

**Schedule of Services**

Participant Name: name..

NDIS Number: ndis..

SOS Prepared By: sos..

Plan Duration: duration.. Start Date: start.. End Date: end..

Date: today..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Support Category** | **Support Item Number and Support Item Name** | **Frequency** | **Description** | **Estimated Cost** | **Goals Associated** |
| SupportCategory.. | ItemName..  ItemId.. | H  M | Description.. | Cost.. | Goals.. |

**Total Cost by Category**

totalcost..

**Terms & Conditions**

policy..

Participant/Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_