



Application to Increase or Decrease Allocation of In Home Care Places

NOTE: This form is a SmartForm designed to be used in Adobe Acrobat Reader. Adobe Acrobat Reader software may need to 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](#).

Under section 198B of the A New Tax System (Family Assistance) (Administration) Act 1999 (FA (Admin) Act), approved providers of an In Home Care (IHC) service may apply to the Secretary of the Department of Education (the department) to increase its allocation of child care places. Similarly, under s 198C of the FA (Admin) Act, a provider of an IHC service may inform the Secretary in writing that the allocated number may be reduced.

This form is to be used by approved providers of IHC Services to request such an amendment. All necessary information to support the request should be included and where appropriate any supporting documentation separately attached. Justification is only required when requesting an increase of allocated places.

The completed form should be emailed to inhomecare@education.com.au. A copy of the form should be emailed to all IHC Support Agencies where service is delivered.

A delegate of the Secretary will determine whether or not to grant the application for allocation or reduction of IHC places. Places will be allocated to approved services for families who meet the eligibility criteria for IHC, taking into consideration the utilisation, future requirement, availability and distribution of places in the jurisdiction.

Allocated places must not exceed the national cap in accordance with section 49C of the Minister's Rules.

The department will notify the provider of their decision.

IHC services must not provide subsidised care in excess of their total allocation of places.

An IHC place is equivalent to 35 hours of subsidised care per week, per child. A family may access more than one place or part thereof, up to the total number of hours per fortnight of subsidised care for each child as determined by the family's Activity Test Result.

Where multiple children in the same family are in receipt of IHC, the number of places required by the family is the total number of places for the combined number of children in receipt of IHC in the family. For example, a family with two children accessing 35 hours of care each, per week, of IHC will be provided with two places.

Privacy Statement

Personal information is protected by law, including under the *Privacy Act 1988* (the Privacy Act).

Personal information

Personal information is information or an opinion about an identified or reasonably identifiable individual. Personal information includes an individual's name and contact details.

Sensitive information

Sensitive information is a subset of personal information. It includes information or an opinion about racial or ethnic origin, political opinions, religious beliefs or affiliations, philosophical beliefs, memberships of associations or unions, sexual orientation or practices, criminal record, or health, genetic or biometric information.

Collection of personal information

Your personal information is collected by the Australian Government Department of Education (the department) in this form under the *A New Tax System (Family Assistance) (Administration) Act 1999* (FA (Admin) Act).

Purpose of collecting your information

Personal information (including sensitive information) is collected by the department for the purposes of:

- assessing applications for the additional allocation or reduction of available In Home Care (IHC) places
- administration of the IHC program as authorised under the (FA (Admin) Act)
- quality assurance, auditing, reporting, research, evaluation and analysis.

Your personal information may also be used for other purposes where you have agreed, or where it is otherwise permitted under the Privacy Act.

If you do not provide some or all of the personal information requested, the department may not be able to assess the application for additional allocation or reduction of IHC places.

Disclosure of personal information

Your personal information may be disclosed, the relevant IHC Support Agencies.

Your personal information may also be disclosed to other parties where you have agreed, or where it is otherwise permitted under the Privacy Act.

The personal information is unlikely to be disclosed to overseas recipients.

Privacy policy

The department's [Privacy Policy](#) contains more information about how the department will manage your personal information and personal information about other individuals, including information about how to make a complaint and seek access to and correction of personal information.

To contact the department about the handling of personal information collected by this form, please email privacy@education.gov.au.

To contact the department about IHC more generally please email inhomecare@education.gov.au.

By checking the box, I confirm that I have read and understood this privacy statement and agree to the department's handling of my personal information in accordance with this privacy statement.

PART A – Service details

Service name:

Service CRN:

Address:

State:

Postcode:

Please tick box that applies:

Request additional places: Number of additional places requested:

Request reduction of places: Number of places requested to be reduced:

Total number of currently allocated places:

Number of places currently used in each jurisdiction:

ACT:	NSW:	SA:	QLD:	VIC:
WA:	NT:	TAS:		

Proposed revised total number of allocated places:

Proposed number of places to be used in each jurisdiction:

ACT:	NSW:	SA:	QLD:	VIC:
WA:	NT:	TAS:		

PART B – Business case

Please provide justification for the additional allocation of available places. This may include new families recently matched to IHC service and/or change of circumstances for existing families. Justification is only required when requesting an increase.

Include reason(s) why utilisation has increased or decreased, the number of new families and children and/or hours of care required each week.

PART C – Attachments (optional)

Please attach any supporting documentation.

PART D – Declaration

This declaration must be made by a person holding the authority level of **Management and Control for the Provider** in the Provider Entry Point (PEP) on behalf of the Approved Provider of the IHC Service.

I declare/certify that the information in this application (and any attachments) is true and correct.

Signature:

Printed name:

Organisational Position:

Date:

Approved Provider name:

Approved Provider CRN:

Phone number:

Email:

If you require assistance with completing this form, please contact inhomecare@education.gov.au

Complete and submit this form to the Education Department at inhomecare@education.gov.au