

My Aged Care provider specialisation application

People who are homeless or at risk of becoming homeless

To complete this application, you will need to:

- Provide details of the outlet the application relates to (Section 1).
- Indicate which criteria you wish to demonstrate to support your application (Section 2).
- Provide the required information for your selected criteria and confirm that you have included any attachments needed (Section 3). Please ensure you have removed any individuals' names from evidence provided, except where explicitly requested. Leave the sections relating to other criteria blank.
- Upload this form together with all required attachments to your application within the My Aged Care Service and Support portal.

Please refer to the [My Aged Care provider specialisation verification: aged care provider guidance manual](#) (provider guidance manual) for more detail about the application process.

Privacy

Your personal information is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles, and is being collected by the Australian Government Department of Health and Aged Care for the primary purpose of verifying the eligibility of aged care providers against the criteria set out in the Specialisation Verification Framework to ensure that aged care provider profiles on My Aged Care reflect information, which is accurate and relevant, for the purposes of providing aged care recipients and their representatives with specialised healthcare services. Your personal information may also be used and disclosed for other purposes such as delivering and evaluating the initiative and for statistical, performance, policy development and research purposes.

The department will not disclose your personal information to any overseas recipients.

If you do not provide this information, the department will be unable to verify the eligibility of your application.

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 [Privacy Policy | My Aged Care](#).

Section 1. Applicant details

Name of outlet:

Outlet ID number:

Confirmation

- I declare that the information provided as part of this application is true and correct to the best of my knowledge. I understand that once the claims to specialisation in the delivery of care made in this form have been verified by the assessor my organisation will make best efforts to maintain the specialisations through adherence to the requirements set out by the My Aged Care provider specialisation verification framework. In the event that this specialisation cannot be maintained, a representative of my organisation will remove this specialisation through the My Aged Care provider portal. I understand that if I wish to reinstate this specialisation, I will need to re-apply for verification by the assessor. I understand that if my organisation is not able to produce the required evidence, my organisation will not be able to claim to provide specialised services on its My Aged Care provider profile.

Name of representative

Date

Section 2. Criteria

For this specialisation, you must meet **one** of the **Tier 1** criteria – **OR** – **all** of the **Tier 2** criteria listed below.

Please indicate on this page which criterion or criteria you wish to demonstrate.

Note: For the purposes of specialisation, this group also includes people who have experienced homelessness. Most criteria refer to 'people who have experienced or are at risk of homelessness', as people who are currently homeless are unlikely to be receiving aged care services.

Tier 1 (select one)

- Criterion 1:** Provider delivers Assistance with Care and Housing services or is a care finder organisation that focuses on clients who are homeless or at risk of homelessness (applies to Commonwealth Home Support Programme providers only).
- Criterion 2:** 50% or more of residents have been assessed as being homeless and have a relevant behavioural diagnosis (applies to residential aged care only).

Tier 2 (select all)

- Criterion 3:** There are established connections and regular engagement between the provider and a community organisation which assists individuals who are homeless or at risk of becoming homeless.
- Criterion 4:** At least 90% of staff have completed annual training in the aged care needs of people who have experienced or are at risk of homelessness, including trauma-informed care delivery.
- Criterion 5:** The provider has specific policies and procedures to support and promote the aged care needs of people who have experienced or are at risk of homelessness.

Section 3. Evidence

In this section, please fill out all fields required for the criterion or criteria you selected in Section 2 above.

Tier 1 criteria

Criterion 1: Provider delivers Assistance with Care and Housing services or is a care finder organisation that focuses on clients who are homeless or at risk of homelessness. (Applies to Commonwealth Home Support Programme (CHSP) providers only.)

Supporting evidence

No evidence required – the assessor will undertake a desktop review of departmental records which list providers funded to deliver these services.

Criterion 2: 50% or more of residents have been assessed as being homeless and have a relevant behavioural diagnosis. (Applies to residential aged care only.)

Supporting evidence

No evidence required – the assessor will undertake a desktop review of departmental records which list providers approved under the Homeless Supplement or the Specialised Homeless Base Care Tariff.

Tier 2 criteria

Criterion 3: There are established connections and regular engagement between the provider and a community organisation which assists individuals who are homeless or at risk of becoming homeless.

Please describe the established connection and regular engagement with a local community organisation that assists people experiencing or at risk of homelessness.

Include the name of the organisation and details of any activities conducted in the past 12 months and/or planned for the next 12 months.

Note that involvement in a relevant community of practice meets this criterion.

Supporting evidence

Please check the relevant box below to confirm that you have attached the required evidence:

- A Memorandum of Understanding **or**
- A letter from a representative of the service, community organisation or chair/leading organisation of a community of practice.

The letter should be on official letterhead of the external organisation and include:

- name of representative
- name of service provider or community organisation
- name of provider outlet seeking specialisation
- nature of the connection and confirmation of regular engagement.

Criterion 4: At least 90% of staff have completed annual training in the aged care needs of people who have experienced or are at risk of homelessness, including trauma-informed care delivery.

Please specify the training in the aged care needs of people who have experienced or are at risk of homelessness that has been provided to staff in the last 12 months.

Training may be internal or external, and may include online training modules.

Did this training include content on trauma-informed care?

Yes No

If you selected 'no' above, please provide details on separate training provided in trauma-informed care.

What proportion of all staff (with the exception of agency staff) undertook this training in the past 12 months?

How is annual training of 90% of staff ensured (e.g. part of induction policy, annual training plans etc.)?

Supporting evidence

- Please check this box to confirm that you have attached evidence of **external** training.

Please provide documentation from the training provider (e.g. attendance records, invoices) detailing the training delivered to your staff in the last 12 months, including:

- name of training
- date(s) delivered
- number of staff trained.

and/or

- Please check this box to confirm that you have attached evidence of **internal** training.

Please provide staff training documentation that supports adherence to this criterion (for example, training records, attendance lists).

Criterion 5: The provider has specific policies and procedures to support and promote the aged care needs of people who have experienced or are at risk of homelessness.

Please name at least one policy and one procedure that explicitly supports the delivery of specialised aged care to people who are homeless or at risk of becoming homeless.

These might relate, for example, to staff recruitment and retention, intake, provision of care, training, etc.

Please provide at least one example of how *each* policy and procedure supports the delivery of specialised care.

Supporting evidence

Please check this box to confirm you have attached a copy of each of the policies and procedures named above.