

**Horses Helping Humans**

**Intake**



|  |  |
| --- | --- |
| **Details of the Participant** | Name: |
| Phone number: |
| Address: |
| Gender: Male Female Other |
| Age:  D.O.B: |
| Contact Email Address for correspondence: |
| **NDIS Client Booking**  Date NDIS Plan Expires  **Plan Managed**  Email address for Invoices:  **Self-Managed**  Email address for Invoices: | Yes🞏 No🞏  NDIS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes🞏 No🞏  Managers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Invoices To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Support Co-Ordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes🞏 No🞏  Invoices To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NDIS plan goals with relevance to the Horses Helping Humans Program** | Detailed Goals: |
| **Child Safety/**  **Youth Services Booking**  Youth/Case Worker  Email address for Invoices: | Yes🞏 No🞏  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Invoices To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Private Booking**  Guardian/Parent  Email address for Invoices: | Yes🞏 No🞏  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Invoices To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Referred to the Horses Helping Humans program by: | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency Contact 1:  Relationship to participant: | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency Contact 2:  Relationship to participant: | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What days and Time best for the session ?  (Mon- Fri - 8.30am- 4.45pm) |  |

**Horses Helping Humans**

**Request for Service - Fees**

|  |  |  |
| --- | --- | --- |
| Workshop | Time | Cost plus GST |
| 3 Week Private Course  (1:1) Up to 3 students | 1-1.5 hours | $165 per session, per person  $495 per program, per person |
| Half day Family Dynamics Workshop  Up to 4 people | 3 hours | POA |
| Half day Family Dynamics Workshop  Up to 6 people | 3 hours | POA |
| Half day youth Workshop  Up to 4 people  Additional participants $100p/p | 3 hours | POA |
| Half day Adult Community service staff/team dynamic workshop. | 3 hours | POA |
| All day Corporate Business Workshop up to 10 people | 6 hours | POA |
| Private Adult Consultation | 1-1.5 hours | POA |
| NDIS 1:1  Once off session | 1 hour | $180 no gst |
| NDIS 1:1 on going sessions  (more than one session) | 1 hour | $165 no gst |
| Follow up reports- Private  NDIS Reports |  | $100  $165 no gst |

**Payments**

After providing the service, the provider will generate an invoice on conclusion of service provision for the participant to pay. The participant can elect to pay the invoice by *cash / EFT at the time of consultation.* 4Mile Farm also offer the option for Self-Managed and private participants to pay per term.

*[OR]*

The participant has nominated the Plan Management Provider to manage the funding for NDIS services provided under this Service Agreement.

**Invoice payment terms are strictly 14 days.**

**For NDIS Clients**

4Mile Farm can only claim services from the following Support Budget categories for Horses Helping Humans.

(Please represent with ).

Core –

04\_210\_0125\_6\_1

Assistance with Social, Economic and Community Participation

Community Social and Recreational Activities

Capacity Building –

09\_008\_0116\_6\_3

Increased Social and Community Participation

Innovative Community Participation

Capacity Building –

09\_011\_0125\_6\_3

Increased Social and Community Participation

Community Participation Activities

**Schedule of supports** Schedule of supports- Client requests and will be invoiced for the following;

(Please represent with )

Horses Helping Humans Program- 1 hour Staffed Session- $165/hour

NDIA Requested Report  (if requested)

**Cancellations, No-Shows, and late changes to scheduled services**

4Mile Farm reserves the right to claim payment from the participant for Cancellations and No-Shows as per the Pricing Guide in force at the time. When 4Mile Farm cancels a scheduled service, no fee will apply. Charges may be waived if you experience a catastrophe, e.g. hospitalisation or death in the family.

Where a provider has a Short Notice Cancellation (or no show), they are able to claim 100% of the agreed fee associated with the activity from the participant. A cancellation is a short notice cancellation if the participant:

* Does not show up for a session within a reasonable time, or is not present at the agreed HHH Location.
* Has given less than three days’ notice.
* **How to notify us-** To cancel or reschedule an appointment with us

|  |  |  |  |
| --- | --- | --- | --- |
| **Who to notify** | **Contact Details** | | **When to notify** |
| **4Mile Farm**: | **0403291770** | 3 days prior to your scheduled service | |

* **Cancellations and No-Shows**- A cancellation is when you contact us to cancel your appointment. There are two types of cancellations:

**Agreement signatures**

The parties agree to the terms and conditions of this Agreement.

*If signed by the Participant Representative:*

I confirm that this agreement has been explained to the individual receiving the services and they agree to the outlined terms and conditions and the fees are accepted for the sessions.

|  |  |  |
| --- | --- | --- |
| Signature of (*participant/ representative)* |  | Name of (participant/representative) |

|  |
| --- |
| Date |

**Horses Helping Humans - Medical Information**

|  |  |
| --- | --- |
| Does the participant suffer from any of the following? | If you answered ‘Yes’ to any of the following conditions, please provide details: eg: level of depression and/or anxiety. Type of anxiety (eg: social). If anger issues, please provide level and type of anger (eg: verbal, physical, has the participant assaulted anyone? Has the Participant threatened anyone with weapons?) |
| Asthma | Yes/No |
| Allergies | Yes/No  Details: |
| Heart Condition: | Yes/No |
| Sight Problem: | Yes/No |
| Hearing Problems | Yes/No |
| Epilepsy | Yes/No |
| Diabetes | Yes/No |
| Bleeding Disorder | Yes/No  Details: |
| (Please describe allergy and reaction)  (medical, Food, other) |  |
| Any other medical concerns? |  |
| Does the participant suffer from any pre-existing medical or other condition that may affect or risk other people or themselves or their time on the farm? Please circle if applicable. | Fears/Phobias  Yes/No  Details: |
| ADHD | Yes/No  Details: |
| ASD: | Yes/No  Details: |
| Anxiety | Yes/No  Details: |
| Stress | Yes/No  Details: |
| Depression | Yes/No  Details: |
| Self Harm/Suicide | Yes/No  Details: |
| Please list any other conditions, disabilities or mental illnesses not yet discussed or listed | Details: |
| Does the participant have problems with focus and concentration? eg: does the Participant struggle with focussing for more than 20 minutes on any given task? | Yes/No  Details: |
| Any other details about the above medical or mental health/disability details:  (Does the participant have any special needs or behavioural problems or Behaviour plans in place?) | Details: |
| Or has the participant had any recent injuries? | Yes/No  Details: |
| Is it necessary for the participant to carry medication at all times? | Yes/No  Details: |

**Consent to medical attention:**

In Case of Illness or Accident- If a situation arises, which requires emergency action, an ambulance will be called and the participant will be taken to an accident or emergency department, the cost of which will be met by the parent. I authorise the staff of 4Mile Farm in charge of the Session to administer first aid and call and ambulance. I agree to bear any cost thereby incurred.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature (participant/representative): |  | Date: |  |