

FunAbility NDIS Service Agreement

Following the completion of this NDIS Service Agreement, we will process your order and contact you within 3 business days. Please contact us if you have any further questions.

This Service Agreement is for: (participant full name) _____

NDIS Number _____

The participant's Date of Birth (DOB): _____

Address _____

Email _____ Phone Number _____

This Service Agreement is made between **FunAbility** and: (Participant name / Participant's representative) _____

This Service Agreement will commence on _____ for a period of 12 months

The total cost of the supports, including shipping charges are: _____

I am (tick the box that applies):

____ Agency (NDIA) managed (We will submit the claim directly to NDIA)

____ Third party managed (Please stop this form and request a quote to send directly to your plan manager). No Service Agreement required

____ Self-Managed (Please stop this form and complete your order online using a credit card.

____ NDIA reimburses self-managed participants directly). No service agreement required.

____ Not sure (if you are not sure how your plan is managed you can contact the NDIA)

I would like to use the following budget from my NDIS plan: *

Assistive Technology (AT) budget

Consumables (Core) Budget for reasonable and necessary low risk, low cost items under \$500 per item

I confirm that the resources I have selected are reasonable and necessary supports that are related to the participant's / my disability and are likely to be beneficial to me / the participant Yes Or No

I give consent for a representative of FunAbility to view my plan online through the Myplace portal if required, to help with processing this application / service agreement (optional)

Yes, I agree

No, I do not agree

Signed _____ Parent / Caregiver

Date _____