







Let's talk about

Accommodation Service Agreement



Easy Read English


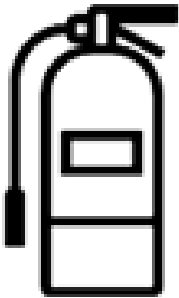




About this document




	OUR GOAL IS TO PROVIDE YOU WITH A SAFE AND HAPPY PLACE TO LIVE.
	WHEN YOU DECIDE TO MOVE INTO YOUR NEW HOUSE, WE WILL ASK YOU TO LOOK OVER AN ACCOMMODATION SERVICE AGREEMENT AND SIGN IT IF YOU FEEL IT MEETS YOUR NEEDS.
	AN ACCOMMODATION SERVICE AGREEMENT IS A SPECIAL FORM THAT WILL TELL YOU IMPORTANT THINGS ABOUT LIVING IN YOUR NEW HOUSE.
	THIS EASY READ WILL TELL YOU MORE ABOUT YOUR ACCOMMODATION SERVICE AGREEMENT.


Parts of an Accommodation Service Agreement




	AN ACCOMMODATION SERVICE AGREEMENT HAS DIFFERENT PARTS. IT IS IMPORTANT THAT YOU UNDERSTAND EVERY PART.
	THE TABLE ON THE NEXT PAGE WILL TELL YOU ABOUT DIFFERENT PARTS OF YOUR SPECIFIC ACCOMMODATION SERVICE AGREEMENT.


FIELD	DETAILS
<p>ADDRESS OF YOUR NEW HOUSE</p> 	<p>76 CULTIVATION RD AUSTRAL NSW 2179</p>
<p>SAFETY FEATURES OF YOUR NEW HOUSE</p> 	<ul style="list-style-type: none"> • INDOOR SAFETY & FACILITY • OUTDOOR SAFETY • WATER SAFETY • FIRE SAFETY • ACCOMMODATION <p>NOTE: REFER TO SIGNED REQUIREMENTS FOR SAFETY AT SUPPORTED INDEPENDENT LIVING SERVICE ACCOMMODATION CHECKLIST</p>
<p>AGREEMENT START DATE</p> 	<p>NOTE: PLEASE REFER TO SIGNED SERVICE AGREEMENT</p>
<p>AGREEMENT END DATE</p> 	<p>NOTE: PLEASE REFER TO SIGNED SERVICE AGREEMENT</p>

FIELD	DETAILS
<p>CONTACT INFORMATION OF ALL PEOPLE INVOLVED IN THE AGREEMENT (INCLUDING YOU AND YOUR REPRESENTATIVES)</p> 	<p>GLOW HEALTHCARE AGENCY (MAIN) SERVICE LOCATION ID: 4-3LKB-4114 20 CARLTON ST. GRANVILLE NSW 2142 (02) 8660 1936 EXT 14</p> <p>GLOW HEALTHCARE AGENCY (AUSTRAL) SERVICE LOCATION ID: 4-J3XMDYW 76 CULTIVATION RD AUSTRAL NSW 2179 (02) 8660 1936 EXT 22</p> <p>PARTICIPANT: NAME: _____ PHONE: _____ EMAIL: _____</p> <p>PARTICIPANT'S REPRESENTATIVE: NAME: _____ PHONE: _____ EMAIL: _____ RELATIONSHIP: _____</p>
<p>YOUR RIGHTS AND REPONSIBILITIES</p> 	<p>NOTE: PLEASE REFER TO SIGNED SERVICE AGREEMENT</p>

FIELD	DETAILS
<p>OUR RIGHTS AND RESPONSIBILITIES (INCLUDING HOW WE WILL KEEP YOUR PRIVACY AND CONFIDENTIALITY AND RESOLVE COMPLAINTS/CONFLICTS)</p> 	<p>NOTE: PLEASE REFER TO SIGNED SERVICE AGREEMENT</p>
<p>HOW YOU CAN CHANGE OR END YOUR ACCOMODATION SERVICE AGREEMENT</p> 	<p>AFTER THE EXPIRY OF THE FIRST TWELVE MONTHS OF THIS SERVICE AGREEMENT, YOU MAY END THIS SERVICE AGREEMENT AT ANY TIME ON 14 DAYS' NOTICE IF YOU CHOOSE TO LEAVE THE ACCOMMODATION.</p>
<p>WHEN/WHY WE MIGHT NEED TO CHANGE OR END YOU ACCOMODATION SERVICE AGREEMENT.</p> 	<p>BEFORE GIVING NOTICE TO END THIS SERVICE AGREEMENT FOR ANY REASON, GLOW HEALTHCARE AGENCY (GHA) WILL ARRANGE A MEETING WITH YOU, YOUR NOMINEE (IF YOU HAVE ONE), THE ACCOMMODATION PROVIDER, AN NDIS SUPPORT COORDINATOR AND OTHER RELEVANT SUPPORT STAFF TO CONSIDER WHETHER YOU REQUIRE ADDITIONAL SUPPORTS TO ENABLE YOU TO REMAIN AT THE PROPERTY OR WHETHER GLOW HEALTHCARE AGENCY (GHA) CAN SUPPORT YOU IN A DIFFERENT HOME.</p>

