



QF147	SELF DIRECTED AGREEMENT
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- I understand and agree with the terms and conditions of Self-Direction as outlined in Q119 – Self-Directed and Organisation Managed Rates Policy.

- I agree to ensure that the rostered hours for my plan does not exceed my funding amount and agree to cover any costs accrued if my rostered hours exceed my plan's funding.

- I understand that exceeding 1 hour of support from the Enhanced Lifestyles office in a fortnight will result in my rates reverting to standard Office-Managed rates for that billing cycle.

- I agree to inform Enhanced Lifestyles of any changes in circumstances related to my NDIS plan within 48 hours of these changes.

- I agree that I have the skills necessary to Self-Direct my services.

- I agree to take responsibility for all decisions made in relation to my service.

- I agree that Enhanced Lifestyles has provided me with details of the requirements of Self-Direction and the responsibilities required.

- I agree that Enhanced Lifestyles has informed me on the potential risks associated with Self-Directing my service. I am fully aware of my rights and responsibilities and make the choice to Self-Direct and manage all aspects of my service.



QF147 | **SELF DIRECTED AGREEMENT**

Customer Name: _____

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Signature of Customer
(Or Customer's representative)

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Name of Customer (Or Customer's
representative)

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Date

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Signature of authorised person
Enhanced Lifestyles

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Name of authorised person from
Enhanced Lifestyles

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Date

.....
Signature of Witness

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Name of Witness

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Date