Mamre Association Inc
Family Managed Funds

Host Family Agreement

This agreement is between the family and the host family.

Date: / / To be reviewed: / /

Family

Name	Address	
Signature	Mobile	Phone
WorkCover Insurance No:		**Expiry date:**

Host Family (Primary Carer)

Name	Address	
Signature	Mobile	Phone
Drivers Licence No	Vehicle registration	DSQ card number

- ☐ Statement by Supplier
- ☐ Australian Business Number ABN _ _ _ _ _ _ _ _ _ _ _
- ☐ PAYG withholding

When using a Statement by Supplier form or ABN, the host family is responsible for tax.
The work will not be delegated by the support worker to another person.
All information regarding the family must be treated as <u>confidential.</u>
Workplace health & safety issues have been discussed and understood by the worker.

Job Description

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The agreed rate of pay per hour is $ _____ to be paid_____
The agreed sum for a particular task (e.g. a weekend) is $ _____
Compensation for vehicle use (or other) is $_____

The key worker is available to provide <u>advice</u> to both the family and the host family regarding any issues pertaining to this agreement.

Key Worker

Name	Phone

Copy to ☐ Family ☐ host family ☐ key worker
For further information on Family Managed Funds see www.mamre.org.au