



Your home, your choice, our care...

SERVICE LEVEL AGREEMENT SELF MANAGED

NAME OF CONSUMER _____

And

ADELAIDE QUALITY CARE

THIS AGREEMENT is made on

PARTIES:

Consumers Name:	
Consumers Address:	

And

("you, your or yours")

1. ADELAIDE QUALITY CARE PTY LTD
Of 22 Harris Road, Vale Park, SA 5081
("AQC, us, we or our")

WHAT THIS AGREEMENT IS ABOUT

- A We are approved by the Commonwealth Department of Social Services to provide Home Care Services under the Aged Care Act 1997 ("Act") and its associated principles.
- B You have been assessed as eligible for a Home Care Package under the Act by the Aged Care Assessment Team.
- C We will provide all Home Care Packages on a Consumer Directed Care ("CDC") basis and in accordance with the conditions attached to the Home Care Package.
- D A Home Care Package that is provided on a CDC basis is an individually planned and coordinated package of home services designed to:
 - Assist you to remain in your home for as long as possible; and
 - Enable you to have choice and flexibility in the way that care and support is provided to you at home.

1 THE SERVICES TO BE PROVIDED:

- 1.1 Your service agreement has been discussed and we agree to support you and your family to self manage your package.
- 1.2 Should your needs change we may be required to reassess the most appropriate service for you amend this agreement according to your needs.
- 1.3 Care Management fees: Care management is a mandatory service for all care recipients as per the Department of health, whether the provider fully manages the consumer, or the consumer is self-managed. This is charged out on a pro rata basis and the rate will depend on the HCP level. This fee covers the costs associated to regularly assess the needs goals and preferences of the consumer, reviewing the HCP service level agreement

(SLA) and care plan, ensure care and services align with other supports, identify and address risks to the consumers safety, health and well-being.

- 1.4 You will receive a monthly statement that identifies all charges attributed to your account. All accounts will be automatically claimed via Medicare on a monthly basis
- 1.5 In the event you wish to terminate the services – written notice of 7 days needs to be forwarded to either admin@adelaidequalitycare.com.au or PO Box 144 Ingle Farm SA 5098.
- 1.6 Any services provided or paid for on behalf of, that are in excess of the home care package funds available will be at the cost of the consumer

YOUR CONTACT DETAILS:	
Name:	
D.O.B:	
MAC Number:	
Phone number:	
Email address:	
Address:	
Emergency Contact :	

OUR CONTACT DETAILS	
Business:	Adelaide Quality Care
Care coordinator:	
Contact number:	1800 870 099
Email address:	admin@adelaidequalitycare.com.au
Postal address:	PO Box 144, INGLE FARM SA 5098

By signing this agreement, you agree to all of the information included:

Consumer's Signature (or Guardian): _____

Print Name: _____

Relationship (if consumer did not sign): _____

Contact details: _____

Date: / /

Signature of approved provider: _____

Print Name: _____

Position Held: _____

Date: / /

Signature of Witness: _____

Print Name: _____

(If applicable)

Date: / /