SERBIAN SOCIAL SERVICES AND SUPPORT Inc.
Incorporation No. A0100287H СРПСКИ СОЦИЈАЛНИ СЕРВИС И САРАДЊА Инк.

Termination of Service Agreement

I _____ (Client Name), _____ (DOB)

would like to stop receiving service/s provided by Serbian Social Services and Support Inc. for the reason stated below (circled):s

1. I can no longer be cared for in the home or community with the resources available to me, or
2. My condition has changed to an extent that I no longer need your services or an approved needs assessor assesses my needs as being more appropriately met through other types of funded aged care services, or
3. I have intentionally caused serious injury to a member of staff or have intentionally infringed the ability of a member of staff to work in a safe environment, or
4. I have not paid any fee or contribution to the provider, for a reason within my control, and have not negotiated an alternative arrangement for payment of the fee or contribution
5. And the organisation has given me a written notice of their intention to cease delivery.

Cooling off period
There is a cooling off period where I may withdraw from CHSP Service agreement. I can withdraw from this agreement anytime within 14 days of signing the agreement, so long as I have not received services from the provider. Where this occurs, the Service Agreement will have no effect, and the provider will refund any amount paid to me under the agreement.

Date: _____ Client Signature: _____

Raskid ugovora o usluzi

Ja _____ (Ime klijenta), _____ (Datum rođenja)

želim da prestanem da primam usluge koje pruža Srpski socijalni servis i saradnja ink. iz razloga navedenog u nastavku (zaokruženo)

1. Ja više ne mogu biti zbrinut/a u kući ili zajednici sa uslugama koje su meni dostupne, ili
2. Moje stanje se manja do te mere da mi više nisu potrebne vaše usluge ili odobreni procenitelj potreba proceni da se moje potrebe mogu bolje zadovoljiti kroz druge vrste finansiranih usluga nege starijih osoba, ili
3. Ja sam namerno prouzrokovao/la tešku povredu članu osoblja ili namerno narušio/la sposobnost člana osoblja da radi u bezbednom okruženju,
4. Nisam platio/la nikakvu naknadu ili doprinos, iz razloga koji je pod mojom kontrolom, i nisam pregovarao/la o alternativnom aranžmanu (drugačijem načinu) za plaćanje naknade ili doprinosa
5. Dobio/la pismeno obaveštenje o nameri pružioca usluga da prekine sa pružanjem usluga.

Period Odmora
Postoji period odmora/hlađenja u kom ja mogu da odustanem od ovog ugovora. Mogu odustati od ovog ugovora u bilo kom trenutku u roku od 14 dana od potpisivanja CHSP ugovora o uslugama, pod uslovom da nisam primio/la usluge od organizacije. U tom slučaju, Ugovor o uslugama neće imati snage i biće mi vraćen bilo koji iznos koji sam platio/la po osnovu ugovora.

Datum: _____ Potpis klijenta: _____