Schedule of Supports

This form will be used to promptly and accurately pay invoices for services provided by **YOU (the service provider)** on behalf of the **NDIS participant (outlined below)**

Please submit this form including the details in the table on page 2 (Supports provided) in full & signed, then send directly to support@planhero.com.au so we can allocate enough funding from the budget for these services and quarantine funds to cover these supports.

Any changes to the services offered to the participant must be notified in writing to Plan Hero via email to support@planhero.com.au, with a new Schedule of Supports signed & completed.

PROVIDER DETAILS

Provider Name

Provider ABN

Contact Name

Provider Signature

Sign Date

PARTICIPANT DETAILS

Participant Name

Participant NDIS No.

Participant Contact/Representative (if applicable)

Participant Signature

Sign Date

Supports Provided

Support type/code	Rate/hr	No. of hours	Service Start Date	Service End Date	Total
E.g. Occupational Therapy	e.g. $193.00	e.g. 12	DD/MM/YY	DD/MM/YY	$XX.XX
				TOTAL	$XX.XX