

Fernlea Friendly Faces Program

MONDAY PROGRAM - SERVICE AGREEMENT

Registration for Monday Program

Service Provider Details:

Name: Fernlea In-Home Care (Fernlea Community Care Inc) Email: admin@fernlea.com.au
Address: 149 Monbulk Road, EMERALD Phone: 03 5968 3895
PO Box 117, Emerald VIC 3782

Client Details:

Name: _____

Address: _____

Email: _____ Phone: _____

Responsible for payment of account: Yes / No (*please circle*)

Carer/Representative Details (*if applicable*):

Name: _____ Relationship to Client: _____

Address: _____

Email: _____ Phone: _____

Responsible for payment of account: Yes / No (*please circle*)

Package Details or other organisation (*if applicable*):

Home Care (Aged) package My Aged Care Number: _____

NDIS package NDIS Package Number: _____

Other provider Provider's Number: _____

CHSP Provider's Number: _____

Transport \$10pw PAYG Transport fee will be included with invoice

Payment Plan Weekly Fortnightly Full Payment

Company name: _____

Case Manager's name: _____

Case Manager's email: _____ Phone: _____

Email for invoices (if different): _____

Responsible for payment of account: Yes / No (*please circle*)

Start date: _____ Fee charged: \$ _____ per day

Signed by Client / Client Representative / Case Manager:

Name: _____

Signature: _____ Date: _____