

Schedule of Supports – Support Coordination

Participant Full Name			
NDIS Number		Date of Birth	
Participant's Nominee – Full Name (if applicable)			
Plan Period from:		to:	
Commencement Date		☐ Perpetual – if ticked, Supports continue unless terminated by either party	

1. Schedule of Supports for Support Coordination

Level	Agreed Budget	Plan Management Option
Category 07 Flexible Budget	\$	☐ NDIA Managed ☐ Plan Managed ☐ Self-Managed
Level 1: Support Connection 07_001_0106_8_3 (Specified)	\$	☐ NDIA Managed ☐ Plan Managed ☐ Self-Managed
Level 2: Support Coordination 07_002_0106_8_3 (Specified)	\$	☐ NDIA Managed ☐ Plan Managed ☐ Self-Managed
Recovery Coaching (Various codes)	\$	☐ NDIA Managed ☐ Plan Managed ☐ Self-Managed

☐ Provider Travel Non-Labour Costs: If ticked, My Supports may invoice for non-labour costs for Provider Travel (code 07_799_0106_6_3).

Non Face-to-Face forms part of Support Coordinator's role and will be invoiced accordingly. Travel time for Face-to-Face Support Coordinator appointments may be charged.

2. Additional Details (for invoicing):

Self-Managed? Skip section if no part of funding is self-managed.

Participant/Nominee Name:	
Email Address:	

Plan Managed? Skip section if no part of funding is plan managed. A copy of the signed Service Agreement and Schedule of Supports will be provided to your Plan Manager.

Plan Manager Name:	
Plan Manager Email Address:	
Permission to discuss funding with Plan Manager	☐ Yes ☐ No

Copy of Invoice? If you would also like a copy of My Supports' invoices sent to you, please indicate below:

Copy of invoices to be sent to Participant/Nominee?	☐ Yes ☐ No
If Yes – email address to send copy of invoice	

3. Authorisation

I understand, accept, and agree to the information outlined in this Schedule of Supports.
I am signing as (please tick one):

- | | |
|---|--|
| ☐ NDIS Participant, OR | ☐ NDIA/NDIS Authorised Plan Nominee, OR |
| ☐ Power of Attorney (Personal/ Health Matters), OR | ☐ Legal Guardian (Parent, Guardianship Order Holder or Public Guardian) |

(If signing on behalf of the Participant) I confirm that I am authorising on behalf of the Participant as they do not have capacity to sign for themselves.

Full Name:	
Signature:	
Date:	

Tick ☐ when the Participant does not have the capacity to sign this Agreement and has no alternative signatory able to sign on their behalf. My Support will accept this Agreement to ensure continuity of support. NDIA is to be advised of this arrangement in writing.

Agreement accepted and signed on behalf of My Supports:

Full Name:	
Position:	
Signature:	
Date:	