



Support at Home

Special payment request form

Purpose of this form

This form should be used by registered providers of the Support at Home program to request a special payment of Australian Government subsidy for services delivered for home support, assistive technology and home modifications.

A separate form is required for each Service Delivery Branch applying for a special payment.

The Department of Health, Disability and Ageing (the department) uses information collected in this form for the purposes of determining whether the requirements for a special payment have been met.

When this form should be used

Special payments are used for exceptional and/or unforeseen circumstances that fall outside the regular claim and payment cycles for Support at Home.

The need for a special payment is identified when a standard claim cannot be processed through the usual system due to exceptional circumstances.

This form should be used by providers seeking a special payment of government subsidy in these circumstances.

Eligibility requirements

Determination for a special payment is contingent on whether the following eligibility requirements are met:

1. complete *Special Payment Request Form* is submitted to SAHBusinessContinuity@health.gov.au; and
2. form contains the correct NAPS ID and Service Delivery Branch ID; and
3. there is sufficient justification and evidence that exceptional and/or unforeseen circumstances has prevented claiming via regular channels resulting in financial and service delivery risks; and
4. a special payment request is for home support, assistive technology and/or home modification services that have already been delivered to a Support at Home participant through a Service Delivery Branch; and
5. the requested payment amount is not greater than the average amount claimed from the same service delivery branch in the previous 3 months.

Note: Providers should retain the appropriate evidence to support the request for a special payment.

How to complete this form

A representative of the registered provider is to complete this form and submit it to the department via SAHBusinessContinuity@health.gov.au.

Privacy notice

Information obtained in the course of performing functions or duties, or exercising powers, under the *Aged Care Act 2024* is protected under the *Aged Care Act 2024* and may only be used or disclosed in accordance with the *Aged Care Act 2024*.

The privacy and security of personal information is important to us and is protected by law. We collect this information so we can process and manage applications, payments, and provide services. We only share this information with other parties where you have agreed, or where the law allows or requires it.

For more information, please see our Privacy Notice: www.health.gov.au/resources/publications/support-at-home-special-payments-privacy-notice.

Further information and 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.

Support at Home

Special Payment Request Form

Note: All fields must be completed before this form is submitted.

Part A – Provider details

National Approved Provider Systems (NAPS) Provider ID:

Provider name:

Provider address:

Name of contact person:

Email address of contact person:

Phone number of contact person:

Part B – Service Details

Service Delivery Branch ID:

Service Delivery Branch name:

Physical address of Service Delivery Branch:

Part C – Special Payment Request

Note:

- All approved special payments are fully recoverable.
- The System Governor for aged care will approve the special payment and determine the payment amount which may be a full or partial amount requested.
- Once approved, payments will be made to the registered account within 72 hours.
- The special payment will be offset against future Support at Home claims for the same Service Delivery Branch outlined in this form.
- The special payment will not be approved if the amount requested is more than the average claim amount from the previous 3 months.
- A special payment does not replace a monthly claim. Once the provider has recovered from the exceptional and/or unforeseen circumstance, regular claiming must be resumed and a claim submitted for all periods.

Special Payment request amount (in \$):

Special Payment is for the period of:

E.g., 1 November 2025 to 30 November 2025.

Reason for special payment (details of significant event):

Details of evidence to be attached demonstrating financial and/or service delivery impacts and how this threatens ability to continue delivering services (Note: Evidence must be attached to email when submitting this form):

E.g., confirmation of exceptional circumstance, short-term cash flow forecast, attestation of financial and/or service delivery risk, progress towards ICT readiness.

Total amount claimed from the Service Delivery Branch in the previous 3 months:

Month 1

Month 2

Month 3

Part D – Provider declaration

I declare/acknowledge:

- The information provided in this application form is true and correct at the time of submission.
- That giving false or misleading information to the Commonwealth is a serious offence under section 137.1 of the schedule to the Criminal Code Act 1995.
- I am authorised to make this application.
- The amount of special payment requested is for services that have already been delivered to Support at Home participants.
- Any payments granted via approval of the Support at home Special Payment request form are fully recoverable and do not replace the submission of a claim for any period.
- The provider remains responsible for meeting all obligations and legislative requirements for the Support at Home program, including issuing monthly statements to participants.

Authorised person's full name:

Authorised person's position held within provider organisation:

Authorised person's phone number:

Authorised person's email:

Signature of authorised person:

Date (DD / MM / YYYY):