

CLIENT NAME:	
ADDRESS:	
CONTACT NUMBER:	
EMAIL:	

Services Request Form

Please complete and return this form to the Infinity Home Care Office. Please email this completed form to rebekka@infinityhomecare.com.au during office hours. For after-hours emergency cancellation of services please contact the after-hours mobile: 0478 756 738. If you wish to talk to Admin, please call 07 5408 4394 between 8.00am & 4.00pm Monday to Friday. I require the below changes to services: HOME CARE SERVICES - ONLY				
☐ I will be away from:	retu	urning on	and wish for	service to resume
on	Leave Type: O	Hospital (Respite (Social Leave	9
☐ I wish to change/add	TEMPORARILY th	e below dated services		
☐ Please make the belo	w PERMANENT c	hanges/adds/cancellatio	ns from week co	ommencing
Tick: O add new services O change existing services C cancel the below services:				
Service Type	Frequency	Day/Time	Duration	Additional Details (include dates, carer request etc)
Service Type	Frequency	Day/Time	Duration	
Service Type	Frequency	Day/Time	Duration	
Service Type	Frequency	Day/Time	Duration	
Service Type	Frequency	Day/Time	Duration	
Service Type	Frequency	Day/Time	Duration	
Service Type	Frequency	Day/Time	Duration	

OTHER HCP APPROVED SERVICES

The below service requests will be organised between the Client and the below mentioned organisation. Infinity Home Care will complete a referral to the appointed organization and ensure all charges are paid and charged to the clients HCP. The below service request that Infinity Home Care will be completed on behalf of the client is ordering of HCP approved products such as incontinence aids. Infinity Home Care will not manage appointment times or cancellations.

Туре	Organisation	Details	Completed

COMMUNICATION AGREEMENT

Communication Type	Method of Contact	Email/Details
Weekly Roster/Schedule		
Roster/Schedule Changes		
Monthly Statement		
General Correspondence		
Clinical Correspondence		

By completing and signing this form you are agreeing that you are requesting to add, change or cancel service/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 your 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.

NEW SERVICES

If you are increasing your services whilst you wait for an upgrade between Home Care Levels, there may be budget restrictions to paying for the additional services. The increased services may not be covered under your current level funding, therefore, you may have a shortfall each month. A budget will be prepared by the Care Coordinator for you to review. If you would like to proceed with increased services whilst you wait for the upgrade to the next Home Care level, by signing below, you are agreeing to pay the shortfall until your upgrade is approved.

signing below, you are	agreeing to pay the shortfall until your upgra	ade is approved.		
I understand that I will	be responsible for the financial shortfall until	I my upgrade to the	e next level is approved.	
Client Name:	Client Signature:		Date:	
CLIENT SIGNATURE:		DATE:		
RECEIVED BY:	DATE:		COMPLETED:	
☐ Copy has been given	to client			