

NATIONAL RESPITE ASSOCIATION Inc

Leading, Supporting and Enhancing Respite and Social Support Service Provision



Membership Form

TAX INVOICE

1 July 2011 to 30th June 2012

ABN: 6898-5026-718

The Carrington Centre
2 Carrington Square
Campsie. NSW 2194

Ph: (02) 9789-1348

Fax: (02) 9789-3081

ABN: 6898-5026-718

www.interchangensw.com.au

admin@nationalrespite.com.au

State: _____

Name of Organisation: _____

Contact Person: _____

Street Address: _____

Postal Address: _____

Ph. No. _____ Fax No.: _____

Email Address: _____

2nd. Email Address: _____

Web Address: _____

Local Govt. Areas Covered: _____

Is your organisation also a registered training organisation: Yes. No.

Are you a Member of a Respite Coordination Group: Yes / No

Name of Group: _____

What other State or Regional Peak Bodies are you a Member of?

Types of Respite:

Host Family	<input type="checkbox"/>	Centre Based Day Care	<input type="checkbox"/>
In Home Respite	<input type="checkbox"/>	Vacation Care	<input type="checkbox"/>
Peer Support	<input type="checkbox"/>	CACP's/ EACH / EACHD	<input type="checkbox"/>
Before/After School Care	<input type="checkbox"/>	Carer Respite Centre	<input type="checkbox"/>
Out-of-Home Residential Respite	<input type="checkbox"/>	Individual Support	<input type="checkbox"/>
Respite Brokerage	<input type="checkbox"/>	Respite Packages	<input type="checkbox"/>

Clientele Group: Frail Aged: Adults: Teenagers (12-18): Children (0-11):

Funding Program / Funding Source

Funding Program / Funding Source	Dept	Tick	Name of Project/Service
National Respite for Carers Program	(DoHA)	<input type="checkbox"/>	_____
Home & Community Care	(State)	<input type="checkbox"/>	_____
Mental Health Respite	(FAHSCIA)	<input type="checkbox"/>	_____
Ageing Parent Carers Respite	(State)	<input type="checkbox"/>	_____
Respite for Carers of Young People with Severe Disabilities	(FAHSCIA)	<input type="checkbox"/>	_____
Respite for Young Carers	(FAHSCIA)	<input type="checkbox"/>	_____
Respite for Older Carers of Children with a disability	(FAHSCIA)	<input type="checkbox"/>	_____
Employed Carers	(DoHA)	<input type="checkbox"/>	_____
Overnight for Older Carers	(DoHA)	<input type="checkbox"/>	_____
Disability Services Program	(State)	<input type="checkbox"/>	_____
Stronger Together	(NSW)	<input type="checkbox"/>	_____
Overnight Respite Cottage	(DoHA)	<input type="checkbox"/>	_____
Any other.	_____	<input type="checkbox"/>	_____
Any other.	_____	<input type="checkbox"/>	_____

Number of paid full-time staff:	
Number of paid part-time staff:	
Number of paid direct care workers	
Number of volunteers / Host Families	

What Software Program do you use for data collection and MDS purposes.

<u>FEE SCALE</u>		
NO. of Equivalent Full Time Staff 2010 (= Total hours per week divided by 35)		
1 – 2 Staff	\$165 including GST of \$15.00	
3 – 5 Staff	\$253 including GST of \$23.00	
5 – 8 Staff	\$385 including GST of \$35.00	
9 staff & Over	\$495.00 including GST of \$45.00	
Please find enclosed our cheque for		\$

Please make Cheques payable to: "National Respite Association Inc."

Please return to:
NO LATER THAN 31/10/2011
 National Respite Association Inc.
 The Carrington Centre
 Box 3, 2 Carrington Square
 CAMPSIE NSW 2194.