Disability Support for Older Australians (DSOA) Change of Needs (CoN) Application Form

Please complete one form per client and email it directly to DSOAchangeofneed@health.gov.au, ensuring all supporting evidence is attached.

Important information

- A Change of Needs (CoN) application must be submitted by the client's DSOA Service Coordinator.
- Personal information relating to National Disability Insurance Scheme (NDIS) participants who reside in the same accommodation as the client must not be included in this form or in any supporting evidence provided.
- Where a CoN application form is incomplete, or supporting documentation has not been provided, resubmission will be requested. This will delay the assessment, including the date from which funding will be considered.
- Refer to the Completing a Change of Needs Application fact sheet for more information.
- If a client has had an aged care assessment, refer to the DSOA Program Manual for further information on the client's eligibility for additional funding through the DSOA Program.

Eligibility and evidence

- DSOA Service Coordinators must provide evidence dated within the last 12 months demonstrating how the client's disability related needs and/or circumstances have changed and why they require additional support through the DSOA Program. Evidence may include clinical assessment reports, practitioner letters, or a hospital discharge summary.
- You must submit the client's up to date Individual Support Package (ISP) and Annual Review.
- If the client lives in Supported Independent Living (SIL) accommodation and you are applying for additional *Assistance in Supported Independent Living*, you **must** submit 2 separate NDIS SIL Rosters of Care (ROC). The first must reflect the client's current care arrangements, with the second outlining the proposed care arrangements if additional funding is approved. Both ROCs must be submitted in Microsoft Excel format and include all residents in the accommodation setting, including any vacancies, with all non DSOA resident information de-identified.
- If the client lives in their own home and you are applying for additional *Assistance with Self-Care Activities*, you **must** submit 2 weekly care rosters. The first must reflect the client's current in-home care arrangements, with the second outlining the proposed care arrangements if additional funding is approved. The rosters can be submitted in any format, provided they clearly list all 7 days of the week and specify the times of the day a support worker is with the client.

Part A – DSOA Service Coordinator Information

1.	**Organisation Legal Entity Name**	
2.	**Organisation ID**	
3.	**Schedule ID**	
4.	**State or Territory**	

Part B – Client Information

5.	**DSOA National ID**	
6.	**Full Name**	
7.	**Date of Birth**	
8.	**Living Arrangements**	Select an option
9.	**Primary Disability**	Select an option
10.	**Secondary Disability** *If applicable*	Select an option
11.	**Has your client previously been assessed or approved for services under the *Aged Care Act 2024*?**	Select an option
11.1	**If the answer is YES at Q11, provide the date of assessment, what services they are eligible for, and if any services have commenced.**	

Part C – Requested Supports

- Please refer to the Appendix A – DSOA Service and Pricing Schedule when completing this section.
- Do not include any current funding the client already receives. Only additional funding should be listed in the table.
- Annual outputs must be rounded up to the closest hour. For example, 15.7 hours and 15.1 hours are rounded up to 16 hours.
- The funding commencement date for successful applications is the date a complete application was accepted by the department for processing.

DSOA Support Type	Recurrent or One-off	(A) Annual Outputs Requested	(B) Unit Price (GST exclusive)	(A) x (B) = Total Funding (GST exclusive)
Select an option	Select			
Select an option	Select			
Select an option	Select			
Select an option	Select			
Select an option	Select			
Select an option	Select			
Select an option	Select			

DSOA Support Type	Recurrent or one-off	(A) Annual outputs requested	(B) Unit Price (GST exclusive)	(A) x (B) = Total funding (GST exclusive)
Select an option	Select			
Select an option	Select			
Select an option	Select			
Select an option	Select			
Select an option	Select			
Select an option	Select			
Select an option	Select			
Select an option	Select			
Total Funding Requested				$0.00

Part D – Assessment Criteria

12.	**Which of the following best describes the client's change in need and/or circumstance?**	Select an option
13.	**Describe how the client's support needs have changed within the last 12 months.** *Sufficient detail is required*	

14.	**Explain how the requested supports address the client's change in need.** *Sufficient detail is required*	
15.	**What other steps have been taken to support the client's change in need?**	

Part E – Declaration

You confirm that you, your organisation, and your submission have complied and will continue to comply with the terms of your organisation's DSOA Funding Agreement as well as the additional conditions set out below.

a. You confirm that to the best of your knowledge, the information contained in your submission is true and accurate and that no other information that is relevant is known to you. Information that is relevant is that which may contradict or bring into doubt information given in the application or otherwise influence the DSOA Program's consideration of the legitimacy of the services being requested or removed.

b. You will ensure that your submission or draft application does not include any personal information for the purposes of the *Privacy Act 1988 (Commonwealth)* other than the name of your organisation, contact details of the primary contact and other nominated contacts, and client IDs for your submission for which you have obtained consent to provide.

c. You confirm that:

- to the best of your knowledge, the information contained in your submission is true and accurate; and
- your submission complies with the 20 MB file size upload limit, and you understand that non-compliance with this limit may mean the department may not be able to accept your submission.

d. You accept and agree that you are responsible for any submissions made to the department by our organisation. The department is not liable or legally responsible for any of the submissions you make. Your organisation retains ownership of the application and its contents.

I accept the above declaration	☐
Name	
Position Title	
Date	