



# In Home Care Eligibility Application Form

**NOTE:** This form is a SmartForm designed to be used in Adobe Acrobat Reader. Adobe Acrobat Reader software must be set as the default program for .pdf documents. If you do not do this you may experience difficulties using this form. If you do not currently have the Adobe Acrobat Reader software program, it is available as a free download from the [Adobe website](#).

This form is for families who wish to apply for In Home Care. It must be completed by the parent or carer eligible to receive Child Care Subsidy (CCS) for the child(ren) requiring In Home Care.

## Eligibility

In Home Care (IHC) is for families who can't access other forms of approved early childhood education and care. It is typically for families who work non-standard hours, are geographically isolated or have complex needs. This page outlines the criteria families must meet and the process to apply.

Families must meet eligibility criteria to access IHC. They must:

- be eligible for [Child Care Subsidy](#) (CCS)
- demonstrate that no other [approved care type](#) is **available** or **suitable**.

They must also meet at least one of the following:

- the parent or carers work non-standard or variable hours outside normal child care hours
- the family is geographically isolated from other approved care types
- the family has complex or challenging needs.

## Evidence

Families must provide evidence to demonstrate they meet the eligibility requirements.

[See examples of documentary evidence for each eligibility criteria on page 9.](#)

Applications are not assessable without the supporting evidence.

## How to apply

**Families should complete this form and submit it to the [IHC Support Agency in your state or territory](#).**

### The process

The parent or carer must first:

- confirm they meet the above eligibility criteria and obtain evidence of each
- complete and submit this form to their IHC Support Agency.

The IHC Support Agency will then:

- assess the family's eligibility
- provide a notice of decision outlining if the family has been found eligible or not
- if the family is found eligible, they will then:
  - discuss requirements with the family and create a tailored [Family Management Plan](#)
  - provide a written response to the family that outlines the approved eligibility period
  - connect the family with suitable IHC services.

The family must then:

- choose a service
- ensure their home meets the home safety requirements
- report any changes to their circumstances.

## Education and care requirements – out of scope

If the family's care requirements are out of scope of IHC, a family may be assessed as *eligible* for IHC but not be offered a place in the program.

Out of scope activities include:

- Where the purpose is:
  - parental and/or disability support
  - allied health services
  - respite care
- household chores.

## More information

The [IHC Eligibility Assessment Procedures](#) provides further details about eligibility, evidence and the assessment process.

Contact the [IHC Support Agency in your state or territory](#) for help with the process.

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## PART A – Applicant information

In **Part A**, you need to provide information about yourself and your partner (if applicable).

### Parent or carer 1 – CCS eligible

Mr   Mrs   Miss   Ms   other:

Family name:

First name:

Middle name:

Gender:   male   female   prefer not to say   other:

Date of birth:

Centrelink CRN:

Relationship to child(ren):

Address:

Suburb:

State/territory:

Postcode:

Is this the address where IHC will be provided? IHC must be delivered at the address of the parent or carer who is eligible for CCS.

Yes No

Will you be present in the home when IHC is provided? Yes No

Home phone: Mobile: Work phone:

Email address:

Occupation: Name of employer:

Employment status: full time part time casual contract/temp self employed

other:

Are you of Aboriginal and/or Torres Strait Islander origin or of a CALD background? No Yes – Aboriginal

Yes – Torres Strait Islander Yes Aboriginal and Torres Strait Islander Do not wish to disclose CALD

In which country were you born? Languages spoken at home:

Do you require a translator for communication? Yes No

## Parent or carer 2

Mr Mrs Miss Ms other:

Family name:

First name: Middle name:

Gender: male female prefer not to say other:

Date of birth: Centrelink CRN (if available): Relationship to child(ren):

Address (Write as above if relevant):

Suburb: State/territory: Postcode:

Will parent or carer 2 be present in the home when IHC is provided? Yes No

Home phone: Mobile: Work phone:

Email address:

Occupation: Name of employer:

Employment status: full time part time casual contract/temp self employed

other:

Is parent or carer 2 of Aboriginal and/or Torres Strait Islander origin or of a CALD background? No Yes – Aboriginal

Yes – Torres Strait Islander Yes Aboriginal and Torres Strait Islander Do not wish to disclose CALD

In which country was parent or carer 2 born? Languages spoken at home:

Does parent or carer 2 require a translator for communication? Yes No

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## PART B – Eligibility for In Home Care

In **Part B**, you need to provide supporting evidence to demonstrate that you meet the criteria for IHC. [See examples of documentary evidence for each eligibility criteria on page 9.](#)

### CRITERIA 1 – Is your family eligible for CCS?

Yes CCS subsidy rate %: subsidised hours per fortnight:

No – If no, do not proceed. You are currently ineligible for IHC. Please contact Services Australia for CCS eligibility assessment.

