

SPECIALIST DISABILITY ACCOMMODATION (SDA) SERVICE AGREEMENT

Your NDIS Service Provider

ABN: XX XXX XXX XXX

Date: 05/10/2025

PARTICIPANT INFORMATION

Name:	jASON A Singh
Date of Birth:	30/09/2025
NDIS Number:	2563296
Disability Type:	AUTISM
Representative:	Emanuel Singh (CARER)

SDA ACCOMMODATION DETAILS

Property Address: [To be filled]

SDA Category: [High Physical Support/Improved Liveability/Robust/Fully Accessible]

Accommodation Type: [Apartment/Villa/Group Home]

Maximum Occupancy: [Number] residents

Accessibility Features: [List specific features]

Support Ratio: [Specify staff to resident ratio]

24/7 Support Available: [Yes/No]

PLAN INFORMATION

Plan Type: AGENCY_MANAGED

Plan Period: 13/10/2025 to 02/11/2025

Support Category: CAPITAL_SUPPORT

SUPPORT SERVICES

Participant Goals:

QWE

On-site Support Hours: [To be specified]

Emergency Response: 24/7 emergency support available

Maintenance and Repairs: All property maintenance included

ACCESSIBILITY REQUIREMENTS

QWE

CULTURAL CONSIDERATIONS

QWE

TERMS AND CONDITIONS

1. **Accommodation Standards:** Accommodation meets all SDA design standards and accessibility requirements.
2. **Support Services:** On-site support provided as per individual support plans and NDIS guidelines.

3. **Rent and Charges:** SDA rent payments will be made directly through NDIS funding arrangements.
4. **House Rules:** All residents agree to follow established house rules and community guidelines.
5. **Maintenance:** All property maintenance and repairs are the responsibility of the provider.
6. **Privacy and Dignity:** All residents' privacy, dignity, and personal space will be respected.
7. **Termination:** Either party may terminate this agreement with 28 days written notice.

Participant Signature	Representative Signature	Provider Representative
JASON A Singh	Emanuel Singh (CAREER)	NDIS Service Provider
Date: _____	Date: _____	Date: _____