



# Specialised Homeless Status Approved Provider Application Form

## Purpose of this form

This form should be used by approved providers of residential care (providers) to apply for Specialised Homeless status for a service under the Australian National Aged Care Classification (AN-ACC) funding model. A separate form is required in respect of each service applying for this status.

The Department of Health and Aged Care (the department) uses information collected in this form for the purposes of determining whether the Specialised Homeless status eligibility requirements are met.

## When this form should be used

This form should be used by providers seeking a determination of Specialised Homeless status for the first time, as well as providers seeking to extend this status beyond the current approval period, including in respect of services that had Specialised Homeless status during the transition period.

## Eligibility requirements

Determination of Specialised Homeless status and therefore payment of the Specialised Homeless base care tariff rate is contingent on whether the following eligibility requirements are met.

### Care recipient requirements:

On the day before the application is made, at least 50% of non-respite care recipients must have met the following requirements:

- demonstrated complex behavioural needs, for example a relevant behavioural diagnosis, and
- social disadvantage associated with their background as a homeless person, for example, eligibility for the maximum basic rate of Australian Social Security pension or benefit.

Providers should retain the appropriate evidence for each care recipient it has identified as meeting the criteria. It is Recommended providers use the [Specialised Homeless Care Recipient Assessment Form](#) to obtain the information required to support an application. The form can then be provided to the Department as evidence for each care recipient listed in an application.

### Provider requirements:

1. The provider or one of its key personnel have demonstrated experience in providing or the capacity to provide specialist homeless programs, and
2. The residential care service is providing such specialist programs or has given an undertaking to begin providing within three months of the application being made.

## How to complete this form

A representative of the provider of the residential care service seeking to acquire specialised homeless status is to complete and submit this application form to the department at [subsidiesandsupplements@health.gov.au](mailto:subsidiesandsupplements@health.gov.au).

## Privacy notice

Personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles and is being collected by the department for the primary purpose of determining a residential service's eligibility for a Specialised Homeless status.

If you do not provide this information, then the department may not be able to assess the residential service's eligibility for a Specialised Homeless status.

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 <https://www.health.gov.au/resources/publications/long-form-specialised-status>

## Further information and help

For any questions regarding this form, please contact the department by telephone on (02) 6289 1555 or free call 1800 020 103, or complete the online enquiries form at [www.health.gov.au/about-us/contact-us/general-enquiries](http://www.health.gov.au/about-us/contact-us/general-enquiries).

Please refer to the Specialised Base Care Tariff Guide for additional eligibility information, or email the Subsidies and Supplements section at [subsidiesandsupplements@health.gov.au](mailto:subsidiesandsupplements@health.gov.au).

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## Part A - Provider details

National Approved Provider System (NAPS) Provider ID:

Provider name:

Provider phone number:

Provider email address:

## Part B - Service details

National Approved Provider System (NAPS) Service ID or Residential Aged Care System (RACS) Service ID:

Residential aged care service name:

Physical address of the residential aged care service:

  

Residential aged care service phone number:

Residential aged care service representative email address:

This application is to (select one only):

☐

Apply for Specialised Homeless status

☐

Renew existing Specialised Homeless status

This residential care service is (select one only):

☐

Currently providing specialised homeless programs

☐

Giving an undertaking to provide such programs within three months

## Part C - Application details

### Care recipient requirements:

Please describe how you meet and will continue to meet the requirement for a minimum of 50% of non-respite care recipients demonstrating complex behavioural needs and social disadvantage associated with their background as a homeless person. Please also attach a list of care recipients you consider meet this requirement, including their individual care recipient ACMPS ID or Aged Care ID numbers.

The table below is expandable. Relevant attachments can also be provided.

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**Provider requirements (specialised personnel):**

Please describe the experience you and/or your key personnel have in providing specialised homeless programs, including but not limited to:

- programs and interventions to manage complex behavioural needs of persons with a background of homelessness
- programs to promote social engagement and participation of persons with a background of homelessness
- any other relevant programs or activities.

The table below is expandable. Relevant attachments can also be provided.

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**Provider requirements (specialised programs):**

Please describe the specialised homeless programs this service is currently providing or undertaking to provide within three months. Such programs may include but not be limited to:

- programs and interventions to manage complex behavioural needs of persons with a background of homelessness
- programs to promote social engagement and participation of persons with a background of homelessness
- any other relevant programs or activities.

The table below is expandable. Relevant attachments can also be provided.

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## **Part D - Provider declaration (all providers must complete)**

I declare that the information provided in this application form is true and correct at the time of submission, and that I am authorised to make this application.

**Name of person completing this application:**

**Position held within provider organisation:**

**Signature:**

**Date:**

## **Part E - Provider undertaking (to be completed by providers not currently providing but intending to provide the specialised homeless programs and activities described above)**

I undertake to provide the programs and activities listed in this application within three months after this application is made. I understand that I will lose Specialised Homeless status if this undertaking is not met, including eligibility to receive the Specialised Homeless base care tariff.

**Name of person completing this undertaking:**

**Position held within provider organisation:**

**Signature:**

**Date:**