Which parent or carer will the child(ren) be linked to on the enrolment, noting all children requiring IHC must be linked to the same one parent or carer?

### CRITERIA 2 – Are other types of approved child care available or suitable?

Are other types of approved care available? Yes No

Are other types of approved care suitable? Yes No

You will need to provide supporting evidence to demonstrate why no other types of approved child care are available or suitable.

Is your evidence attached? Yes No

Additional comments explaining why other types of approved child care are not available or suitable:

Please select at least **ONE** criterion to be assessed against for IHC eligibility, noting you may meet more than one criteria. Supporting evidence is required to demonstrate that you meet the criteria selected

### Option 1 – Parent or carer works non-standard or variable hours that are outside normal child care service hours

Do you and your partner (if applicable) work non-standard or variable hours that are outside normal child care service hours?

Yes No

If yes, you will need to provide evidence that you and your partner (if applicable) work non-standard or variable hours.

Is your evidence attached? Yes No

Additional comments providing detail of the non-standard or variable hours worked:

**OPTION 2 – Geographically isolated from other types of approved child care including because you live in a rural or remote location?**

To be considered geographically isolated for the purposes of IHC you must live a significant **distance from the family home** to the nearest available approved child care service. A significant distance is generally considered to be 30 km or more.

Are you and your family geographically isolated?      Yes      No

If yes, you will need to provide evidence that you and your family are geographically isolated.

Is your evidence attached?      Yes      No

Additional comments providing detail about your geographical isolation:

**Option 3 – The family of the child has challenging or complex needs**

Does your family have challenging or complex needs that prevents the child(ren) from accessing other approved care types?

Yes      No

For more information on the challenging or complex needs criteria refer to the [In Home Care National Guidelines](#).

If yes, you will need to provide evidence that your family has challenging or complex needs.

Is your evidence attached?      Yes      No

Additional comments explaining the challenging or complex needs of your family:

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## PART C – Child information

### Child 1

Family name:

First name:

Middle name:

Gender:    male    female    prefer not to say    other:

Date of birth:

Centrelink CRN:

Are there custody/parenting orders or fostering arrangements in place for this child?    Yes – If yes, please attach    No

Does this child attend formal education?    Yes    No

primary school    secondary school    distance education    home school    preschool / kindergarten

Name of school attending:

Does this child attend other approved child care?    Yes    No

If yes,    Centre Based Day Care    Outside School Hours Care    Family Day Care

Name of other approved child care service:

**What days and times do you require IHC? Note, the number of IHC hours you are able to access will be determined by the IHC Support Agency.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Additional comments:

## Child 2

Family name:

First name:

Middle name:

Gender:    male        female        prefer not to say        other:

Date of birth:

Centrelink CRN:

Are there custody/parenting orders or fostering arrangements in place for this child?    Yes – If yes, please attach    No

Does this child attend formal education?    Yes    No

primary school    secondary school    distance education    home school    preschool / kindergarten

Name of school attending:

Does this child attend other approved child care?    Yes    No

If yes,    Centre Based Day Care    Outside School Hours Care    Family Day Care

Name of other approved child care service:

**What days and times do you require IHC? Note, the number of IHC hours you are able to access will be determined by the IHC Support Agency.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Additional comments:

Please note if you have more than two children requiring IHC please [go to the additional children section on page 11](#).

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## PART D – Signature and declaration

In **Part D**, please read each statement and tick to confirm your agreement.

### **Personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure of personal information is contained in our Privacy Notice.**

#### **Privacy Notice**

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by IHC Support Agencies for the purpose of administering IHC. This includes the purpose of assessing and approving a family's application for IHC eligibility. Personal information collected from you by the IHC Support Agency will be disclosed to the relevant IHC Service who provides education and care to your child(ren) and the Department of Education. Personal information collected from you by the IHC Support Agency will not be disclosed to any overseas recipients.

