**PLAN MANAGEMENT SERVICE REQUEST AND AGREEMENT**

**(TO BE COMPLETED BY PARTICIPANT OR SUPPORT PERSON AND RETURNED)**

Collective Coordination is a provider of NDIS Plan Management Services. We assist you with the payments of invoices to the people or organisations who provide your supports. By using our Plan Management Service you have greater choices over who and where you can purchase your NDIS funded supports.

Plan management and self-managing allows you to purchase supports from suppliers that have not registered with the NDIS. This can include any type of support provided if these supports have been incorporated in your NDIS Plan.

So we can commence working with you please complete your details and return via email to **info@collectivec.com.au;** all invoices to be sent to **invoice@collectivec.com.au**

1. **Participant Details**

|  |  |  |
| --- | --- | --- |
| **Full Name:** |  | |
| **Date of Birth:** |  | |
| **NDIA #** |  | |
| **Plan Start / End Date:** |  |  |

1. **Services Requested**

Choose ONLY ONE service intermediary request depending on allocated funds in your NDIS package; cross other over.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Financial Intermediary Services** (financial plan management) | ⬜ | **Set Up Costs  (Once)** | | **Monthly Processing** | **Months Units** | **Total Funded  in Plan** |
| $227.53 | ⬜ | $102.28 | 12 | $1454.89 |
|  | | | | |
| 1. **Financial and Service Intermediary Services** (financial plan management and service connection) | ⬜ | **Set Up Costs  (Once)** | | **Monthly Processing** | **Months Units** | **Total Funded  in Plan** |
| $334.29 | ⬜ | $102.28 | 12 | $1561.65 |
|  | | | | |
| 1. **Book a free 30 min video consultation (tick the box)** | Yes, I would like to arrange a 30 min free video consultation with Collective Coordination.  ⬜ | | | | | |

1. **Primary Contact details (if applicable)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to participant:** |  |
| **Address:** |  |
| **Contact phone number:** |  |
| **Email address:** |  |
| **Special considerations:** |  |

1. **Your NDIS Supports and Your Funding Allocation**

|  | **NDIS Support Area** | **Amount  Allocated** | **Additional Information  (only if known)** |
| --- | --- | --- | --- |
|  | ***EXAMPLE***  **Increased Social and Community Participation** | ***EXAMPLE***  **$3080.16** | ***EXAMPLE***  **School Holiday Activities**  **Group sessions 6 hrs x 6 days x 4 holiday terms** |
| CORE SUPPORTS | 1 – Daily Activities | $ |  |
| 2 – Transport | $ |  |
| 3 – Consumables | $ |  |
| 4 – Social and Community Participation | $ |  |
|  | 5 – Assistive Technology | $ |  |
| CAPITAL | 6 – Home | $ |  |
|  | 7 – Coordination of Supports | $ |  |
|  | 8 – Improved Living Arrangements | $ |  |
|  | 9 – Increase Social and Community | $ |  |
|  | 10 – Finding and Keeping a Job | $ |  |
| BUILDINGCAPACITY | 11 – Improved Relationships | $ |  |
|  | 12 – Improved Health and Wellbeing | $ |  |
|  | 13 – Improved Learning | $ |  |
|  | 14 – CB Choice and Control | $ |  |
|  | 15 – CB Daily Activity | $ |  |

1. **Your LAC / Support Coordinator details**

|  |  |
| --- | --- |
| **\*Local Area Coordinator (LAC) or   Support Coordinator Name:** |  |
| **Secondary contact (if applicable):** |  |
| **Contact phone number:** |  |
| **Contact email:** |  |
| **Contact address:** |  |
| **Additional information:** |  |

***\*All enquiries will be sent to the above contact person.***

|  |  |
| --- | --- |
| **Referral completed by:** |  |

1. **Participant Confirmation**

I agree to the appointment of Collective Coordination, a Plan Management Provider who is authorised to act under the NDIS, to provide services as detailed in this Request for Financial and/or Service Intermediary purposes.

I understand that Collective Coordination will pay my providers upon receipt of an invoice and as per the Collective Coordination Business Terms.

I understand that I am approving payment of the invoice (as a true record of services received) upon the invoice being received by Collective Coordination for payment. Option of pre-approving invoices is also available and if used, approving on invoices by participant within 48 hours is required.

I understand that Collective Coordination will invoice me each month, via the NDIS portal for Financial and/or Service Intermediary Services (Plan Management) for the amount/s detailed in Section 2 – Services Requested.

I have read and understood the terms and conditions of this agreement – Collective Coordination Plan Management Agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
|  | P L E A S E P R I N T |  |  |
|  |  |  |  |
| Date: |  |  |  |

**PLAN MANAGEMENT - SERVICE AGREEMENT**

**(TO BE KEPT BY PARTICIPANT)**

This is your Service Agreement with Collective Coordination Plan Management Service (operated by H&D Plan Management).

This describes the agreed responsibilities of Collective Coordination and you in the delivery of Plan Management services.

This Service Agreement is valid until you, or someone you choose to speak for you, or Collective Coordination ends the Agreement.

**SERVICE BOOKINGS**

A Service Booking is required so we can manage payments to your nominated providers for services delivered. We will complete a Service Booking on your behalf via the NDIS MyPlace Portal to confirm:

1. Collective Coordination is providing your Financial and/or Service Intermediary services.
2. Financial and/or Service Intermediary service start and end dates.

**CHANGING YOUR MIND**

You have choice and control of your services.

If you change your mind about your services with Collective Coordination Plan Management Service, just let us know. You can change a Service Booking at any time, but it can take up to 28 days to come into effect (as per NDIS guidelines).

**COLLECTIVE COORDINATION (PLAN MANAGEMENT) RESPONSIBILITIES**

We commit to undertaking the following:

* Managing your NDIA package.
* Paying your providers in a timely manner, 7 working days from receipt of approved invoice.
* Treating you and anyone who speaks up for you (advocate) with respect.
* Keeping your information private and confidential in accordance with the Disability Services Act 2006, [Information Privacy Act 2000](http://www.legislation.vic.gov.au/domino/Web_notes/LDMS/PubLawToday.nsf/95c43dd4eac71a68ca256dde00056e7b/cd652e34a04da6c2ca257505007ce686!OpenDocument) and the National Disability Insurance Act 2013.
* Claiming only the funding allocated to us, as agreed in the Service Booking.
* Listening to your feedback and resolving any problems quickly.

**YOUR RESPONSIBILITIES**

When Collective Coordination is providing services to you, you need to:

* Treat the Collective Coordination team with respect.
* Let us know immediately if there are any changes to your personal information, contact details or the way you wish the invoices to be paid.
* Talk to any member of our team if you have any concerns or are unhappy about staff or your services.

**GIVING FEEDBACK AND MAKING A COMPLAINT**

At Collective Coordination we value your feedback about our services and staff. Even complaints are welcome, as they help to improve our services.

You can talk to a team member or manager to assist you to resolve your issue by phoning 1300 524 030.

**PRIVACY POLICY**

At all times during the term of this Agreement, we will respect your privacy and confidential information. Generally speaking, we will not disclose your personal, contact or medical information that we collect from you to any third party except with your approval or as permitted below.

Without limiting our commitment to protecting your personal and confidential information, we will:

* comply with applicable laws and regulations in relation to protecting your personal or confidential information;
* not sell your personal or confidential information to third parties; and
* not use your personal or confidential information except as permitted by this Agreement, the law or you.

We may, from time to time, use your personal information to contact you, send you information about us or our services, give you updates in relation to the NDIS, or to otherwise enable us to deliver the supports you engage us to provide.

In the course of us providing you supports, there may be circumstances where we are required to provide some of your information to third parties (e.g. to Other Providers). While you approve us disclosing your personal information in those circumstances, we will use our reasonable endeavours to disclose as little personal or confidential information about you as possible.

Further, there may be times where we are required by law to disclose your personal or confidential information. You agree that we may disclose your personal or confidential information in those circumstances, to the extent we are required to do so.