FIELD	DETAILS
<p>PAYMENT ARRANGEMENTS</p> 	<p>SUPPORT PAYMENT: GLOW HEALTHCARE AGENCY (GHA) WILL SEEK PAYMENT OF THE SUPPORTED INDEPENDENT LIVING PAYMENT FROM THE NDIA IN ACCORDANCE WITH THE RELEVANT NDIS RULES, GUIDELINES AND TERMS OF BUSINESS.</p> <p>BOARD PAYMENT: IF GLOW HEALTHCARE AGENCY (GHA) WILL BE PROVIDING YOU WITH BOARD UNDER THIS SERVICE AGREEMENT, THEN THE FOLLOWING PARAGRAPHS IN RESPECT OF BOARD PAYMENTS WILL APPLY. IF GLOW HEALTHCARE AGENCY (GHA) WILL NOT BE PROVIDING YOU WITH BOARD UNDER THIS SERVICE AGREEMENT, THEN YOU WILL NOT BE REQUIRED TO PAY BOARD PAYMENTS.</p> <p>YOU AGREE TO PAY A BOARD PAYMENT TO GLOW HEALTHCARE AGENCY (GHA) TO COVER DAILY HOUSEHOLD LIVING EXPENSES. THE BOARD PAYMENT WILL TYPICALLY BE 50% OF THE BASE RATE OF THE DISABILITY SUPPORT PENSION THAT WOULD APPLY TO YOU ASSUMING YOU ARE ELIGIBLE TO RECEIVE THE DISABILITY PAGE 6 OF 18 SUPPORT PENSION, PLUS THE ENERGY SUPPLEMENT.</p> <p>BECAUSE YOUR BOARD PAYMENT IS A PERCENTAGE, IT WILL CHANGE WHEN THE AMOUNT OF EITHER THE DISABILITY SUPPORT PENSION AND/OR ENERGY SUPPLEMENT CHANGE. YOU AGREE TO PAY THE INCREASE WHEN NOTIFIED BY GLOW HEALTHCARE AGENCY (GHA) WHO WILL LET YOU KNOW AT LEAST 28 DAYS BEFORE THE INCREASE OCCURS.</p>

FIELD	DETAILS
<p>INFORMATION ABOUT WHAT HELP WE WILL GIVE YOU AND HOW YOU CAN AGREE TO OR CHANGE YOUR SUPPORTS.</p> 	<p>NOTE: PLEASE REFER TO SIGNED SERVICE AGREEMENT</p>
<p>HOUSE RULES</p> 	<p>GLOW HEALTHCARE AGENCY (GHA) MUST ASSIST YOU AND THE OTHER OCCUPANTS OF THE PROPERTY TO PREPARE AND AGREE HOUSE GUIDELINES WITHIN THE FIRST 3 MONTHS OF THIS SERVICE AGREEMENT.</p> <p>GLOW HEALTHCARE AGENCY (GHA) WILL KEEP A COPY OF THE HOUSE GUIDELINES AND WILL ALSO GIVE A COPY TO THE ACCOMMODATION PROVIDER. GLOW HEALTHCARE AGENCY (GHA) AND PARTICIPANTS WHO LIVE IN THE HOUSE WILL REVIEW AND UPDATE THE HOUSE RULES ONCE A YEAR.</p>
<p>WHAT HAPPENS IF WE DECIDE TO MAKE CHANGES TO YOUR HOUSE (SUCH AS MAINTANCE OR ALTERATIONS)</p> 	<p>WHERE STATED, A NOMINATED REPAIRER SHOULD BE THE FIRST POINT OF CONTACT FOR THE NDIS PARTICIPANT OR THEIR REPRESENTATIVE IN THE EVENT EMERGENCY REPAIRS ARE REQUIRED.</p>

FIELD	DETAILS
<p>HOUSE INSPECTIONS AND ACCESS</p> 	<p>GHA / THE AGENT CAN ONLY ENTER THE HOUSE</p> <ul style="list-style-type: none"> • IN CASE OF EMERGENCY • TO CONDUCT ROUTINE INSPECTIONS • CARRYING OUT OR INSPECTING NECESSARY REPAIRS • SHOWING THE PREMISES TO PROSPECTIVE TENANTS • IF THE NDIS PARTICIPANT OR THEIR REPRESENTATIVE AGREE AT, OR IMMEDIATELY BEFORE, ENTRY, OR • IN ACCORDANCE WITH THE NSW RESIDENTIAL TENANCY LEGISLATION.