SMOOTH STRIDE SUPPORT PTY LTD

Service and Support Schedule – Controlled Issue

NDIS-FORM-022 | Participant Agreement and Pricing Schedule

Where Quality Care Meets Genuine Compassion.

Version	1.0 - Approved
Owner	Shantell Sydenham - Director
Approved by	Shantell Sydenham - Director
Effective date	28 July 2026
Planned review	28 July 2027, or earlier following material change
Status	Active - approved worker issue
Approval / effective date	28 July 2026 | Next review: 28 July 2027, or earlier following material change

Approved controlled template. Complete all participant-, worker-, event- or service-specific fields, checks, consents, clinical instructions, signatures and point-of-use authorisations that apply before relying on the completed record.

Schedule control

Participant name / NDIS number	_____
Service Agreement version and date	_____
Schedule number / version	_____
Schedule effective date	_____
Schedule review / end date	_____
Funding management: NDIA / external plan manager / self-managed	_____
External plan manager contact (if applicable)	_____

Pricing check required
Before approval, verify each item against the current NDIS Pricing Arrangements and Price Limits, support catalogue and claim conditions. Do not rely on rates from a previous year or an old hyperlink.

Agreed support items

Registration group / item code	Support description	Days / times / frequency	Location / delivery mode	Unit	Rate	Estimated quantity	Estimated total	Worker / competence / notes
_____ _____								
_____ _____								
_____ _____								
_____ _____								
_____ _____								
_____ _____								

_____ _____								
_____ _____								
_____ _____								
_____ _____								

Estimates are planning amounts, not guarantees. Claims must reflect supports actually delivered and evidenced.

Travel, transport and additional costs

Cost type	Item / basis	Rate or limit	Approval / evidence	Applicable supports
Provider travel labour	_____ __			
Provider travel non-labour	_____ __			
Participant transport / kilometres	_____ __			
Tolls / parking / public transport	_____ __			
Activity / entry / meal expenses	_____ __			
Other lawful agreed cost	_____ __			

Use with / record in
Use current 0108 transport forms where travel or participant transport is delivered. Retain receipts or participant approvals where required.

Support-specific cancellation arrangements

Support / item	Required notice	Current claim rule / maximum	How notice is given	Exceptional circumstances
_____ __				
_____ __				
_____ __				
_____ __				
_____ __				
_____ __				

A short-notice cancellation claim is made only when permitted by the current NDIS pricing and claim rules and the requirements agreed here are satisfied. Provider cancellations are not charged.

Estimated funding and budget monitoring

Plan / funding period	_____
Available budget advised by participant / authorised person	_____
Estimated weekly / monthly use	_____
Budget monitoring responsibility	_____
Overspend / underspend escalation trigger	_____

Review frequency	_____

Support Coordination
When Smooth Stride Support provides 0106, budget monitoring and recommendations must remain participant-directed and conflict-managed. The participant is not required to purchase Smooth Stride Support direct services.

Changes and authorisation

A price, item, frequency or cost change must be discussed and agreed before taking effect. Issue a new schedule version, record the reason and retain both old and new versions. Temporary safety changes must be documented and reviewed promptly.

Agreement and signatures

Signing confirms that the document was explained in an accessible way and records the person's agreement or authority. It does not remove any legal, complaint, privacy or consumer rights.

Role	Name	Signature	Date	Authority / relationship (if applicable)
Participant / authorised representative	_____			
Smooth Stride Support representative	Shantell Sydenham / delegate			
Interpreter / witness (optional)				

Document basis and control

legacy source retained	NDIS-FORM-022-Service and Support Schedule Form.docx
Source SHA-256	8FC7049F2A3EEAD1F898685B55209FE29FD9257A7216790DB28FA0F2F41C3CB1
Approved controlled template. Complete all participant-, worker-, event- or service-specific fields, checks, consents, clinical instructions, signatures and point-of-use authorisations that apply before relying on the completed record.	NDIS-FORM-022, Version 0.1
Prepared for	Smooth Stride Support Pty Ltd
Director	Shantell Sydenham
Approval status	Approved controlled template. Complete all participant-, worker-, event- or service-specific fields, checks, consents, clinical instructions, signatures and point-of-use authorisations that apply before relying on the completed record.

Revision history

Version	1.0 - Approved	Change	Reason / source	Approved by
0.1	27 July 2026	legacy source retained; controlled Smooth Stride Support revision drafted	Current NDIS source review, scope alignment, accessibility and document-control update	Shantell Sydenham - Director