



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 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 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, 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 other individuals in connection with this form, is collected by the Australian Government Department of Education (the department) under section 198B of the *A New Tax System (Family Assistance) (Administration) Act 1999*. The personal information is collected for the purposes of assessing applications for the additional allocation or reduction of available IHC places.

The personal information may also be used for the purposes of administering the IHC Program and other purposes where the relevant individual has 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

The personal information may be disclosed to third parties, including:

- the relevant IHC Support Agency for the state or territory in which your IHC Service operates.

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

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.

Under section 198B and 198C of the A New Tax System (Family Assistance) (Administration) Act 1999, Approved Providers of an In Home Care (IHC) service may apply to the Secretary of the Department of Education (the department) to increase or reduce its allocation of child care places.

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.

The completed form should be emailed to the [IHC Support Agency in your relevant jurisdiction](#).

Secretary's Delegation Instrument No. 19-017 allows for the delegation of the Secretary's specific power to certain IHC Support Agency staff. Only 'Approved Specified Personnel', as approved by the department, may make IHC place allocation or reduction decisions.

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 criteria for the IHC service type, 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 IHC Support Agency will notify the provider in writing of their decision.

In the event that a provider of an IHC service is also the IHC Support Agency for the jurisdiction, the application form should be submitted to the department for a determination.

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 cumulative 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 each, per week, of IHC will be provided with two places.

PART A – Service details

Service name:

Service CRN:

Address:

State:

Postcode:

PART B – Request an increase or decrease in current allocation of places

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: Proposed revised total number of allocated places:

PART C – Business case

Please provide justification for the additional allocation or reduction of available places. This may include new families recently matched to IHC service and/or change of circumstances for existing IHC families.

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 D – Attachments (optional)

Please attach any supporting documentation.

PART E – 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 the IHC Support Agency in your relevant jurisdiction.

Complete and submit this form to the [IHC Support Agency in your relevant jurisdiction](#).