



# Support at Home service delivery branch notification form

This form provides notice to the Department of Health, Disability and Ageing (the department) about your intention to **open, close or change the details of a service delivery branch** under the *Aged Care Act 2024* (the Act). Notifying the department is required by section 166 of the *Aged Care Rules 2025* (the Rules).

## Requirements

- You must provide service information before your organisation can claim and receive subsidies for the provision of services through a service delivery branch.
- You must retain records about service delivery branches for any reports given for at least 7 years starting from the date the record was made under sections 154-300 and 166 of the Rules. If a provider does not comply with reporting obligations under section 166 of the Rules, the department may take compliance action.
- **Opening a service delivery branch** – you 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 Rules.
- **Closing a service delivery branch** – you must notify participants, the department and the Commissioner of the proposed closure as required under section 149 of the Rules. The department requires at least 28 days' notification of a service delivery branch closure as per section 166-925 of the Rules.
- **Changing service delivery branch details** – you must notify the department of any changes to the name or address of an existing service delivery branch within 28 days as required by section 166-915 of the Rules.
- **Withdraw notification to open, close or change service delivery branch details** – you must notify the department no later than the date described in the original report as per section 166-930 of the Rules.

To notify the department of changes to participants' authorised contact details, you can update this information in the Aged Care Provider Portal.

## How to use the form

- Submit a **separate form** for each service delivery branch you are opening, closing or making changes to.
- Provide accurate, clear and complete information regarding service delivery branches.
- Use the 'Tab' key on your keyboard to move between fields.
- Use the mouse to change the status of a check box.

You can access the department's privacy policy at [health.gov.au/resources/publications/privacy-policy](https://health.gov.au/resources/publications/privacy-policy)

## Part 1: Registered provider details

*Note: Organisation and service delivery branch details (including the registered provider ID and service delivery branch ID) can be found in the Government Provider Management System (GPMS).*

Registered provider name:\*

Registered provider ID:\*

## Part 2: Service details

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

- Opening (Go to Section A)
- Closing (Go to Section B)
- Other change to Service Delivery Branch (Go to Section C)
- No longer intend to make change (Go to Section D)

### Section A: Notice to open a service delivery branch

*Note: The service delivery branch start date must not be earlier than the date this form is submitted. Changes to service delivery branch contact information can be completed in GPMS, including adding additional contacts.*

Service delivery branch name:\*

Service delivery branch start date: \*

Reopening service delivery branch ID (if applicable):

#### Business contact details of the service delivery branch

Primary phone number:

Emergency/after-hours number:

Email:

Website:

**Physical address of the service delivery branch\***

Building, unit/apartment/floor:

Street number, name and type:

Suburb/town:

State/Territory:

Postcode:

**Postal address of the service delivery branch if different to physical address\***

Building, unit/apartment/floor or PO Box:

Street number, name and type:

Suburb/town:

State/Territory:

Postcode:

Provider comments or notes:

## Section B: Notice to close of a service delivery branch

*Note: This notice must be provided at least 28 days prior to the closure date.*

	<input type="text"/>
Service delivery branch ID:*	<input type="text"/>
Proposed closure date:*	<input type="text"/>

### Declaration

Declaration: The registered provider has notified or will notify participants of the closure and, if applicable, will provide at least 14 days' notice before ceasing services:\*

Yes  No  Not applicable

Declaration: Following the completion of the closure, the registered provider will provide the department and the Commissioner with a cessation notification for each participant within the required period:\*

Yes  No  Not applicable

Provider comments or notes:

## Section C: Notice of other change(s) to a service delivery branch

Service delivery branch name:\*

Service delivery branch ID:\*

Date of change:\*

### New service delivery branch details, as applicable

New service delivery branch name:

### New physical address

Building, unit/apartment/floor:

Street number, name and type:

Suburb/town:

State:

Postcode:

### New postal address if different to the physical address

Building, unit/apartment/floor or PO Box:

Street number, name and type:

Suburb/town:

State:

Postcode:

Other reportable change:

Provider comments or notes:

## Section D: Notice to withdraw previous request for a service delivery branch

*Note: You can only use this form to withdraw a request if you submitted the original notice.*

*Note: You must submit this form no later than the date the change was requested to take effect in the original notice.*

### Details from the original notice

Service delivery branch name:\*

Service delivery branch ID:

Change requested:\*

Open a service delivery branch  Close a service delivery branch  Report other changes

Date the change was to take effect:\*

Reason provider is no longer proceeding with the request:\*

## Part 3: Endorsement and declaration

The person completing 'Part 3' of this *Support at Home service delivery branch notification form* must be a responsible person who is legally authorised to give assurances and enter into contracts and commitments on behalf of the registered provider.

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

Position:\*

Date:\*

### Part 4: 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](mailto:ServiceDeliveryBranchRequests@health.gov.au)

We may contact you if further information or clarification is required.

You will be notified once the request has been fully processed. Confirmation is provided only after the application has been submitted, assessed and finalised.