**4Mile Farm** - **Client Intake & Request For Service**

(#-22/07)

|  |  |
| --- | --- |
| **Details of the Participant** | Participants Full Name:  Representatives name if applicable: |
| Contact phone number for  appointment reminders: |
| Address: |
| Gender: Male Female Other |
| Age:  D.O.B:  Weight (if riding Horses): |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes🞏 No🞏  Managers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Invoices To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Support Co-Ordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes🞏 No🞏  Invoices To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NDIS plan goals with relevance to 4Mile Farms Programs** | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Will the participant be unaccompanied? | Yes🞏 No🞏 |
| Referred to 4Mile Farm 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) |  |

**Request for Service - Fees**

|  |  |  |
| --- | --- | --- |
| 4Mile Farm Programs | Time | Cost plus GST |
| Everything Farm | 1hour | $85 |
| Saddle Club | 1 Hour | $95 |
| Private Riding Lessons | 1 Hour | $85 |
| Horses Helping Humans | 1-1.5 hours | POA |
| Pony Club Riding Centre Member |  | POA |
| Groups |  | POA |

**Payments** Payment of expenses which are not covered by your NDIS plan, including fees to participate in selected 4Mile Farm activities or programs, are your responsibility and must be paid as specified. Additional expenses that you may incur when you have a scheduled service (e.g. entrance fees, event tickets, meals, transport, etc) are your responsibility and are not included in the cost of supports funded by the NDIS.

* Expenses incurred by 4Mile Farm employees while supporting you (e.g. entrance fees, event tickets, meals, transport, etc) in supporting you to achieve the goals in your plan are your responsibility and are not included in the Cost of Supports.
* One off session such as a meet and greet sessions are to be paid for.

After providing those services, 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 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.**

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For NDIS Participants - 4Mile Services/Supports**

4Mile Farm can only claim services from the following Support Budget categories. Please check with your plan manager which supports you can claim from before booking our services and please make sure our prices are covered by that line item.

4Mile Farm can only claim services from the following Support Budget categories.

(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 visit our webpage for further information and descriptions about the following programs; [www.4milefarm.com.au](http://www.4milefarm.com.au)**)**

(Please represent with )

Everything Farm program- 1 hour Staffed Session- $85/hour 10 Week Term Program (Limited horse riding)

Own Supports @ the Farm - 1 hour- $55/hour

(Initial training of the support worker will be charged at $85) This allows Clients to attend and use the farm with their own support worker.

Saddle Club Program-1 hour Staffed Session- $95/hour, 10 Week Term Program (Stable to Stable program and Horse Riding Skills)

Horses Helping Humans Program- 1 hour Staffed Session- $165/hour, 9 Week Term Program

NDIA Requested Report

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4Mile Farm 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: |  |