



## Tailem Bend Community Centre

### Example only do not complete

#### Commonwealth Home Support Programme (CHSP) – Service Agreement

This Service Agreement has been developed in partnership with you and/or your appointed decision maker. Your registered supporter, family member, carer, advocate, or other significant person may also participate in this process if you wish. TBCC will ensure you understand all terms of this Service Agreement before signing.

Your Details						
Name				Date of Birth		
Address						
Phone				Email		
Your classification						
Classification level	Commonwealth Home Support Program (CHSP)	<input type="checkbox"/>	Support at Home Package	<input type="checkbox"/>	National Disability Insurance Scheme (NDIS)	<input type="checkbox"/>
Access Approval	To be included when available				<input type="checkbox"/>	
CHSP support services to be delivered						
CHSP service type				CHSP service		
Domestic Cleaning				<input type="checkbox"/>		
Equipment & Products (formerly Goods & Assistive Equipment)				<input type="checkbox"/>		
Home Adjustments (formerly Home Modifications)				<input type="checkbox"/>		
Home Maintenance & Repairs (formerly Home Maintenance)				<input type="checkbox"/>		
Group Social Support				<input type="checkbox"/>		
Individual Social Support				<input type="checkbox"/>		
Meals				<input type="checkbox"/>		
Transport				<input type="checkbox"/>		
Client Contributions for CHSP Services						
<p>The Tailem Bend Community Centre (TBCC) will deliver Commonwealth Home Support Programme (CHSP) services to you and may charge a Client Contribution towards the cost of providing these services.</p> <p>The amount of your contribution will be agreed in writing between you and TBCC before services commence. You will not be refused or denied access to CHSP services if you are unable to pay a contribution.</p> <p>If you experience financial hardship, you may apply for a full or partial waiver or reduction of your contribution. This process is outlined in our Financial Hardship Policy, available upon request.</p> <p>There is no formal means testing for CHSP client contributions. TBCC maintains a publicly available Client Contribution Policy, which will be provided to you prior to signing this Service Agreement and before services are delivered.</p> <p>By signing this Service Agreement, you acknowledge and agree to pay applicable fees or client contributions in accordance with TBCC's Client Contribution Policy and Fees and Service Charges.</p>						

You will be informed of all costs upfront before services commence, ensuring transparency and choice. If, at any time, you wish to access additional or different services, TBCC will assist you in requesting a Support Care Plan Review or re-assessment through My Aged Care.

### Reviewing your Service Agreement

TBCC will review this Service Agreement within 12 months of commencement, or earlier at your request. You will have the opportunity to participate fully in all discussions about your care, goals, and service changes. If updates are needed, a revised Service Agreement will be issued to reflect agreed variations.

You may request a review at any time by contacting TBCC on (08) 8572 3513, or by speaking with TBCC staff or volunteers during wellbeing calls or regular contact.

Any variation will only occur with your knowledge and written consent.

### Varying your Service Agreement

When a variation to this Agreement is required, we will consult with you to discuss the proposed changes and their impact. Any variation will only be made with your knowledge and written consent, ensuring your rights, preferences, and choices are fully respected.

### Termination of this Service Agreement

You may end this Service Agreement at any time if:

- You no longer wish to receive services; or
- You are moving to a location where TBCC does not deliver services.

If you wish to stop receiving services, please contact us:

☎ (08) 8572 3513 | ✉ [info@tbcc.org.au](mailto:info@tbcc.org.au) | 📮 PO Box 203, Tailem Bend SA 5260

You have the right to change providers at any time. No judgement, disadvantage, or penalty will occur. TBCC may end this Service Agreement if:

- You can no longer be safely supported with available resources under CHSP guidelines.
- Your needs change and My Aged Care assess you as more appropriately supported by another program.
- You have not paid agreed fees without contacting TBCC to arrange alternative payment.
- You have intentionally caused serious injury or created an unsafe environment for staff or volunteers.
- TBCC provides written notice of its intention to cease service delivery.
- If your care needs exceed TBCC's capacity under CHSP, we will assist you to request a re-assessment or transition to another suitable provider.

Cooling-Off Period: You may withdraw from this Service Agreement within 14 days of signing, provided services have not commenced. If you withdraw, this Agreement will have no effect and any amount paid will be refunded.

### Compliance Statement

This Agreement and all associated client contributions, service changes, and cancellation processes are managed in accordance with the **Aged Care Act 1997**, the **Aged Care Quality and Safety Commission Act 2018**, and the **Aged Care Quality Standards**, particularly:

- **Standard 1: Consumer Dignity and Choice**, which ensures you are treated with respect, given choice, and supported to make informed decisions about your care and services; and
- **Standard 2: Ongoing Assessment and Planning with Consumers**, which ensures that your needs, goals, and preferences are regularly discussed and reviewed in partnership with you.

### Client Contributions

The Client Contribution may be reviewed and adjusted in consultation with you and in accordance with this Agreement and our Client Contribution Policy. You will be advised of any changes in advance, and no changes will take effect without your knowledge and consent.

### Services Not Included in This Agreement

If you wish to access additional or new services not covered by this Agreement, we will discuss your options with you, including:

- The type of new services available,

- The Client Contribution that applies,
- How to request a Support Plan Review or re-assessment through an Aged Care Assessor to access these services.

We will ensure you are fully informed before any new services commence.

### Process for Client Contribution Increases

Any increase to your Client Contribution will be made in accordance with our Client Contribution Policy. We will:

- Discuss the proposed changes with you in advance,
- Provide a clear explanation of the reason for the change,
- Seek your agreement before implementing any adjustment.

You may request a copy of the Client Contribution Policy anytime. If you would you like a copy to be sent to you, please tick Yes ☐

### Cancellation of Services

If you need to cancel a scheduled service, please contact our office as soon as possible. Cancellations with less than 24 hours' notice may still incur a Client Contribution in accordance with policy. We understand unexpected circumstances may arise and will consider individual situations with fairness and discretion.

### Compliance and Privacy Statement

This Service Agreement is managed in accordance with:

- the Aged Care Act 1997;
- the Aged Care Quality and Safety Commission Act 2018;
- the Aged Care Quality Standards, particularly Standards 1 and 2; and
- the Aged Care Act 1997, relating to the protection of personal information.

### Client Contribution - What you are expected to pay

Services	CHSP client contribution (what you pay)	Is an Associated Provider intended to deliver the service (Y/N)			
Domestic Cleaning		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Equipment & Products		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Home Adjustments		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Home Maintenance & Repairs		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Group Social Support		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Individual Social Support		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Meals		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Transport		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other <i>please list</i>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Client Contribution

I have read and understand the information outlined under "Client Contribution – What You Are Expected to Pay," and I agree to the terms described.	I agree to pay the Client Contribution outlined above.	Yes	<input type="checkbox"/>
	I will pay a Client Contribution for individual support services in accordance with our Client Contribution Policy.	Yes	<input type="checkbox"/>
	Fee Waiver: I understand that a Partial or Full Fee Waiver application is available upon request.	Yes	<input type="checkbox"/>
	I will require a Fee Waiver please contact me to negotiate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	My account will be paid in full by my Support at Home (SAH) Provider, if yes, please provide contact details	Yes	<input type="checkbox"/>
	My account will be paid in full by my National Disability Insurance Scheme (NDIS) Provider, if yes, please provide contact details	Yes	<input type="checkbox"/>

### Our Details

Registered provider	Tailem Bend Community Centre Incorporated (TBCC)				
Provider ABN	13 750 980 152	Phone	08 8572 3513	Email	<a href="mailto:info@tbcc.org.au">info@tbcc.org.au</a>
Address	141 Railway Terrace (PO Box 203) Tailem Bend South Australia 5260				

### When services start and end

CHSP Service	Start date	End date (if applicable)

### Your registered supporter/s (Nominated Individual through My Aged Care (MAC) if you have any)

Name		Relationship to Client	
Phone		Email	
Address			
Notes			

### Person/s we can contact in relation to your Service Agreement (optional)

Name		Relationship to Client	
Phone		Email	
Address			
Notes			

### Acknowledgment and Agreement

By signing this Service Agreement, you confirm that:

- To the best of your knowledge, the information you have provided is accurate;
- You understand and agree to the conditions outlined in this document;
- You have had the opportunity to ask questions and seek clarification; and
- You consent to receive services under the terms described.

You are encouraged to seek independent legal or financial advice and may have support from a registered supporter, family member, friend, or aged care advocate. TBCC can provide translation or interpreting services at no cost if required.

**EXECUTED** as an Agreement. Date of signing will be recorded as the Service Agreement commencement date.

SIGNED FOR AND ON BEHALF OF THE CLIENT		SIGNED FOR AND ON BEHALF OF TBCC	
Name		Name	
Signature	Date	Signature	Date

Date Service Agreement will commence:		Review Date:	

*Office use only*

<i>Record Management</i>	<i>Date</i>	<i>Initial</i>
Scanned <input type="checkbox"/> Saved <input type="checkbox"/> Linked to Maisy <input type="checkbox"/> Reminder in Maisy <input type="checkbox"/>		

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