



Disability Support for Older Australians (DSOA) Change Request: Client exit form

Please complete one form per client and email directly to:

CommonwealthDSOA@health.gov.au

Part A – DSOA 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 providing CHSP or Support at Home (SaH) services to the client?

State or territory:

Part B – Client Information

Client National ID:

EG: DSOA9876

Client postcode:

Part C – Exit Details

Exit date:

Reason:

Please provide any additional information in relation to the exit (e.g. why client has terminated service/s):

Part D – Declaration

You confirm that you, your organisation, and your submission has complied 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, clients 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;
 - your application complies with the 20 MB file size upload limits, 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 of the submissions you make. Your organisation retains ownership of the submission and its contents.

I accept the above declaration

Name:

Position:

Organisation Legal Entity Name:

Date: