

## Service Agreement

I/we \_\_\_\_\_ (parent/s, curator/s) - holder/s of ID N<sup>o/s</sup> \_\_\_\_\_ and residing at \_\_\_\_\_ - hereby agree with the terms and conditions explained below as long as \_\_\_\_\_ is living and is supported by Agenzija SAPPORR in any location/s that SAPPORR deems suitable for \_\_\_\_\_.

I/we agree to be part of the support team for \_\_\_\_\_ and participate in all the meetings that relate to \_\_\_\_\_'s well being. This includes following the guidelines falling within Agenzija SAPPORR's policies and procedures. The Agency binds itself to inform me/us of such meetings.

I/we remain to be sole carer/s of \_\_\_\_\_ and expect to be informed of his/her well being on a monthly basis or as the need arises.

I/we agree and accept that while \_\_\_\_\_ is living under supervision of Agenzija SAPPORR, the following conditions apply:

- I/we agree that immediately after \_\_\_\_\_ moves into any of SAPPORR's residence/s, his/her Disability Pension be transferred to Agenzija SAPPORR on a 4-weekly basis, as well as other Statutory Bonuses, Allowances and Benefits received by \_\_\_\_\_, of which 60% of the total income will go towards the cost of living expenses and 40% will be kept for \_\_\_\_\_'s own personal use.
- I/we consent that all the written information/reports of medical, psychiatric, psychological, and treatment plans be shared with Agency staff, internal and external consultants who are and will be involved with \_\_\_\_\_'s physical/medical/psychological well being.
- I/we consent that if \_\_\_\_\_ requires immediate and urgent medical, physical, psychiatric, psychological and/or other treatments based on the Agency consulting physician's judgement, SAPPORR assumes authority on my/our behalf.
- I/we consent that \_\_\_\_\_ be transported in the Agency vehicles, Agency staff personal vehicle and any Agency hired cars/buses. In any event that there is an unexpected accident that may injure \_\_\_\_\_, I/we will not hold the Agency, staff members and Board of Directors responsible and will not press charges against the Agency or its Employees, unless there is negligent or careless driving.
- I/we consent that \_\_\_\_\_ be photographed and video taped if it will not be used for commercial and/or publicity purposes.
- I/we consent that \_\_\_\_\_ participates in research projects only if the goal is to better the quality of life for disabled individuals, provided that we give our approval for the said projects and that they are not detrimental to the physical and/or mental health of \_\_\_\_\_.
- I/we consent that when \_\_\_\_\_ requires to be held for his/her safety as well as that of others, staff members are allowed as last resort to physically control him/her during uncontrollable emotions.
- I/we understand and recognise that there are times when Agenzija SAPPORR may need to close the residence/s for holidays, repairs and training. I/we agree to either plan to have \_\_\_\_\_ at my/our home or consent to have \_\_\_\_\_ use other facilities or other respite providers of our own choice for that period of time.

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Signature of Parent(s)/Guardian(s)

Signature of Witness

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Signature of SAPPORR Chief Operations Officer

Date