

Schedule of Services

Participant Name :

NDIS number : Plan Duration :

Start Date : End Date :

SOS Prepared by : Date :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Support Category | Support Item Number and Support Item Name | Frequency | Description | Estimated Cost | Goals Associated |
|  |  | Amount of hours «H» | «Description» | «Cost» | «Goals» |

\* Invoices will be raised fortnightly on actual attendance and NDIS cancellation policy applies.

\*\* Prices based on NDIS Published Rates 2019-2020. Should these rates be amended by NDIS, Therapy Care prices will be amended to reflect these changes.

\*\*\* Note: since 25/03/20, add 10% to estimated costs, in keeping with COVID-19 amendments; in effect until 30/09/20, or until otherwise advised.

\*\*\*\* KM’s travelled will be charged if applicable as per Therapy Care travel policy.

Participant Name : «ParticipantName»

NDIS number : Plan Duration : xx Months

Start date : dd/mm/yyyy End date : dd/mm/yyy

SOS Prepared by : Date :