



# Disability Support for Older Australians (DSOA) Change of Service Coordinator form

Please complete one form per client and email directly to:

State/territory	Email
New South Wales/Australian Capital Territory	<a href="mailto:nswact.DSOA@dss.gov.au">nswact.DSOA@dss.gov.au</a>
Northern Territory	<a href="mailto:nt.DSOA@dss.gov.au">nt.DSOA@dss.gov.au</a>
Queensland	<a href="mailto:qld.DSOA@dss.gov.au">qld.DSOA@dss.gov.au</a>
South Australia	<a href="mailto:sa.DSOA@dss.gov.au">sa.DSOA@dss.gov.au</a>
Tasmania	<a href="mailto:tas.DSOA@dss.gov.au">tas.DSOA@dss.gov.au</a>
Victoria	<a href="mailto:vic.DSOA@dss.gov.au">vic.DSOA@dss.gov.au</a>
Western Australia	<a href="mailto:wa.DSOA@dss.gov.au">wa.DSOA@dss.gov.au</a>

## Part A – Service Coordinator information

**Service coordinator name:**

**Legal entity name:**

**Organisation ID number (refer to your grant agreement):**

**Schedule ID number (refer to your grant agreement):**

**Are you also a Commonwealth Home Support Program (CHSP) or Support at Home provider?**

**State or territory:**

## Part B – Client information

Client ID:

Client postcode:

## Part C – Transfer details

DSOA Client's Service Coordinator:

Legal entity name:

**Has the client's new DSOA Service Coordinator confirmed acceptance of the client transfer and the services and funding that the client currently receives?**

**Will the client's new DSOA Service Coordinator provide CHSP or Support at Home program services to the client?**

**Transfer date (the date must be agreed between all parties including the department):**

**Reason for transfer:**

**Has the client or their guardian provided written consent for the transfer?**

**If you have not obtained written consent, please provide the reason why. Note additional information may be requested:**

**Please provide any additional information in relation to the transfer (e.g. any specific arrangements for the client, subcontracting arrangements, etc.):**

## Part D – Declaration

You confirm that you, your organisation, and your submission complies with and will continue to comply with 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 submission 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 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 ID 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
- your application complies with the 30MB 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 your organisation. The department is not liable or legally responsible for any part of the submission you make. Your organisation retains ownership of the submission and its contents.

**I accept the above declaration**

Name:

Position:

Organisation legal entity name:

Date: