weekends <input type="checkbox"/> No preference</p>
<p>Are you willing to send a copy of your NDIS Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy</p>
<p>What are your goals for the next 12 months?</p>
<p>How can we help you achieve your goals?</p>
<p>Do you believe your goals were achieved? (Participants renewing Service Agreement ONLY)</p>

CARER DETAILS – If the participant has a carer: (Please note: You can have one carer travel with you for free.)

<p>Will you have a carer travelling with you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Is the carer aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name:</p>	
<p>Email:</p>	<p>Phone:</p>
<p>Does the carer have any mobility issues? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Carers preferred language:</p>

PLAN MANAGER DETAILS – If the participant has a Plan Manager:

<p>Plan Manager Organisation: My Plan Manager</p>	
<p>Contact Name:</p>	
<p>Email: accounts@myplanmanager.com.au</p>	<p>Phone: 1800861272</p>
<p>Do you consent to ATA contacting your Plan Manager, if required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

SUPPORT CO-ORDINATOR DETAILS – If the participant has a Support Co-ordinator:

<p>Support Organisation:</p>	
<p>Contact Name:</p>	
<p>Email:</p>	<p>Phone:</p>
<p>Do you consent to ATA contacting your Support Co-ordinator, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

EMERGENCY CONTACT DETAILS

Contact Name:	Relationship to participant:
Email:	Phone:
Does this person have your permission to sign documents, or to make/ change bookings on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. HOW DOES THIS AGREEMENT FIT WITH THE NDIS

This agreement follows the main ideas and rules of the National Disability Insurance Scheme, which aims to provide you with more choices in how you achieve your goals and get involved in your community. This agreement sets out what services you have chosen to be provided by ATA and other information. When we say “you” in this agreement we also mean a trusted person you may choose.

3. OUR RESPONSIBILITY TO YOU

- ATA will support and comply with the NDIS Terms of Business and the Code of Conduct. If you would like to see these let us know
- ATA will provide door to door transport services
- ATA will talk to a trusted person of your choice if you request us to do so
- ATA will listen to a trusted person of your choice if you request us to do so
- We will listen to what is important to you and include you in decisions about your support
- The money we charge you will be GST Free
- All our drivers/vehicles comply with all laws and standards (including insurance)
- If ATA is going to put the price up we will let you know at least two weeks before we do so
- Our drivers are trained to support and respect your rights
- If ATA cannot provide transport when you want we will try to reschedule to another date or time that works for you
- That your carer (if you have one) can travel free
- ATA will keep the information you give us about yourself safe and you can see this information at anytime
- ATA will not give anyone information about you without your permission unless it is to assist you in a medical emergency or we legally have to
- ATA will provide the service you choose as long as we have the team members, we can do it safely and you have the money to do it (in your NDIS package). If we cannot provide the service safely or if the money in your NDIS package runs out we will stop the service but we will give you 7 days’ notice
- If you refuse a service it will not affect any future service we provide you
- ATA will talk to you about any problems and try to work things out with you. Should something happen that we need to investigate, we will support you and keep you involved along the way
- If ATA has to stop a service for any reason we will talk to you about it and work with you to resolve the issue

4. YOUR RESPONSIBILITY TO US

- To inform SWCT/ATA by phone or email immediately, if you change your Support Coordinator or Plan Manager during this Agreement.

- To make your bookings for transport as soon as you know you need to travel.
- To respect other people travelling with ATA, our team members and the general public
- To tell us about any equipment you use that helps you get around or if you change your equipment.
- To tell us what you need help with (e.g. walking up steps)
- To pay for your carer to travel with you if needed – when using our express services, shopping services or on social outings (it will cost the same as your transport)
 - To tell us if you ever feel unsafe or have a problem with any of our team and work with us to help fix it
 - If you need to cancel a service you will give us 48 business hours' notice or a cancellation fee may be charged
 - To use your NDIS transport assistance money that you get fortnightly before using the money in your NDIA Core Package
 - To tell us if your NDIS Plan changes or if you stop using NDIS
 - To tell us if you have a Positive Behaviour Plan or if you are going to get one

5. WHAT SUPPORTS WILL BE PROVIDED

Participants living in the Local Government Areas of Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly: Transport may be provided by a SWCT/ATA driver in one of our vehicles, or in a taxi that has been organised by us.

