

**NATIONAL DISABILITY INSURANCE SCHEME
SERVICE AGREEMENT
FOR VACATION CARE PROGRAM
JAN-FEB 2022**



This Service Agreement is made between the Participant and Service Provider below:

Participant Name			
Address			
Contact Details	Name	Phone Number	
	Email address		
NDIS Details	Number	Plan Dates From: / /	To: / /
Managed	Self Managed	Plan Managed provider: _____	

Service Provider	All Abilities Mackay Inc
Address	2-4 Casey Avenue, Mackay QLD 4740
ABN	95 202 714 205

Agreement Date

Start Date	/ /	End Date	/ /
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Days required (Tick)

Ages 4-14		9am-3PM \$230
Monday	24/01/2022	
Tuesday	25/01/2022	
Wednesday	CLOSED	PUBLIC HOLIDAY - CLOSED
Thursday	27/01/2022	
Friday	28/01/2022	

Monday	30/01/2022	
Tuesday	01/02/2022	
Wednesday	02/02/2022	
Thursday	03/02/2022	
Friday	04/02/2022	


Cost \$230 a session. Includes face to face and non-face to face activity including reporting and evidence documentation with photos.

Additional services outside of these hours may be negotiable depending on availability.

1:1 Support Worker is \$55/hour. Travel applies for collection/drop off. 1 hour minimum service booking additional.

Acknowledgement details: Participant's representative is responsible to ensure program objectives as outlined on our website align with participants NDIS goals, and they deem it to be reasonable and necessary to their situation.

Signing area

X _____


Name: Bec Nicol
 All Abilities Mackay Inc
 Date ___/___/___

x _____

Name of Participants Representative
 _____ Print
 Date ___/___/___

Office Use Only Received ___/___/___ Invoiced ___/___/___ #___ Paid/Receipt ___/___/___