



CLIENT NAME:	
ADDRESS:	
CONTACT NUMBER:	
EMAIL:	

## Temporary Services Change Form

*\*This form is to be completed to indicate that temporarily over a period of time you require services to be added, changed or cancelled*

Please complete and return this form to the Infinity Homecare Office. If you wish to talk to Admin, please call 07 5408 4394 between 8.00am & 4.00pm Monday to Friday. Alternatively, please feel free to email this completed form to [rebekka@infinityhomecare.com.au](mailto:rebekka@infinityhomecare.com.au)

### √ Applicable

I will be away from: \_\_\_\_\_ returning on \_\_\_\_\_ and wish for my services to be cancelled until \_\_\_\_\_

I wish to add, change or cancel the below services:

Date	Service Type	Add, Change or Cancel	Add/Change details:

By completing and signing this form you are agreeing to temporarily add, change or cancel service/s on the specified date/s written above. If the cancellation is less than 24 hours before the specified service you will still be charged the full fee for that service. If you are adding an extra service outside of our you care plan you acknowledge you will be charged accordingly. If the service day added or changed to is a Public Holiday or weekend you acknowledge that the service fee will charged according to our current fee schedule.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ COMPLETED: \_\_\_\_\_

Copy has been given to client