



Program Service Agreement

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| Participant Name: Parent/Guardian Fund Administrator (Payee): Payee Mailing Address: Number of Program Days Per Week: | This Agreement Is in Effect Commencing: And Shall Remain in Effect Until: Program Office Location: |
|--|---|

We will bill you at the beginning of each month for the services being provided for the month ahead. The bill will reflect the agreement above. The following are Creating Alternatives billing policies:

- ✓ Your scheduled program days are as follows:

| | Service Option | Cost | Billing schedule | Initial |
|---------------------------|-------------------------|------------|--|---------|
| Independent Living | 1:4 Full Day M T W TR F | \$151/day | Invoiced at the beginning of each month for the month ahead. | |
| Day Program | 1:5 Full Day M T W TR F | \$112 /day | Invoiced at the beginning of each month for the month ahead. | |

No changes or substitutions are permitted

- ✓ You will not be billed for days the program is closed, for example Statutory Holidays, Winter Holiday Closure or Emergency Closure.
- ✓ Regular fees must be paid for all vacation and time away from the Creating Alternatives (this includes sick time).
- ✓ Extended absences (over two weeks) will need to be communicated to the program lead.
- ✓ Payment can be made by cheque, credit card or cash. Any payment made by Credit Card will incur a 3% service charge (subject to change)
- ✓ Invoices are due within 30 days of receipt.
- ✓ Overdue or Unpaid Invoices (over 30 days) may result in discharge. Please contact the finance department to discuss creating a payment plan.
- ✓ Missed payments of an agreed to payment plan may result in services being put on hold, until payment is received.
- ✓ Termination of Service: May be made by either party through the provision of **30 days written notice**. If 30 days written notice is not received, Creating Alternatives may need to invoice the fund administrator accordingly.

Supports and Services:

- ✓ This Service Agreement is in effect July 1st, 2023, unless a termination of contract occurs prior to this date.
- ✓ The *Individual Support Plan* specifies the goals and outcomes to be achieved within the program.
- ✓ Independent Living: Data will be collected and examined via sensors in the unit. You consent to having data collected based on appliance and unit usage. *Please note* no names or photos will be used.
- ✓ Independent Living: Consent to share personal information with Reena should we need to leverage some services (overnight supports) the bathroom

By signing below, all involved agree to the plan above:

Fund Administrator (Payee) Name: _____ Signature: _____ Date: _____

Creating Alternatives Per: _____ Signature: _____ Date: _____
 (Finance Office)