Participants living outside of Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly:

Your transport will be provided through our partnership with transport operators in your area, in most cases this will be via a taxi operator with a qualified and experienced driver.

6. HOW LONG WILL THE SUPPORTS BE PROVIDED

ATA will provide you with transport services during your NDIA plan dates, unless otherwise reviewed earlier. You can ask for a review of this agreement at any time if you want to change anything.

7. PAYMENTS

There are many ways you can pay for your transport. Please tick how you want to pay:

Payment by NDIA-Managed (e.g. Core Package) Payment by Plan Manager

Self-Managed NDIS Package Cash/ Transport Allowance

Sometimes the NDIA Price Guide or rules may change and that may mean ATA fares or rules may also change. If this happens, we will let you know in writing 2 weeks prior of any changes.

We currently use the following line item codes for all NDIA Portal Managed Participants.

07_001_0106_8_3	Support Coordination Level 1: Support Connection
07_002_0106_8_3	Support Coordination Level 2: Coordination of Supports
07_004_0132_8_3	Support Coordination Level 3: Specialist Support Coordination
04_160_0136_6_1	Group and Centre Based Activities - Standard
04_104_0125_6_1	Access Community, Social and Rec Activities – Standard
11_024_0117_7_3	Development of daily living and life skills
02_050_0108_1_1	Specialised Transport to School/Education/Facility/Employment/Community
02_051_0108_1_1	Transport
05_121227125_0108_1_2	Assistive Technology Rental – Vehicle modified for Access
09_008_0116_6_3	Innovative Community Participation

Please let us know if your plan funding does not include the above line item codes.

8. FUNDS ISOLATED

ATA will initially isolate \$1000 for transport. This will not be claimed until after the service is provided and will be automatically adjusted based on your average trip costs.

It is your responsibility to monitor your usage and if that usage exceeds the allocated isolated funds. It is your responsibility to pay the excess either from your core package or personally.

9. WHAT IF YOU DON'T WANT TRANSPORT ANYMORE

Let us know as soon as you can by phone or email and we will end your Service Agreement.

10. PAYMENT OF OUTSTANDING TRANSPORT CHARGES AND FEES

It is your responsibility as the participant, to ensure that you have sufficient available NDIS funds to cover your transport needs. Should your NDIS allocated funds be insufficient, then you are personally responsible for paying ATA all outstanding and future trip charges, including fees.

In order to avoid potential court proceedings & including court costs, additional costs of added interest, collection fees, and to help to preserve your credit rating, we strongly urge you to resolve this matter by making immediate and full payment to SWCT/ATA.

11. OPT OUT CONSENT

As a registered provider, the NDIS Quality and Safeguarding Framework requires that ATA undertake on-site auditing against the NDIS Practice Standards in a 3 year cycle. You as the participant are automatically enrolled into the audit process. This will mean that a member of the auditing team may contact you for an interview and/or have access to your files, records or plans to review and to ensure that ATA is meeting compliance with the standard.

If you wish to opt out from the NDIS Audit Process, please tick here:

12. CONSENT

I _____ of _____ give consent to ATA & or their Debt collection Agencies, to discuss any unpaid invoices for Transport Services provided by ATA, with my representative, including family members, guardian, NDIS nominee, Plan Managers and or Support Coordinators. For my nominated Plan Manager or Support Coordinator to share my NDIS Plan information with SWCT/ATA, including my NDIS Plan dates, and or any information relating to the dates of transition to another service provider during the course of my current NDIS Plan.

13. AGREEMENT

By signing, I confirm that I have read and understood this Agreement to receive services from ATA.

Participant/Participant Representative Name (PRINT): _____

Signature: _____

Date: _____

ATA OFFICE USE ONLY

Name of Authorised Person from Provider (PRINT):

Signature:

Review Date:

Date: