ACN 640 207 469

MY PLAN SUPPORT SERVICE AGREEMENT - Easy English

About this agreement

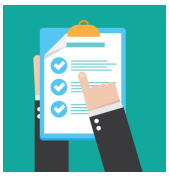
This **Service Agreement** is between	
Plan Support Agency, *trading as* "*My Plan Support*"	**Plan Management Provider**
and the **Participant (you)** or your nominated representative in the National Disability Insurance Scheme.	
Your plan nominee, parent or guardian may assist you in reading through this service agreement	

What supports are being provided?

We receive invoices from your service providers.	
We check for ● Correct invoices ● Price limits on services ● NDIS Budget balances ● Services and purchases meeting your plan goals And process the claim under your NDIS plan.	
We pay your providers with the funds from your NDIS plan	
We provide ● monthly statements so you can see what you have spent from your NDIS funding. ● Email you when we receive an invoice from your provider ● Remind you if you are spending your funds too fast or too slow	

You will have a plan administrator You can find their email address and phone number in your MPS Portal Or you can call 1300 266 289 for reception to help you.	
You can log into your My Plan Support Portal to check on your NDIS budgets or call 1300 266 289.	

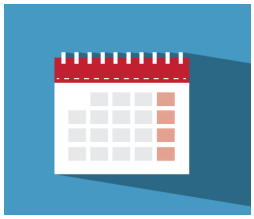
Responsibilities

Responsibilities are things that: ● You need to do ● We need to do	
Participant/nominated representative (You need to) ● Treat My Plan Support Staff kindly and with respect ● Tell us as soon a possible if your plan ends or changes ● Talk with us about your supports and funding ● Discuss any concerns about our service	
Provider - My Plan Support (we need to do) ● Treat the you or your nominated representative kindly and with respect ● Listen to feedback and fix any problems ● Protect the your privacy ● Keep the paperwork for your invoices and supports ● Follow NDIS laws	

What is the cost of plan management?

This is a free service to you. Payment for our services will be claimed from the NDIA. *The set up fee and monthly processing fee will cover the plan from the start date to the end date.* The price can change when the NDIS update the price guide.	

Ongoing agreement

To avoid disruption to your services, we will continue to manage your plan/s until you notify us that you would like to stop using our services.	
Ending this agreement ● You can end this agreement if we can't give you the support you need	
● You need to tell us 4 weeks before you want the agreement to end.	

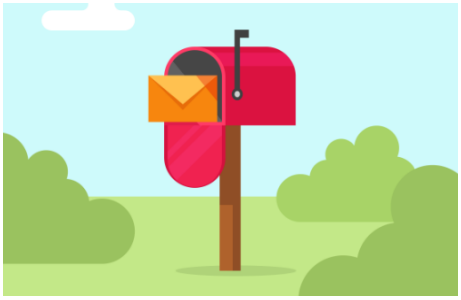
Feedback and Complaints

Tell us what you think It's important that we know how you feel about our service You can: ● Give us feedback - tell us how things are going ● Make a complaint - tell us if something is wrong All calls are recorded to help us serve you better. If you don't want to talk to us, you can contact the NDIA. 1800 800 110	

Making this agreement

Please read, complete and sign this document ***I received help completing this form by*** ***Name*:**	

Participant details (about you)

Name:	
Date of birth:	
Home address: **Post code:**	
Phone number:	
Email address:	

NDIS Plan Details (About your plan)

NDIS number:	**This number starts with 43_____** **NDIS number:**
Plan Dates: **Start** **End**	**NDIS plan start date:** **NDIS plan review due date:**

Consent and other important information

Are there any court orders that relate to the participant? (e.g. family law, guardianship) ☐ Yes ☐ No	
Consent We may need to talk with some of your support providers about your support or plan. ☑ **I give My Plan Support permission to contact my service providers, Local Area Coordinator, the NDIA and my Support Coordinator.**	
INVOICE PROCESSING Please tick **one:** ☐ **Pay for my invoices when you receive them.** **OR** ☐ **I wish to approve invoices**. I will approve each one through the MPS portal before it is processed.	

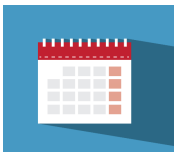
Correspondence

☐ I would like my NDIS nominated representative to receive emails from My Plan Support regarding my budgets (as listed with the NDIS)	

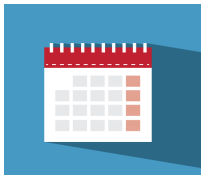
Participant signature

I would like My Plan Support to manage my NDIS plan funding	
Participant signature: (your signature)	
Date:	

Plan Nominee Details (representative approved by the NDIS) - leave this blank if you don't have one.

Nominated representative(as listed with the NDIS): Relationship to Participant: ☐ Plan nominee ☐ Guardian ☐ Parent ☐ Case Manager Phone number: Email address:	
Your parent, nominee, guardian or case worker's signature:	
Date:	

Coordinator of Support - Consent - leave this blank if you don't have one.

What is a Coordinator of Supports? A Coordinator of Supports will **help you to find the right services to assist you in meeting your goals.**	**My goals** This is what I want to achieve
I would like my *Support Coordinator* **to view my budgets in my My Plan Support portal** ☐ **Yes** ☐ **No**	
Participant name:	
Participant signature: (your signature)	
Date:	
Coordinator of Supports: *Company:* *Address:* *State:* *Postcode:* *Phone number:* *Email address:*	

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