



FAR NORTH COAST CARER RESPITE CENTRE

P.O. Box 739
Alstonville NSW 2477
Free call: 1800 059 059
Ph: 02 6628 6911
Fax: 02 6628 7462
Email: carer@nor.com.au

Staying *at* Home

CARER SERVICE AGREEMENT 3-Jan-02

Carer Name: _____ **Person being cared for** _____

Address _____

Respite Assistance:

Following discussion with you, or a service provider contacting us on your behalf, the Far North Coast Carer Respite Centre will provide you with the following assistance:

Type of respite:

Dates of Respite:

Service providing respite:

Cost of respite paid by CRC:

Donation: You have agreed to donation:

You can send your donation to.....

Review: It is anticipated that this service will be provided to you until _____ when it will be reviewed. Please contact our co-ordinator if you require any other assistance.

Ongoing Contact:

The FNC CRC is set up to help link carers to respite. We want to make sure the service you are receiving is meeting your needs. If your circumstances change so that you need more or less help, please phone the Respite Centre. If you are unhappy with any aspect of our service please refer to our enclosed complaints leaflet. We are trying to improve our service for you so feedback is always welcomed.

Budget: FNC CRC has a limited budget. It tries to share this as far and as fairly as possible among the carers who contact us. There is a limit to what can be provided. If the cost of meeting your needs exceed what we can provide, we would be happy to discuss alternatives with you.

Please sign: Please sign this agreement to show that you understand the amount, nature and cost of service you will receive. Please return this to:

Far North Coast Carer Respite Centre
PO Box 739
Alstonville NSW 2477

We will return a copy to you for your own records.

This form gives your consent for us to share information about your situation with:

Carer's Signature

Coordinator's Signature
