



In Home Care Service Travel Reimbursement Claim 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 <u>Adobe website</u>.

Privacy Statement

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

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

Any personal information collected about you or another individual in connection with this Travel Reimbursement Claim form is collected by the In Home Care (IHC) Support Agency for your state or territory for the purposes of processing your travel reimbursement claim and related purposes. The IHC Support Agency has been engaged by the Australian Government Department of Education (the department) to oversee the delivery of IHC in your state or territory on the department's behalf.

We need consent to collect personal information from someone other than the individual concerned, unless certain exceptions apply. If you provide personal information about another individual, you need to check with them first that they agree to the information being handled in accordance with this privacy statement.

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 IHC Support Agency may be unable to process the travel reimbursement claim and reimburse your IHC Service.

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

You can get more information about the way in which the IHC Support Agency manages your personal information, and how to make a complaint, by contacting the IHC Support Agency in your state or territory using the appropriate contact details at the following website: In Home Care Support Agencies – Department of Education, Australian Government.

The department's <u>Privacy Policy</u> contains more information about how the department will manage the personal information, including information about how to make a complaint and seek access to and correction of your personal information.

Consent

I agree to the collection and handling of my personal information, including any sensitive information, as described in this Privacy Notice.

I declare that where I have provided personal information about any other individual, I have advised that individual about the matters in this Privacy Notice, and obtained their consent to include their personal information, including any sensitive information.

IHC Services may claim reimbursement of reasonable travel costs incurred to visit the family home. 'Eligible' travel costs will be reimbursed by the IHC Support Agency. Noting all travel must be undertaken by the shortest practicable route and be cost effective

Travel claims **must** comply with section 8.4 of the In Home Care National Guidelines.

To be 'eligible' the travel must meet the following conditions:

- be undertaken by a staff member of the IHC Service; and
- be for the sole purpose of IHC and monitoring families and IHC Educators; and
- to family homes located in the *Inner Regional, Outer Regional, Remote* and/or *Very Remote* using the most recent ARIA+ locations¹.

To assist with determining if region visited is classified as Inner Regional, Outer Regional, Remote or Very Remote, please contact your relevant IHC Support Agency or refer to the <u>In Home Care National Guidelines</u>.

A travel claim can be made for:

- travel by private vehicle (such as a car) or commercial vehicle hire (such as rental car), air, rail or ferry; and/or
- · overnight accommodation costs.

For travel by private vehicle, the travel reimbursement is determined by using 'cents per kilometre' rate which is multiplied by the number of kilometres travelled per home visit. The 'cents per kilometre' rate is the current rate published by the Australian Taxation Office (ATO) which may be updated from time to time.

For travel via commercial vehicle hire, reimbursement is determined by the cost of the vehicle hire/rental.

For all travel involving an overnight stay, reimbursement of accommodation costs must not exceed the *indicative daily cap*, which is dependent on the travel destination. The Australian Taxation Office (ATO) publishes reasonable travel rates for accommodation for each financial year. These can be found on the <u>ATO Website</u>. For further clarification, please contact your relevant IHC Support Agency.

For claims made in respect of travel by vehicle, air, rail or ferry, IHC Services must ensure this is the most cost effective method of travel. Cost effectiveness must be determined through comparisons such as airfare versus commercial vehicle hire, or airfare versus private motor vehicle use, rail or ferry with accommodation costs included for each option where relevant. The travel reimbursement will be based on the lesser amount.

The IHC Service must retain documented evidence for all travel, including items such as cost comparison, logbooks, signed rental agreement and other relevant records. This documentation must be provided when submitting a travel reimbursement claim.

Requirements for documentary evidence are outlined in section 8.4 of the In Home Care National Guidelines.

Please note that pre-approval for certain travel arrangements may be required prior to booking, in accordance with section 8.4 of the In Home Care National Guidelines.

¹ ARIA+ is used by the Australian Government to measure geographical remoteness with purpose of assisting with policy development. The five categories of ARIA+ are: Major Cities, Inner Regional, Outer Regional, Remote and Very Remote.

Exclusions

Travel reimbursement excludes, but is not limited to:

- travel to visit family homes located in Major Cities ARIA+ locations
- meal allowance and/or other travel incidentals
- IHC Educator travel to provide IHC in the family home.

For a complete list of exclusions, refer to section 8.4 of the In Home Care National Guidelines.

Please submit this form to the relevant IHC Support Agency by the 15th day of the month (or next business day if this date falls on a weekend or public holiday), following the end of each quarter in which travel was undertaken.

PART A - Service details		
Service name:		
Physical address of the service:		
	State:	Postcode
Name of Director/Coordinator:		
Contact phone number:		

PART B - Travel detail

Travel by car

Date of Visit (one family visit per line)	Name of IHC Service Staff Member (Driver) and Job Title	Reason for Travel	Registration, Make, Model, Engine capacity of Vehicle	Start Address	Destination Address	Name of Family Visited	Address of Family Visited	Private Vehicle/ Commercial Vehicle Hire/Rental	Total kms Travelled	Logbook, Justification and other Evidence Supplied with claim Y/N

Air, rail or ferry

Date	Name of IHC Service Staff Member and Job Title	Comparison of Most Cost-Effective and Practical Option	Start Address	Destination Address	Name of Family Visited	Address of Family Visited	Cost of Economy Flight	Cost of Ferry	Cost of Rail	Total Costs	Justification, Invoice and Other Supporting Evidence Supplied with Claim Y/N

Commercial accommodation costs

Date	Name of IHC Service Staff Member and Job Title	Name of Family Visited	Address of Family Visited	Name of Accommodation Provider	# of Nights	Cost per Night	Total Cost	Justification, Invoice and Other Evidence Supplied with Claim Y/N

Cancellation of travel

Date	Name of IHC Service Staff Member	Job Title	Intended Family Visit Name	Intended Family Visit address	Reason for Cancellation	Cancellation Amount Motor Vehicle (if applicable)	Cost of Accommodation	Cost of Ferry	Cancellation Cost of Rail (if applicable)	Supporting Evidence Travel could not be Refunded or Rescheduled, Invoice and Other Evidence Supplied with Claim Y/N

PART C - Declaration

- I declare/certify that the information provided in this application and any attachments are true and correct;
- I declare/certify that all drivers associated with application hold a valid driver's licence and that comprehensive and third party insurance is current for all vehicles used;
- I authorise the IHC Support Agency to verify any information provided in this application; and
- I am authorised to act on behalf of the IHC Service.

Signature of authorised officer:

Signature of dutilonised officer.	
Printed name:	Date:
Position:	
NOTE: Giving false or misleading information is a serious offence.	

PART D - Supporting documentation

All claims must be substantiated with supporting documentation as outlined in section 8.4 of the In Home Care National Guidelines, including but not limited to:

- travel itinerary detailed schedule detailing dates, destinations (including full addresses, family name), and modes of transport
- cost comparison a comparison of total costs for the most economical and efficient transport option
- evidence of lowest practical fare documentation demonstrating fare comparisons across major carriers servicing the route.

PART E – Returning the application

Claims are made on quarterly basis and must be submitted by cut-off dates which is the 15th day of the month (or the next business day), following the end of each quarter.

Retrospective claims may be approved only in exceptional circumstances and at the department's discretion.

Applications should be submitted to the IHC Support Agency in your state or territory.

Reimbursement will be made by Electronic Funds Transfer (EFT) to your nominated bank account.