



# IN HOME CARE FAMILY MANAGEMENT PLAN

## ENCL. IN HOME CARE (IHC) SUPPORT AGENCY PRIVACY NOTICE

*Please ensure you provide the relevant individual with a copy of the Privacy Notice before completing this document. If there is more than one parent or carer's personal information included in this form, ensure both are provided with the Privacy Notice.*

**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](#).

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## 1. Snapshot and status

Family

IHC Service

Date Family Management Plan created

Date of last review (if applicable)

Last edited by

Date of next quarterly review

Status

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## 2. In Home Care eligibility

Approved period of IHC eligibility

Family determined as IHC eligible under:

Parent or carer work non-standard or variable hours, outside normal child care service hours

Family are considered geographically isolated from other types of approved child care

Family has complex or challenging needs.

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### 3. Family circumstances

Overview of family situation:

Special considerations/requirements (e.g., pool, spa, transport requirements):

Will the educator require any special skills (e.g., PEJ/PEG feeding, manual lifting etc)?

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### 4. Parent or carer details

#### Parent or carer 1

Name

Email address

Contact number

Relationship to child(ren)

Occupation

#### Parent or carer 2 (if applicable)

Name

Email address

Contact number

Relationship to child(ren)

Occupation

## Address of family home where care will be provided

Street address

Suburb

State/territory

Postcode

## Is a translator required for communication with the parent or carer(s)?

Yes/No

If yes, language

## Are there any specific cultural requirements to be aware of?

Yes/No

If yes, please provide details:

## Are there any AVOs, custody arrangements or court orders in place?

Yes/No

If yes, please provide details:

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## 5. Child details

Total number of children in family

Total number of children requiring IHC per week

Sum of number of hours of care required for all children per week<sup>1</sup>

Total IHC places assigned to the family places per week<sup>2</sup>

<sup>1</sup> Sum the number of hours that each child individually receives (for example if three children attend the same three hour session of care, this would be nine hours).

<sup>2</sup> 'Assigned places' are calculated by summing the number of hours of care per week divided by 35 (the hours of care per place) rounded up to two decimal places.

## Child 1

Name

Centrelink CRN

Gender

Date of birth

### Description of the education and care required:

*(To include the following considerations: interests/likes; dislikes/trigger; communication needs; physical, social, and emotional development; current behavioural strategies/techniques; what the family can expect to be provided by the educator)*

### Allergies, special needs (e.g., dietary requirements), medical conditions

Yes/No

If yes, details (please include medication requirements if relevant):

### Other care

### Are CCS hours claimed by another service per fortnight?

Yes/No

If yes, provide details below (include Service Name and CCS hours claimed by other service):

Hours of IHC required

hours per fortnight

Combined IHC plus other service hours<sup>3</sup>

per fortnight claimed (CCS)

<sup>3</sup> The number of hours required for IHC plus any hours claimed for other service types for each child may exceed the number of CCS hours as determined by the activity test result. If so, the gap (over the cap) will need to be paid out-of-pocket by the parent or carer.

## Child 2

Name

Centrelink CRN

Gender

Date of birth

### Description of the education and care required:

*(To include the following considerations: interests/likes; dislikes/trigger; communication needs; physical, social, and emotional development; current behavioural strategies/techniques; what the family can expect to be provided by the educator)*

### Allergies, special needs (e.g., dietary requirements), medical conditions

Yes/No

If yes, details (please include medication requirements if relevant):

### Other care

### Are CCS hours claimed by another service per fortnight?

Yes/No

If yes, provide details below (include Service Name and CCS hours claimed by other service):

Hours of IHC required

hours per fortnight

Combined IHC plus other service hours

per fortnight claimed (CCS)

## Child 3

Name

Centrelink CRN

Gender

Date of birth

### Description of the education and care required:

*(To include the following considerations: interests/likes; dislikes/trigger; communication needs; physical, social, and emotional development; current behavioural strategies/techniques; what the family can expect to be provided by the educator)*

### Allergies, special needs (e.g., dietary requirements), medical conditions

Yes/No

If yes, details (please include medication requirements if relevant):

### Other care

### Are CCS hours claimed by another service per fortnight?

Yes/No

If yes, provide details below (include Service Name and CCS hours claimed by other service):

Hours of IHC required

hours per fortnight

Combined IHC plus other service hours

per fortnight claimed (CCS)

Please go to [page 13](#) of this form to fill in details for additional children.

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## 6. Child Care Subsidy<sup>4 5</sup> /Additional Child Care Subsidy

Child Name	CCS % approved	CCS hours approved per fortnight	CCS hours utilised through other service provider/s per fortnight	CCS allocated through IHC/ per fortnight

Are any of the children receiving the Additional Child Care Subsidy (ACCS)<sup>6</sup> ? (If known)

Yes/No

If yes, provide details including number of hours:

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## 7. Other additional support services

Does the family currently access other family support services (e.g., disability support like NDIS, allied health services, social workers)?

Yes/No

If yes, provide detail including the name and contact for the support service?

4 To be CCS eligible, an individual must meet Australian residency and immunisation requirements, and the child(ren) must be 13 or under and not attending secondary school (unless in a prescribed class).

5 While eligibility for CCS is a requirement to access IHC, the amount of subsidy a family is entitled to receive does not determine a family's ongoing eligibility for IHC, nor does the amount of subsidised hours a family is entitled to under the activity test determine the number of IHC hours a family is eligible to receive under IHC.

6 ACCS eligible families will receive a subsidy equal to the actual fee charge, up to 120% of the CCS hourly rate cap, for up to 100 hours per fortnight.

