



In Home Care Family Management Plan

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](#).

Privacy Notice

Your personal information and personal information about other individuals 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, membership of associations or unions, sexual orientation or practices, criminal record, or health, genetic or biometric information.

Collection of personal information

Any personal information (including sensitive information) collected about you or another individual in connection with the IHC Family Management Plan is collected by your relevant In Home Care (IHC) Support Agency. 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.

The personal information is collected for the purposes of:

- preparing the Family Management Plan, which is intended to ascertain a family's eligibility for IHC and to document the family's expectations of the education and care to be provided by the IHC service type and any additional support services required
- administering the IHC Program, including designing service delivery arrangements in relation to the family's education and care requirements, and
- other related purposes.

The 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 the required personal information, the IHC Support Agency will not be able to prepare the Family Management Plan.

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 provided and being handled by the IHC Support Agency in accordance with this Privacy Notice.

Disclosure of personal information

The personal information collected may be disclosed to:

- the relevant IHC Service that provides education and care to the child(ren)
- the department
- other government agencies with responsibility for health and safety, and
- an enforcement body, within the meaning of the Privacy Act.

The personal information may also be disclosed to other parties where the relevant individual has agreed, or where it is otherwise permitted under the Privacy Act.

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

Privacy policy

Parents and carers 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, using the appropriate contact details at [In Home Care Support Agencies – Department of Education, Australian Government](#).

The department's [Privacy Policy](#) 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.

1. Snapshot and status

Family:

IHCService:

Date Family Management Plan created:

Date of last review (if applicable):

Last edited by:

Date of next quarterly review:

Status:

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.

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)?

4. Parent or carer details

Parent or carer 1

Name:

Email address:

Relationship to child(ren):

Occupation:

Contact number:

Parent or carer 2 (if applicable)

Name:

Email address:

Relationship to child(ren):

Occupation:

Contact number:

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:

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 week¹

Total IHC places assigned to the family: places per week²

1 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).

2 '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 hours³: _____ per fortnight claimed (CCS)

³ 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 14](#) of this form to fill in details for additional children.

6. Child Care Subsidy^{4 5} /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)⁶ ? (If known)

Yes/No:

If yes, provide details including number of hours:

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				
Total hours				

* 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				
Total hours				

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:

9. Agreed In Home Care arrangements

Family's choice of IHC service:

Name of educator assigned (if known):

Start date of IHC:

10. Waitlist

Family placed on waitlist

Yes/No:

If yes, provide reason:

Date put on waitlist:

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:

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.

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

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

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

I will inform the **IHC Support Agency and the IHC Service** of 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 ⁷:

Or response provided by phone/email:

Date:

14. Signature of IHC Support Agency

Name:

Position:

Signature:

Date:

⁷ 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 7](#)