# Disability Support for Older Australians (DSOA) Change of Service Coordinator Form

Please complete one form per client and email directly to:

|  |  |
| --- | --- |
| State/territory | Email |
| New South Wales/Australian Capital Territory: | [nswact.DSOA@dss.gov.au](mailto:nswact.DSOA@dss.gov.au) |
| Northern Territory: | [nt.DSOA@dss.gov.au](mailto:nt.DSOA@dss.gov.au) |
| Queensland: | [qld.DSOA@dss.gov.au](mailto:qld.DSOA@dss.gov.au) |
| South Australia: | [sa.DSOA@dss.gov.au](mailto:sa.DSOA@dss.gov.au) |
| Tasmania: | [tas.DSOA@dss.gov.au](mailto:tas.DSOA@dss.gov.au) |
| Victoria: | [vic.DSOA@dss.gov.au](mailto:vic.DSOA@dss.gov.au) |
| Western Australia: | [wa.DSOA@dss.gov.au](mailto:wa.DSOA@dss.gov.au) |

## Part A – Service Coordinator Information

**Service coordinator name:** Click here to enter text.

**Legal entity name:** Click or tap here to enter text.

**Organisation ID number (refer to your grant agreement):** Click here to enter text.

**Schedule ID number (refer to your grant agreement):** Click here to enter text.

**Are you also a Commonwealth Home Support Programme (CHSP) or Home Care Packages provider?**  Choose an item.

**State or territory**: Choose an item.

## Part B – Client Information

**Client ID:** Click here to enter text.

**Client postcode:** Click here to enter text.

## Part C – Transfer Details

**Recipient service coordinator:** Click here to enter text.

**Legal entity name:** Click or tap here to enter text.

**Has the recipient service coordinator confirmed acceptance of the client transfer and the services and funding that the client currently receives?** Choose an item.

**Will the recipient service coordinator provide CHSP or Home Care Package services to the client?** Choose an item.

**Transfer date (the date must be agreed between all parties including the department):** Click to enter a date.

**Reason:** Choose an item.

**Has the client provided consent for the transfer?** Choose an item.

**If you have not sought consent, please provide the reason why in the field below:**

Click here to enter text.

**Please provide any additional information in relation to the transfer (e.g. any specific arrangements for the client, subcontracting arrangements, etc.):** Click here to enter text.

## Part D – Declaration

You confirm that you, your organisation, and your submission has complied and will continue to comply with the additional conditions set out below.

1. You confirm that to the best of your knowledge, the information contained in your submission is true and accurate and that no other information that is relevant is known to you. Information that is relevant is that which may contradict or bring into doubt information given in the submission or otherwise influence the DSOA Program’s consideration of the legitimacy of the services being requested or removed.
2. You will ensure that your submission does not include any personal information for the purposes of the *Privacy Act 1988 (Commonwealth)* other than the name of your organisation, contact details of the primary contact and other nominated contacts, clients IDs for your submission for which you have obtained consent to provide.
3. You confirm that:

* to the best of your knowledge, the information contained in your submission is true and accurate.
* your application complies with the 30MB file size upload limit and you understand that non-compliance with this limit may mean the department may not be able to accept your submission.

1. You accept and agree that you are responsible for any submissions made to the department by your organisation. The department is not liable or legally responsible for any of the submission you make. Your organisation retains ownership of the submission and its contents.

**I accept the above declaration**

**Name:** Click or tap here to enter text.

**Position:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.