

## CARER SERVICE AGREEMENT

**Carer name:**

**Carer Recipient:**

**Address:**

Following our phone discussion with you on *date*, the Illawarra Carer Respite Centre will provide the following assistance for yourself and *care recipient*:

*Insert the agreed support, both type and tasks and the location of the support.*

The Illawarra Carer Respite Centre agrees to purchase *insert type of support* for the period *insert dates and times*.

This support will be purchased by the Centre from the *insert service name*.

The total cost for this service will be *insert \$*.

*Carer name* agrees to contribute *insert \$*.

It is anticipated that this support will be provided until *insert date* when it will be reviewed with you.

If you do not require the service at any time during the above period, please contact the Centre on 1800 059 059 to enable us to cancel the service.

If you are unhappy with any aspect of the support provided please contact the Centre to discuss your concerns as soon as possible.