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## Schedule 2

### Schedule of Miscellaneous Services

This schedule is to be provided to the Participant where the period of the Deed has come to an end and is to be automatically extended for the same number of months.

A Deed can be extended for a maximum of three service periods (the original period plus two extensions).

<b>Participant's name</b>	
<b>Name of organisation</b>	
<b>NDIS Plan start date</b>	
<b>NDIS Plan end/review date</b>	

#### Provider Notifications:

**GST**

This is a supply of one or more reasonable and necessary supports specified in the Schedule of Services included, under section 33 (2) of the National Disability Insurance Scheme Act 2013 (NDIS Act) pursuant to the Participant's NDIS Plan currently in effect under section 37 of the NDIS Act.

**Temporary Transformation Payment (TTP)**

The Provider informs the Participant that they are compliant with the TTP terms set out in the NDIS Price Guide and therefore entitled to use the TTP support items (and price limits).

Please tick the relevant box below to indicate how the NDIS Plan is managed:

- Managed by the Participant
- Managed by the Participant's Nominee
- Managed by the NDIA
- Managed by a Registered Plan Management Provider

**Service 1**

Name of the support	Line item from price guide	List the price of the support	List when and where the support will be provided.
		No. of hours per session	
		Hourly rate \$	
		No. of hours X rate \$	
		Multiples in service period	
		Total for period \$	

**Service 2**

Name of the support	Line item from price guide	List the price of the support	List when and where the support will be provided.
		No. of hours per session	
		Hourly rate \$	
		No. of hours X rate \$	
		Multiples in service period	
		Total for period \$	

## Schedule 2      Services (continued)

### Service 3

Name of the support	Line item from price guide	List the price of the support	List when and where the support will be provided.
		No. of hours per session	
		Hourly rate \$	
		No. of hours X rate \$	
		Multiples in service period	
		Total for period \$	

### Service 4

Name of the support	Line item from price guide	List the price of the support	List when and where the support will be provided.
		No. of hours per session	
		Hourly rate \$	
		No. of hours X rate \$	
		Multiples in service period	
		Total for period \$	

If you are providing more than four services, please attach additional details in this format.

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