## 8. Education and care

### Sessions/hours of IHC required

	No. of children	Times		Total Hrs*
		Start	Finish	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
<b>Total hours</b>				

\* Sum the number of hours that each child individually receives (for example if three children attend the same three hour session of care, this would be nine hours).

### School holidays (optional)

	No. of children	Times		Total Hrs
		Start	Finish	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
<b>Total hours</b>				

**Variable hours of care each week**

Yes/No

**Flexible with days**

Yes/No

**Flexible with times**

Yes/No

**Educator to live with family**

Yes/No

**Educator required to have car**

Yes/No

**Does a parent work from home**

Yes/No

If yes to any of above, provide details:



**Other children in family home not requiring IHC?**

Yes/No

If yes, provide details:

**Other adults in the family home not already mentioned?**

Yes/No

If yes, provide details:

**Does the family currently have an IHC educator?**

Yes/No

If yes, provide details including name of service, details of educator:

**Is the educator required to stay overnight/on the property to provide care?**

Yes/No

If yes, provide details of living arrangements:

**Will the educator be required to supervise homework?**

Yes/No

If yes, estimated number of hours:

**Anticipated breaks in care (e.g., holidays)?**

Yes/No

If yes, dates:

**Will the educator be required to take the children on excursions?**

Yes/No

If yes, please provide details:

Are there other services the family requires from the educator which are outside the scope of IHC or CCS (e.g., supervision of distance education, cleaning, etc)?

Yes/No

If yes, provide details:

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## 9. Agreed In Home Care arrangements

Family's choice of IHC service

Name of educator assigned (if known)

Start date of IHC

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## 10. Waitlist

Family placed on waitlist

Yes/No

If yes, provide reason:

Date put on waitlist

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## 11. Strategy to transition

When and how will the family transition from IHC?

### Family transitioned out

Yes/No

If yes, provide reason why:

Not eligible for CCS.

Poor experience with IHC.

Does not meet criteria for IHC.

Cannot afford IHC.

Transitioned to mainstream child care.

Educator not suitable.

Referred to other support service.

Unknown/other:

End date of IHC

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## 12. Checklist

### Support Agency has explained to the parent or carer

How CCS impacts the potential out-of-pocket expenses for IHC.

The nominated child process.

How the use of other child care types will impact on a family's approved hours of care (e.g., VAC).

The requirement of the family to advise the IHC Support Agency of any changes in circumstances.

The requirements for quarterly reviews of the Family Management Plan and that the family will be contacted in three months to undertake a review (unless the family's circumstances change prior).

Before commencement of care, the service will assess the family home to determine if the home is a safe environment to provide care. The service may also visit occasionally to perform audits or to assist the educator.

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## 13. Signature of parent or carer

*Where signature has been obtained by telephone, the assessing officer must record the parent or carer's response to the below. Where signature has been obtained by email, a copy must be attached to the Family Management Plan.*

Your personal information is protected by law, including the Privacy Act 1988. Important information about the collection, use and disclosure of your and your child's/ren's personal information is contained in our Privacy Notice. You should have been given/emailed a copy of the notice with this form. You should ensure that you read and understand this notice.

I declare that all the information provided by me in this plan is true and correct. I am aware, that if I have provided false information, I may lose my access to IHC.

I have read and understood the attached Privacy Notice and consent to the use and disclosure of my personal information, which may include sensitive information.

I hereby declare that I have the legal responsibility for the minor/s described above and am legally competent to provide consent to the use and disclosure of information on behalf of the minor/s.

I will inform the **IHC Support Agency and the IHC Service** where there are any changes in family circumstances within 14 days.

I will inform the IHC Service where I have any concerns in relation to the education and care being provided.

I cannot negotiate any changes to care with my service that is not consistent with the Family Management Plan.

I have taken all the necessary steps to ensure the physical environment is safe for the provision of care, both for the children and the educator.

I agree to give the IHC Service access to the family home to facilitate a safety assessment of the home before care commences.

Name of parent or carer

Signature of parent or carer <sup>7</sup>

Or response provided by phone/email

Date

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## 14. Signature of IHC Support Agency

Name

Position

Signature

Date

<sup>7</sup> Note: Authorisation and signature can be obtained face to face, via email or phone.

## Child 4

Name

Centrelink CRN

Gender

Date of birth

### Description of the education and care required:

*(To include the following considerations: interests/likes; dislikes/trigger; communication needs; physical, social, and emotional development; current behavioural strategies/techniques; what the family can expect to be provided by the educator)*

### Allergies, special needs (e.g. dietary requirements), medical conditions

Yes/No

If yes, details (please include medication requirements if relevant):

### Other care

### Are CCS hours claimed by another service per fortnight?

Yes/No

If yes, provide details below (include Service Name and CCS hours claimed by other service):

Hours of IHC required

hours per fortnight

Combined IHC plus other service hours

per fortnight claimed (CCS)

## Child 5

Name

Centrelink CRN

Gender

Date of birth

### Description of the education and care required:

*(To include the following considerations: interests/likes; dislikes/trigger; communication needs; physical, social, and emotional development; current behavioural strategies/techniques; what the family can expect to be provided by the educator)*

### Allergies, special needs (e.g. dietary requirements), medical conditions

Yes/No

If yes, details (please include medication requirements if relevant):

### Other care

### Are CCS hours claimed by another service per fortnight?

Yes/No

If yes, provide details below (include Service Name and CCS hours claimed by other service):

Hours of IHC required

hours per fortnight

Combined IHC plus other service hours

per fortnight claimed (CCS)

**Return to child details on [page 6](#)**