Information collected and disclosed by the IHC Support Agency to the above entities will include:

- documentary evidence of your child(ren)'s diagnosed disability or diagnosed medical condition
- other information about your child(ren)'s family background that you have provided
- education and care requirements
- information provided in the IHC application.

Your personal information may also be used by the IHC Support Agency or disclosed to other parties, where it is required or authorised by law.

The consequences for not providing the required personal information, and not agreeing to this Privacy Notice, are that the IHC Support Agency cannot assess your eligibility for In Home Care.

You can get more information about the way in which the IHC Support Agency manages personal information, including information on accessing or correcting your or your child(ren)'s, personal information, and how to make a complaint by contacting the IHC Support Agency in your state or territory.

#### **Signature of parent or carer consent**

By signing this document you:

Declare all information provided in this IHC application is true and correct. Providing false or misleading information is a criminal offence.

Acknowledge that I/we have read the Privacy Statement (above) and agree to disclose information, including sensitive information, to the organisations described above for the purpose of applying for IHC eligibility.

If eligible for IHC you:

Will notify the IHC Support Agency and the IHC Service of any changes in family circumstances within 14 days.

Will notify the IHC Service of any concerns in relation to the education and care being provided.

Will not negotiate with the IHC Service any changes to your IHC arrangements that have not been agreed to by the IHC Support Agency and the changes confirmed in writing.

Will give the IHC Service access to the family home to complete a home safety assessment before care commences.

Will take all reasonable steps to ensure your home is safe for the educator and your child(ren).

Will not ask the educator to undertake activities that are out of scope for the IHC program.

Will provide necessary information to the IHC Support Agency to assist with preparation of a Family Management Plan (FMP). The FMP captures relevant information relating to the child/ren's education and care needs.

Understand that IHC eligibility is approved for a specific period, and you will be notified in writing by the IHC Support Agency of your approved period.

Will submit a new IHC application form with current supporting documentation to the IHC Support Agency for assessment before the end of the approved IHC eligibility period if wanting to continue with the IHC program.

Understand IHC Services can only provide care to children who hold a current notice of approved IHC eligibility and who have been offered a place in the IHC program. If your notice of IHC eligibility expires you are no longer eligible for IHC and may lose your place in the program.



Name of parent or carer 1:

Signature of parent or carer 1:

Date:

Name of parent or carer 2 (if applicable):

Signature of parent or carer 2 (if applicable):

Date:

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## Examples of documentary evidence

### **Child Care Subsidy eligibility**

The family must provide evidence of their Child Care Subsidy (CCS) eligibility. This could include:

- a screenshot from their [Centrelink online account](#)
- a letter from Services Australia
- a statement from an approved child care service.

The evidence must show current CCS eligibility, CCS percentage, activity level, name and CRN of the eligible individual, and the name of the child.

### **No other care is available**

The family must provide evidence that no other approved care is available to them. That is, that there are no vacancies at the times care is required.

Evidence may include written statements, emails or screen shots from services in the area showing:

- unavailability of places
- inability to provide child care at the required time
- waitlist notification
- inability to support child's complex needs, noting the [Inclusion Support Program](#) is available to support children with additional needs.

### **No other care is suitable**

The family must provide evidence that no other approved care is suitable for them. That is, that there are no services that can reasonably meet the needs of the family.

Evidence may include signed or validated documentation by relevant professionals that confirms:

- the nature of why the child is unable to attend other types of approved care, such as due to medical reasons
- any hardship the family would suffer as a result of using the service
- any risk to the health of the family as a result of using the service
- whether using the service would cause detriment to the employment of a parent or carer of the child.

Families should also provide a screen shot of the service location compared to current address. A preference not to travel is not considered under the category of not suitable.

### **Non-standard or variable work hours**

The family must demonstrate that all adult members of the household work non-standard or variable hours when care is required. That is, hours outside standard child care opening hours.

Evidence may include:

- work roster showing days and hours worked and employer details
- letter from employer confirming employment conditions and typical working hours
- contract between employee and employer outlining the non-standard hours or variability of the work required
- calendar extract indicating rostered days and a supporting letter outlining company details
- if self-employed, documentation such as contracts, work schedules or other relevant evidence showing that work must be undertaken outside of standard business hours
- if self-employed, a signed Statutory Declaration outlining business name, address, contact details, ABN, website, nature of work, hours of variability and timeframe of variability of hours may be accepted
- if studying, an enrolment confirmation letter and course timetable showing that classes are outside of standard hours.

### **Geographic isolation**

The family must demonstrate that they are geographically isolated from other approved child care services. This may be because they live in rural or remote locations.

Evidence may include:

- recent utility bill or rates notice showing parent/carer name and current address
- current drivers licence
- current tenancy agreements showing parent/carer name and current address
- ABS maps and/or an ARIA score indicating family home is in a rural or remote location
- maps of nearest child care service indicating distance from family home.

A significant distance is generally considered to be 30 km or more.

### **Challenging or complex needs**

The family must demonstrate that they have challenging or complex needs within the home.

Challenging or complex needs may include:

- a child who is unable to attend another approved care type, even with reasonable adjustments due to their unique needs
- a parent or carer undergoing treatment for a serious illness and is immunocompromised
- other complex family situations that prevent a family from accessing other care types.

Families that present with challenging or complex needs are assessed on an individual basis due to the unique nature of this criteria.

Supporting evidence may include letters from a relevant treating professional. Relevant treating professionals include:

- qualified medical practitioners
- registered psychologists
- allied health professionals (for example, speech pathologists, physiotherapists, and audiologists)
- social workers
- family counsellors
- registered nurses or nurse practitioners.

Evidence may also include:

- directives from courts and/or authorities that outline the challenges and/or complexities
- letter describing the family's complex and challenging circumstances and the reasons why other approved child care types are not suitable
- any relevant medical diagnosis, including date of onset, whether the condition is permanent or temporary
- the reasons why other approved child care types are not suitable, noting that research shows children benefit most when they participate in early education and care alongside their peers
- whether the condition is expected to remain unchanged, improve, or deteriorate
- where a parent or carer is immunocompromised, a medical professional must provide a letter advising:
  - the severity of the condition
  - any limitations on the family's ability to interact with others outside of the home.

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## Additional children

### Child 3

Family name:

First name:

Middle name:

Gender:    male    female    prefer not to say    other:

Date of birth:

Centrelink CRN:

Are there custody/parenting orders or fostering arrangements in place for this child?    Yes – If yes, please attach    No

Does this child attend formal education?    Yes    No

primary school    secondary school    distance education    home school    preschool / kindergarten

Name of school attending:

Does this child attend other approved child care?    Yes    No

If yes,    Centre Based Day Care    Outside School Hours Care    Family Day Care

Name of other approved child care service:

**What days and times do you require IHC? Note, the number of IHC hours you are able to access will be determined by the IHC Support Agency.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Additional comments:

## Child 4

Family name:

First name:

Middle name:

Gender:    male    female    prefer not to say    other:

Date of birth:

Centrelink CRN:

Are there custody/parenting orders or fostering arrangements in place for this child?    Yes – If yes, please attach    No

Does this child attend formal education?    Yes    No

primary school    secondary school    distance education    home school    preschool / kindergarten

Name of school attending:

Does this child attend other approved child care?    Yes    No

If yes,    Centre Based Day Care    Outside School Hours Care    Family Day Care

Name of other approved child care service:

**What days and times do you require IHC? Note, the number of IHC hours you are able to access will be determined by the IHC Support Agency.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Additional comments:

## Child 5

Family name:

First name:

Middle name:

Gender:    male    female    prefer not to say    other:

Date of birth:

Centrelink CRN:

Are there custody/parenting orders or fostering arrangements in place for this child?    Yes – If yes, please attach    No

Does this child attend formal education?    Yes    No

primary school    secondary school    distance education    home school    preschool / kindergarten

Name of school attending:

Does this child attend other approved child care?    Yes    No

If yes,    Centre Based Day Care    Outside School Hours Care    Family Day Care

Name of other approved child care service:

**What days and times do you require IHC? Note, the number of IHC hours you are able to access will be determined by the IHC Support Agency.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Additional comments: