



Specialised Homeless Status Approved Provider Application Form

You should use this form if:

This form should be used by registered providers that deliver funded aged care services in approved residential care home(s) (registered providers) to apply for Specialised Homeless status for a residential care home. A separate form is required in respect of each residential care home applying for this status.

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.

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

This form contains 4 parts:

- **Part A** – Provider and residential care home details
- **Part B** – Program details
- **Part C** – Provider undertaking
- **Part D** – Declaration by an authorised person

Criteria for making a determination of Specialised Status

Under Section 243-15 of the *Aged Care Rules 2025*, the System Governor must consider the following criteria in assessing this application:

(a) whether, on the day before the application under subsection 243(1) of the Act in relation to the home was made, at least 50% of the individuals to whom funded aged care services were delivered in the home, other than individuals to whom funded aged care services were delivered under a specialist aged care program, demonstrated complex behavioural needs and social disadvantage associated with their background as a homeless person;

(b) whether the registered provider that delivers funded aged care services in the home, or a responsible person of the provider, has demonstrated experience in providing, or the capacity to provide, specialist homeless programs;

(c) whether:

(i) the provider is delivering specialist homeless programs in the home; or

(ii) the provider has given a written undertaking that the provider will begin delivering specialist homeless programs in the home within 3 months after the application is made.

Providers should retain the appropriate evidence for each care recipient it has identified as meeting the criteria. This should be done using the [Specialised Homeless Care Recipient Assessment Form](#).

How to complete this form

A representative of the provider of the residential care home seeking to acquire specialised homeless status is to complete and submit this application form to the department at 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>.

More 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.

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.

Part A: Provider Details

1. Registered provider details

This section collects information about the registered provider seeking Specialised Homeless status for the approved residential care home through which funded aged care services are provided to individuals.

a) **Provide details for the registered provider of the approved residential care home for which Specialised Homeless status is sought.**

PRV/NAPS ID:

Registered provider name:

b) **Who can we contact?**

This should be a person who is one of the key personnel of the registered provider.

Family name:

Given name:

Position:

Phone number (including area code):

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Email address:

2. Approved residential care home details

This section collects information about the approved residential care home that provides funded aged care services to individuals.

a) **Provide details of the approved residential care home for which you are applying for Specialised Homeless Status.**

Approved residential care home name:

SRV/NAPS ID:

Physical street address:

Suburb:

State/Territory:

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Postcode:

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b) **Who can we contact?**

This should be a person who is one of the key personnel at the approved residential care home.

Family name:

Given name:

Position:

Phone number (including area code):

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Email address:

c) **Has the residential care home been subject to a previous Specialised status determination?**

Yes

No

d) Are specialist homeless programs currently delivered in this home, or is the provider giving an undertaking to commence delivering specialised programs within 3 months?

- Specialist homeless programs are currently being delivered in the home.
- This application includes an undertaking to start delivering specialist homeless programs within 3 months.

Part B: Program Details

1. Resident mix

a) How many of the residents in the residential care home demonstrated complex behavioural needs and social disadvantage associated with their background as a homeless person?

b) Describe how you assess individuals that demonstrate complex behavioural needs. For example, through formal diagnosis, observation by staff, Integrated Assessment Tool, mental health reports, referral documentation, and hospital discharge summaries from hospitals, etc



c) Attach a list of current residents at the residential care home you consider to have demonstrated complex behavioural needs and social disadvantage associated with their background as a homeless person. Include their ACMPS ID or Aged Care ID numbers.

2. Experience and capacity

- a) List the training that you have provided your staff over the last 12 months to maintain the capacity of the residential care home to deliver specialist programs. Include the date, number of attendees, and a description of the content of the training. Attach evidence of these sessions, such as invoices, where available.



- b) Attach a list specialised personnel currently working at your home and list their relevant qualifications and experience. Set out their name, role and qualifications/experience.
For example: Alex Doe, Social worker that develops resident lifestyle and therapy programs; 5 years delivering specialised programs for residents with demonstrated complex behavioural needs and social disadvantage associated with their background as a homeless person

3. Program offerings

- a) Please list and describe the specialised homeless programs delivered that support your model of care that this home is currently providing or undertaking to provide within three months. The table below is expandable. Relevant attachments can also be provided.



- b) Attach evidence that these specialist programs are taking place. This could include rosters, showing the rostering of the specialist staff described in section 2, invoicing for external services, standard operating procedures, and other relevant evidence.

Part C: Provider undertaking



Part C should only be completed by registered providers that are not currently delivering specialist homeless programs.

I declare that:

- 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 status base care tariff.

Authorised person:

Family name

Given name/s

Position held with registered provider:

Signature:

Date:

Part D: Declaration by an authorised person



Please ensure that this declaration is signed by a person authorised to do so.

I declare that:

- I am authorised to make this application on behalf of the registered provider of the approved residential care home.
- The information provided in this application form is true and correct at the time of submission.

I understand that:

- To be determined to have Specialised Homeless status, a residential aged care home must meet the following criteria.
 - a) whether, on the day before the application under subsection 243(1) of the Act in relation to the home was made, at least 50% of the individuals to whom funded aged care services were delivered in the home, other than individuals to whom funded aged care services were delivered under a specialist aged care program, demonstrated complex behavioural needs and social disadvantage associated with their background as a homeless person;
 - b) whether the registered provider that delivers funded aged care services in the home, or a responsible person of the provider, has demonstrated experience in providing, or the capacity to provide, specialist homeless programs;
 - c) whether:
 - i) the provider is delivering specialist homeless programs in the home; or
 - ii) the provider has given a written undertaking that the provider will begin delivering specialist homeless programs in the home within 3 months after the application is made.
- Giving false or misleading information to the Commonwealth is a criminal offence.

Authorised person:

Family name

Given name/s

Position held with registered provider:

Signature:

Date: