

Client Care Plan & Service Agreement

This Service Agreement has been developed and negotiated in partnership with you and/or your appointed decision maker. If requested by you, your registered supporter, family member, carer, advocate or other significant person may have also been involved. We will help you to understand all terms of this Service Agreement.

Please complete the sections of this document that apply to you.

Full Name:			Date of Birth;		
Address:					
Phone No.:					
Gender:	Male	Female	Other		
Indigenous status:	Aboriginal	Torres Strait	Both	Neither	Unknown
Country of Birth;					
Pref language;	English	Other (please specify):			
Person acting for me:	Name:		phone no.;		
Email account to;					
MyAgedCare number;	AC				

Emergency Contact Details (a/a if same as person acting for me)

Name;		
Relationship;		
Phone No;		
Legal rep;	Yes / No - I have a Power of Attorney	

CHSP Service Request

Commence services on;	Date:	
CHSP service type required;	Personal Care Social Support Ind Social Support Group Home Maint (Y&G)	Domestic Assistance Flexible Respite Meals Transport
Days requested;		Preferred time of day;
Times requested;	hour per	I am flexible
Home Safety Assessment;	Completed date;	completed by:
SMS notifier required (24hrs in advance of rostered care);	Yes to mobile phone number; No	
Client contributions; (prices subject to change and are reviewed annually on 1st July)	PC, DA, SSI, Respite cares; Weekdays (Harden) \$16 p/hr, Saturdays \$24, Sundays \$34 Weekdays (non-Harden) \$22 p/hr, Saturdays \$30, Sundays \$40 (weekends/Public holidays upon request) Meals - \$7.20, Sweets \$4, Soups \$3, Tuesday Hub meal \$10 Yard & Garden - \$30 p/hr Transports;- Wagga/Canberra \$60, Coota/Young \$25 (other destinations/rates upon request)	

Client Name;
Reason for referral;
Medical conditions:
Client alerts & Allergies;
Communication capabilities; ie hearing/vision/memory issues;
Mobility;
Palliative/End of life care instructions: Do you have an Advanced care directive; Yes No Details (relevant to our service);
Meals choices (<i>as applicable</i>); Likes; Dislikes; Special Dietary requirements;
Needs; Preferences: Goals you hope to achieve with your healthcare;
Referrals to other services;
Other relevant information;

Client name;

Services required (*only tick boxes that you require assistance with, services requested must be in accordance with CHSP guidelines and your approved CHSP referral codes*);

Personal Care:

- stand by assist so client feels safe while having shower
 - prepare the shower, towels & clothes
 - check with client to see if assistance required ie with hair wash
 - assist with getting in and out of the shower
 - allow client to wash self
 - assist with drying (as required)
 - assist with dressing (as required)
 - ensure the towels are hung up and floor is mopped/dry before leaving
- Other tasks (details);

Meal Preparation:

- assist with peeling, dicing, slicing vegies, place in appropriate storage or cook as required.
- liaise with client as to what they would like prepared.
- discuss with client asking would they like any meals cooked so they can reheat as required.

Social Support Individual:

- accompany to medical or health related appts
 - chat and/or have a tea/coffee
 - take up town for coffee/or shops
- Other tasks (detail);

Domestic Assistance:

- clean bathroom including the shower, toilet, vanity and mirror
- clean Kitchen benches, wash and pack away dishes
- vacuum, sweep and mop the floors ensuring the floor is dry prior to leaving the home
- assist with changing the bed linen
- hang washing out and or bring washing in
- take garbage/recycling out
- sweep the front/rear porch to prevent grass/dirt from being transferred into the home
- light house duties as requested within reason
- liaise with client as to what tasks they are requiring assistance with

Note; Support workers are not required to clean ovens, windows or heavy cleaning tasks.

- assistance with Shopping
- carrying and packing away of groceries

Rotating tasks each day if client is having more than 1 service per week

Other duties as listed;

Acceptance & Signature

I have contributed and agree to this Care Plan/Service Agreement and I agree to engage the services of MH Flexible Care Services Inc. for provision of services.

Client	Provider
x Date;	x Murrumburrah-Harden Flexible Care Services Inc. 27 East St Harden NSW 2587 ph. 0263863561 ABN 97 982 561 559 manager@flexicare.org.au

CHSP client contributions

Client contributions are based on 'suggestive pricings' by Department of Health Ageing (DOHA)

There is no formal means testing for CHSP client contributions

If you are unable to meet client contributions Financial Hardship options need to be explored through ServiceNSW.

By signing this agreement you agree to pay any applicable fees for client contributions for CHSP services we deliver to you.

Services not included in this Agreement

We will discuss with you if you wish to have any new services delivered and what contributions you will be expected to pay.

Care Plan/Service Agreement Review / Variation

You will be offered input into review of your care plan which is due 12 months from date of contract

When a variation is needed to this agreement, we will consult with you and may vary the agreement with your consent.

Care Plan/Service Agreement Termination

You can terminate this agreement by notification in writing that you no longer wish to receive our services.

We can only terminate this agreement if:

You can no longer be cared for in the home or community with the resources available to us, or

Your condition changes to an extent that you no longer need our services or an approved assessment deems your needs will be more appropriately met through other types of funded aged care services, or

You have intentionally caused serious injury to a member of staff or have intentionally infringed the ability of a member of staff to work in a safe environment, or

You have not paid any fee or contribution to us, for a reason within your control, and have not negotiated an alternative arrangement for payment of the fee or contribution

And we have given you written notice of our intention to cease delivery.

Cooling off Period

There is a cooling off period where you may withdraw from this agreement. You can withdraw from this agreement anytime within 14 days of signing the agreement, so long as you have not received services from us.

Where this occurs, the Service Agreement will have no effect, and we will refund any amount paid to us under the agreement.

Other;

This agreement is designed to protect you as a client and us as a care provider.

We ask you to treat our staff with respect and provide a safe home environment for us to perform cares.

By entering our agreement you agree to supply necessary equipment for our staff to safely perform designated tasks.

Office use only:

Provided to client;

- Copy of Service Agreement/Care Plan
- Statement of Rights
- Service brochure/booklet