



Australian Government

Department of Health and Aged Care

APPLICATION TO COMBINE RESIDENTIAL CARE SERVICES

Legislative reference: Division 17 of the [Aged Care Act 1997](#)

This application must be used to apply to the Secretary of the Department of Health and Aged Care (the Secretary) to combine two or more individual residential aged care services that are co-located and operated by the same approved provider, into one single recognised service.

The application must be submitted to the Secretary at least 60 days before the proposed combining day. However, the Secretary may allow a lesser number of days. The Secretary must approve the combining or reject the application and notify the applicant at least 14 days before the proposed combining day. **The proposed combining day must be the first day of a month.**

Combining is largely an administrative process albeit one of consequence that approved providers should carefully consider before pursuing. **Please read the [Guide to combining aged care services](#) before submitting this application.**

Further information: Phone 1800 020 103 and ask to speak to the Places Management section in the state or territory office where the service is located.

Please email the completed form and any attachments, with a scanned copy of the endorsement page, to the state or territory office where the service is located: NSWplaces@health.gov.au (NSW and ACT), NTplaces@health.gov.au, Qldplaces@health.gov.au, SAplaces@health.gov.au, Tasplaces@health.gov.au, Vicplaces@health.gov.au, or WApplaces@health.gov.au

Privacy and your personal information:

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles, and is being collected by the Department of Health and Aged Care for the primary purpose of assessing your application to combine residential care services. Your information may also be used and disclosed if required or authorised by or under an Australian law, including the *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018*.

If you do not provide this information, the Department of Health and Aged Care may not be able to assess and provide an outcome for your application to combine residential care services.

You can get more information about the way in which the Department of Health and Aged Care will manage your personal information, including our privacy policy, at www.health.gov.au/resources/publications/privacy-policy

By completing this form you consent to the Department of Health and Aged Care collecting your personal information for the purposes indicated above.

Approved provider name:	Click or tap here to enter text.
NAPS provider ID: (if known)	Click or tap here to enter text.

Contact person for this application	
Name:	Click or tap here to enter text.
Position held in organisation:	Click or tap here to enter text.
Contact phone:	Click or tap here to enter text.
Email address:	Click or tap here to enter text.

Section 1 – Details of the proposed combining

1.1 What is the proposed combining day?
The combining day must be the first day of a month.
Click or tap to enter a date.

1.2 If you are submitting this application less than 60 days before the proposed combining day, state the reasons why.
Click or tap here to enter text.

1.3 Provide a description of the site.
For example, are the services in the same building, different buildings on the same site, different sites that share a common boundary? Attach a site plan.
Click or tap here to enter text.

Section 2 – Continuing service details

2.1 Provide details of the preferred <u>CONTINUING</u> service.				
Service name:	Click or tap here to enter text.			
Service IDs: (if known)	RACS ID:	Click or tap here to enter text.	NAPS ID:	Click or tap here to enter text.
Physical address				
Street number and name:	Click or tap here to enter text.			
Suburb/Town:	Click or tap here to enter text.			
State/Territory:	Choose an item.	Postcode:	Click or tap here to enter text.	

2.2 Does the continuing service have extra service status?
If one of the combining services has extra service status, it should be the continuing service.
No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, number of places. Click or tap here to enter text.
Note: if both (or multiple) services to be combined have extra service status, please contact the state or territory office in which the services are located to discuss this situation prior to submitting the form.

Section 3 – Ceasing service(s) details

3.1 Provide details of the CEASING service.

Service name:	Click or tap here to enter text.			
Service IDs: (if known)	RACS ID:	Click or tap here to enter text.	NAPS ID:	Click or tap here to enter text.
Physical address				
Street number and name:	Click or tap here to enter text.			
Suburb/Town:	Click or tap here to enter text.			
State/Territory:	Choose an item.	Postcode:	Click or tap here to enter text.	

3.2 Does the ceasing service have extra service status?

No Yes If yes, number of places. Click or tap here to enter text.

Complete the next questions only if you are proposing to combine more than two services, or attach a list of all the ceasing services.

3.3 Provide details of the second CEASING service.

Service name:	Click or tap here to enter text.			
Service IDs: (if known)	RACS ID:	Click or tap here to enter text.	NAPS ID:	Click or tap here to enter text.
Physical address				
Street number and name:	Click or tap here to enter text.			
Suburb/Town:	Click or tap here to enter text.			
State/Territory:	Choose an item.	Postcode:	Click or tap here to enter text.	

3.4 Does the second ceasing service have extra service status?

No Yes If yes, number of places. Click or tap here to enter text.

Section 4 – Endorsement of application

This application must be signed only by those persons who are legally authorised to sign for and on behalf of the approved provider. Giving false or misleading information is an offence. There are offences established by the [Aged Care Act 1997](#) and the [Criminal Code Act 1995](#) relating to providing false or misleading information. Approvals based on false or misleading information may be revoked.

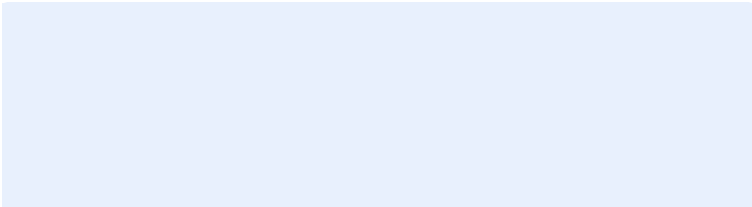
I am aware of my responsibilities as prescribed in the *Aged Care Act 1997* and the Aged Care Principles.

I declare that the information set out in this application and any associated attachment(s) is true and complete.

I understand that once residential services are combined in the Aged Care Payments System, the process cannot be reversed.

I declare that the key personnel of the applicant organisation are, and will continue to be, suitable to provide aged care and are not disqualified individuals.

I consent to the Secretary of the Department of Health and Aged Care obtaining relevant information and documents from other persons or organisations, including the Aged Care Quality and Safety Commission and state, territory and Australian government departments or authorities, to assist in assessing the application.

Endorsing officer	
Name:	Click or tap here to enter text.
Signature:	
Position held in organisation:	Click or tap here to enter text.
Date:	Click or tap to enter a date.
Postal address:	Click or tap here to enter text.