

## Sign Off

Service User/Family Signature:

Date:

Print Name:

IDEA Services Signature:

Position:

Date:

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## Cancellation of Service

Services may be cancelled if there are ongoing health and safety issues for staff, unwillingness of service user/family to provide access, if the service is transferred to another provider or is no longer required.

The usual notice period of two weeks is required by both parties.

NASC will be informed and will be responsible for any further referrals.



## Contact us

If you would like more information about our services please contact:

# Home Support Agreement



IDEA is an **ihc** service in your community

43427 MSO

March 2014

**idea**

## What you can expect from us

- You will be kept informed while waiting for support to start.
- Your information will be kept confidential.
- The Home Support Worker will be introduced to you before they start supporting your family member.
- If you are not happy with your Home Support service we will respond and take necessary action.
- You may have a support person at any meetings with us.
- Your Home Support Worker will be trained and will carry out their responsibilities according to IDEA Philosophy and Policy.
- We will inform you when your Home Support Worker is unable to work and will make every effort to provide a replacement worker.
- We will follow up any incidents/accidents that may occur during the support of your family member.
- We will work with you to develop a plan to support your family member which will be reviewed regularly and we will give you a copy of the plan.
- The Home Support Worker will give medication if it is needed and we will make sure they are trained and that we have all the information to administer it safely.
- You will be provided with a copy of this agreement.

## What we ask of you

- We ask that you provide us with full and correct information required to keep your family member safe and happy and ask that you work with us to ensure that this information is kept current. This includes information regarding medication and any possible risks.
- We ask that you maintain open communication with us. This includes letting us know as soon as possible when you don't need support on specific days. Also informing us of any concerns and or changes to support needs so we can follow up.
- Help us to develop a plan to support your family member with their goals.
- Let us know if the Home Support Worker will be required to give your family member any medication. You will need to agree that the worker will administer it in line with IDEA Services medication standards.
- Understand that the Home Support Worker will work according to IDEA Services values and policy including our non-aversive and restraint policy.
- We ask that any equipment that is needed to support your family member is kept in good working order and made available to the Home Support Worker when they are at work.
- We ask that you cover the cost of any damage to Home Support Worker's property caused by your family member.

## What we expect from Home Support Workers

### They will:

- Work according to IDEA Services policy and philosophy and participate in any training required.
- Provide home support based on the goals in your family member's plan.
- Promptly report any incidents/accidents or concerns to IDEA Services.
- Inform IDEA Services immediately if unable to go to work for any reason.
- Be punctual.
- Keep all information about your family confidential at all times.
- Send a monthly report to IDEA Services about the support they are providing to your family member.
- Consult with you and IDEA Services about safety issues and work in a safe way.
- Ensure any money provided for outings is fully accounted for and receipts given to you. Obtain agreement from you about outings.
- If they are required to transport your family member they will read the transport guidelines and make sure their vehicle is registered, road worthy and has a current warrant of fitness. They must have a full drivers licence.
- Give a month's notice of any required leave.
- Attend staff meetings and annual reviews.
- Submit accurate time records by the due date so they can be paid.

## HOME SUPPORT AGREEMENT

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Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode:

Phone number: (    )

And  Service User  Parent  Guardian

Name:

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode:

Phone number: (    )

To provide support for:

\_\_\_\_\_

\_\_\_\_\_

### Term of Agreement

This agreement commences on *(fill in dates)*

\_\_\_\_\_ 20

and will continue until

\_\_\_\_\_ 20

as per NASC referral.

Support will be provided on *(fill in days and times)*

Days: \_\_\_\_\_ Times: \_\_\_\_\_

Support required on statutory holidays

Yes  No  *(circle one)*

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