



# Home Care Service Notification Form

## Home care services notifications form

Fields marked with \* are required

This form enables approved providers for home care to notify the Secretary, Department of Health, Disability and Ageing (the department), *of new or changes in home care services through which it proposes to provide home care under the Aged Care Act 1997 (the Act) and Amendment Act.*

Before completing this form, your organisation must be an approved provider of home care services under the Act.

### About this form

As required by section 9-1A of the Amendment Act, this form serves as a means of notification to the Secretary, that must be made before an approved provider can provide home care through a home care service. Providing home care service information is a precondition towards your organisation's ability to claim and receive subsidies for the provision of home care through a new home care service.

Please submit a separate form for each new or changed home care service that you intend to provide before you start providing that service.

This form should also be used to notify the Secretary of any changes in name or address of existing home care services. As an approved provider, your organisation must notify the Secretary of any changes in name or address within 28 days as required by section 9-1A of the Act.

Existing home care services need not submit this form unless there is a change in the name or address of the service.

If your organisation does not comply with obligations under section 9-1A of the Amendment Act and the Aged Care Act the department may take compliance action.

The information collected in this application is protected information as defined under section 86-1 of the Act. You can access the department's privacy policy at [www.health.gov.au](http://www.health.gov.au).

### Organisation details

Approved provider name \*

Approved provider NAPS ID/ GPMS ID: \*

Service details

Is this an existing service? \*

☐ Yes

☐ No

Service name: \*

NAPS ID/GPMS ID: \*

Service start date: \*

Service end date (if applicable):

Physical address of the service\*

Floor / Building; Unit; Apartment:

Street number, name, and type:

Suburb/Town:

State:

Postcode:

**Postal address of the service\***

☐ As Above

Floor / Building; Unit; Apartment;

Street number, name, and type:

Suburb/Town:

State:

Postcode:

**Authorised contact person 1\***

☐ Primary ☐ Alternative

Title:

First Name:

Last Name:

Position:

Purpose:

Phone number (incl. Area code):

Mobile:

Email:

Website:

Best day and time to  
contact:

Preferred  
contact method:

## Endorsement and declaration

The person signing the *Home Care Service Notification Form* must be an authorised representative and someone who is legally authorised to give assurances and enter into contracts and commitments on behalf of the approved provider.

### Endorsement:

This endorsement covers all information provided in the form and must be signed by those person/s who are legally empowered to give assurances and enter into contracts and commitments on behalf of the approved provider.

### Declaration:

I/we understand that the Criminal Code applies to offences against the *Aged Care Act 1997* and that providing false or misleading information in this notification is a serious offence.

Authorised Representative Signature: \*

Name of Authorised Representative: \*

Position: \*

Date: \*

## Next steps

Before you submit this form, check that you have completed all the required fields.

You will be notified once the information has been processed and your administrators will be able to set up 'Outlets' in the provider portal and add the organisation's service information (service items and service sub-types).

The department may contact you if further information is required.

If you have any questions, please send an email with your name and contact details to the mailbox in the state you intend to provide the service.

NSW / ACT	<a href="mailto:NSWPlaces@health.gov.au">NSWPlaces@health.gov.au</a>
NT	<a href="mailto:NTPlaces@health.gov.au">NTPlaces@health.gov.au</a>
QLD	<a href="mailto:engagement.QLD@health.gov.au">engagement.QLD@health.gov.au</a>
SA	<a href="mailto:SAPlaces@health.gov.au">SAPlaces@health.gov.au</a>
TAS	<a href="mailto:TAS.Office@health.gov.au">TAS.Office@health.gov.au</a>
VIC	<a href="mailto:VicPlaces@health.gov.au">VicPlaces@health.gov.au</a>
WA	<a href="mailto:WAPlaces@health.gov.au">WAPlaces@health.gov.au</a>