Australian Government
Department of Health, Disability and Ageing

Support at Home

Support at Home Service Delivery Branch Notification Form

This form provides notice to the Department of Health, Disability and Ageing (Department) of the opening, closure or changes to service delivery branches through which a registered provider proposes to provide services under the Aged Care Act 2024 (the Act).

Before completing this form, your organisation must be a **registered provider** of Support at Home services under the Act.

About this form

As required by section 166 of the Aged Care Rules 2025, this form serves to notify the Department that a registered provider intends to deliver home support services through a service delivery branch. Providing service information is required before your organisation can claim and receive subsidies for the provision of services through a service delivery branch. If your organisation does not comply with reporting obligations under section 166 of the Aged Care Rules 2025, the department may take compliance action.

Please provide a separate form for each service delivery branch where you are opening, closing, or updating details of a service delivery branch.

Opening a service delivery branch

This form serves to notify of an opening of service delivery branch. As a registered provider your organisation must submit this notification no later than the day the provider begins delivering funded aged care services as required by section 166-910(3) of the Aged Care Rules 2025.

Closing a service delivery branch

This form serves to notify of a closure of service delivery branch. The registered provider must notify individual participants of the proposed closure and provide cessation notifications as per section 149 of the Aged Care Rules 2025 to the Department and the Commissioner. The Department must be notified of any closures relating to the service delivery branch at least 28 days before the proposed date as per section 166-925 of the Aged Care Rules 2025.

Change to a service delivery branch

This form serves to notify of changes in the name or address of the existing service delivery branch. As a registered provider, you must notify the Department of any changes within 28 days as required by section 166-915 of the Aged Care Rules 2025.

The Registered Provider Portal can be used to notify the Department of any changes to the authorised contact information of individuals associated with the service delivery branch.

No longer intends to open, close or update information for service delivery branch

If the registered provider no longer intends to open, close or report another change related to the service delivery branch, the provider must notify no later than the date described in the original report as per section 166-930 of the Aged Care Rules 2025.

For record keeping purposes, a registered provider must retain records about service delivery branches for any reports given under section 166 of the Aged Care Rules 2025 for at least 7 years starting from the date the record was made as per section 154-300 of the Aged Care Rules 2025.

You can access the Department's privacy policy at www.health.gov.au.

How to use the form

- Use the Tab Key on your computer to move between fields marked "Click here to enter text."
- Use the Mouse to change the status on a check box or to "Choose an Item."
- Provide accurate, clear, and complete information regarding service delivery branches.

Registered provider details

Registered provider name *

Click or tap here to enter text.

Registered provider Integration ID: *

Click or tap here to enter text.

Service details

What action is being taken against the service delivery branch? *

☐ Open

☐ Close

☐ Other change to Service Delivery Branch

☐ No longer intend to make change

Please note that if a provider wishes to make a change to the contact information to the service delivery branch, this notification can be completed by the provider through Government Provider Management System (GPMS). Additional contacts can be added via GPMS.

Section A: Report for opening of a service delivery branch.

Service delivery branch name*: Click or tap here to enter text.

Service delivery branch start date*: Click or tap here to enter text.

The service delivery branch start date must not be earlier than the date this form is submitted.

Reopening service delivery branch ID (If applicable): Click or tap here to enter text.

Physical Address of the service delivery branch*

Floor / Building; Unit; Apartment:

Click or tap here to enter text.

Street number, name, and type:

Click or tap here to enter text.

Suburb/Town:	State:	Postcode:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Postal Address of the service delivery branch*

☐ As Above

☐ Postal address different to physical address

If 'Postal address different to physical address', please complete below.

Floor / Building; Unit; Apartment; PO Box:

Click or tap here to enter text.

Street number, name, and type:

Click or tap here to enter text.

Suburb/Town:	State:	Postcode:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Provider comments or notes.

Click or tap here to enter text.

Section B: Report for closure of a service delivery branch

Service delivery branch name *: Click or tap here to enter text.

Proposed closure date*: Click or tap to enter a date.

Note this report must be provided at least 28 days prior to the closure date.

Service delivery branch ID*: Click or tap here to enter text.

Declaration: registered provider has notified or will notify individuals of closure, and if appropriate, will provide notice to cease services at least 14 days prior to closure*:

☐ Yes, notified all individuals ☐ Yes, will supply prior to closure ☐ Not applicable

Declaration: registered provider will provide a cessation notification to the Department and the Commissioner for each individual within required periods following the completion of the closure*:

☐ Yes ☐ No ☐ Not applicable

Provider comments or notes.

Click or tap here to enter text.

Section C: Reporting other change(s) to delivery service branch.

Service delivery branch name*:	Click or tap here to enter text.
Service delivery branch ID*:	Click or tap here to enter text.

Changes to name

Updated service delivery branch name:	Click or tap here to enter text.
Date of change:	Click or tap to enter a date.

Changes to physical address of the service delivery branch

Floor / Building; Unit; Apartment:

Click or tap here to enter text.

Street number, name, and type:

Click or tap here to enter text.

Suburb/Town:	State:	Postcode:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Changes to postal address of the service delivery branch

Floor / Building; Unit; Apartment; PO Box:

Click or tap here to enter text.

Street number, name, and type:

Click or tap here to enter text.

Suburb/Town:	State:	Postcode:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Other reportable change

Click or tap here to enter text.

Provider comments or notes.

Click or tap here to enter text.

Section D: Report if provider no longer intends to open, close or report other change service delivery branch

For change to be actioned, the provider must have provided the original report of the change*:

Please provide information on the following sections.

Please provide the service delivery branch name from the original report.

Service delivery branch name*: Click or tap here to enter text.

What action was being taken against the service delivery branch in the original report*?

☐ Opened ☐ Closed ☐ Reporting other change

Date of reported change*: Click or tap here to enter text.

Note the report must be given no later than the date described in the original report.

Reason provider is no longer proceeding with the action. *

Click or tap here to enter text.

Endorsement and Declaration

The person signing Section 3 of the Support at Home Service Delivery Branch 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 registered provider.

Endorsement:

- This endorsement covers all information provided in the form and must be signed by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of the organisation.

Declaration:

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

Authorising Officer

Name of Authorised Representative*:	Position *:
Click or tap here to enter text.	Click or tap here to enter text.

Date*: Click or tap to enter a date.

Next Steps

Before you submit the form, check that you have completed all mandatory responses. The form will not be processed if mandatory questions are incomplete.

Please send the completed form to the Department of Health, Disability and Ageing: ServiceDeliveryBranchRequests@health.gov.au

You will be notified once the information has been successfully processed.

The Department may contact you if further information is required.