



# In Home Care Change in Family Circumstance 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 use In Home Care to report a change in their circumstances.

**Complete and submit this form to the [In Home Care Support Agency in your state or territory](#).**

## What to notify

Families that use In Home Care (IHC) must report any changes that may affect their eligibility for:

- IHC
- Child Care Subsidy (CCS).

This includes:

- changes to you or your partners details, such as:
  - relationship status
  - address
  - contact details
  - employment status
  - increase/decrease in employment hours or days
  - place of employment
- changes to your child's details, such as:
  - your child is no longer 13 years or under
  - your child now attends secondary school
  - your child is no longer in your care
  - you have additional children in care
- changes to your IHC arrangements, such as:
  - days or hours have increased or decreased
  - you no longer use IHC
- you are no longer eligible for CCS
- other approved child care is now available or suitable
- your family's challenging or complex needs have changed.

## Who to notify

You must report changes to:

- your IHC Support Agency, and
- Services Australia.

## When to notify

You must report a change in circumstance **within 14 days** of the change.

## How to notify

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

**You must also notify Services Australia of any changes that effect your CCS eligibility or entitlement. Do this through your [Centrelink online account](#).**

## Review of arrangements

Once submitted, your IHC Support Agency will review the change and determine the effect on IHC arrangements.

## More information

For more information, contact the [IHC Support Agency in your state or territory](#).

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## PART A – Parent/carer details

Parent or carer 1 name (CCS eligible):

Centrelink CRN:

Have you or your partner's details changed? Yes/No:

Date of change:

Please provide details and supporting documentation (if applicable):

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## PART B – Child details

Have your child(ren's) details changed? Yes/No:                      Date of change:

Please provide details and supporting documentation (if applicable):

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## PART C – In Home Care arrangements

Have your In Home Care arrangements changed? Yes/No:                      Date of change:

Please provide details and supporting documentation (if applicable):

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## PART D – Child Care Subsidy eligibility

Are you or your partner no longer eligible for Child Care Subsidy? Yes/No:                      Date of change:

Please provide details and supporting documentation (if applicable):

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## PART E – Other approved child care

Is other approved child care now available or suitable? Yes/No:                      Date of change:

Please provide details and supporting documentation (if applicable):

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## **PART F – Geographic isolation (if applicable)**

If applicable, have your geographically isolated circumstance changed? Yes/No:

Date of change:

Please provide details and supporting documentation (if applicable):

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## **PART G – Non-standard or variable work hours (if applicable)**

If applicable, have your or your partner's non standard work hours changed? Yes/No:

Date of change:

Please provide details and supporting documentation (if applicable):

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## **PART H – Challenging or complex needs (if applicable)**

If applicable, have your family's challenging or complex needs changed? Yes/No:

Date of change:

Please provide details and supporting documentation (if applicable):

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## PART I – Signature and declaration

**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(ren)'s personal information is contained in our Privacy Notice.**

### Privacy Notice

Your personal information is protected by law, including the *Privacy Act 1988* (the Privacy Act), and is collected by In Home Care (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's diagnosed disability or diagnosed medical condition
- other information about your child'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 some or all the required personal information, and not agreeing to this Privacy Notice, are that the IHC Support Agency cannot assess your continuing eligibility for IHC.

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 agree that:

The information provided 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 entities described above for the purpose of administering the IHC 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:

Date: