

APPLICATION FOR A DETERMINATION THAT AN APPROVED PROVIDER IS IN A POSITION TO PROVIDE CARE – COMMUNITY CARE PLACES

Sections 15-1 and 15-3 of the Aged Care Act 1997.

Important information for applicants

This application is only in respect of community care places.

Under section 15-1 of the *Aged Care Act 1997* (the Act), an allocation of places to an approved provider under section 14-1 of the Act 'takes effect' when the Secretary determines that the approved provider is in a position to provide care in respect of those places and has entered into any relevant agreements under the Act.

If a determination under section 15-1 is not made at the same time that the allocation is made, the allocation is taken to be a provisional allocation. The approved provider must then lodge this application under section 15-3 for such a determination to be made in respect of provisionally allocated places.

This application under section 15-3 of the Act should be lodged when you, the approved provider, are in a position to provide care in respect of provisionally allocated places. If the provisional allocation was made subject to conditions under section 14-5 of the Act that must be met before a determination can be made, you must be able to demonstrate that you have met the conditions.

The application must be lodged before the end of the provisional allocation period, which is the period of 2 years after the day on which the allocation is made, unless an extension to the provisional allocation period is approved or an application is pending.

Signatories to this application form must be legally authorised to sign for and on behalf of you the approved provider.

If you are unclear about any of the questions in this application form please phone **1800 020 103** and ask to be connected to a Departmental Officer in the Aged Care Branch in your relevant State or Territory.

Please forward this completed application form to the address below:

Aged Care Branch

Department of Health and Ageing

GPO Box 9848

In the capital city of the State or Territory in which the aged care service is located.

(For ACT services, please send this form to NSW for assessment)

Section A – Approved provider details

This section asks for information about you the approved provider applying for this determination.

A1 Name of approved provider

A2 Postal address of approved provider

PO Box/Street & number

Suburb/town

State/Territory

Postcode

A3 Name of community care service

A4 Street address of community care service

Street number & name

Suburb/town

State/Territory

Postcode

E-mail address

A5 Contact name (Key personnel)

Title

Given name(s)

Family name

Position

Contact phone

Fax

E-mail address

A6 Is this a new community care service?

Yes

No

A7 Community aged care package service ID number (Note: a new service may not yet have a number)

Section B – Community care service details

B1 Please provide details of the provisional allocation and show which provisionally allocated places are ready to take effect.

Provisional allocation of community care places			
Type of place or status	Ready to take effect	Not ready to take effect	Totals
<u>General places</u>			
<u>Places for people with special needs</u> (Please ensure that the places shown as special needs are not general places)			
<i>People from Aboriginal & Torres Strait Islander communities</i>			
<i>People from Non-English speaking backgrounds</i>			
<i>People who live in rural & remote areas</i>			
<i>People who are financially or socially disadvantaged</i>			
<i>People who are veterans, or a spouse, widow or widower of a veteran</i>			
<i>People who are homeless, or at risk of becoming homeless</i>			
<i>People who are care leavers</i>			
TOTAL places in the provisional allocation			

B2 When will you be in a position to provide care in respect of all the provisionally allocated places that are the subject of this application (ie. on what date do you expect the places to become operational)?

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B3 To facilitate the advance payment of subsidies, what is the estimated number of Community Aged Care Packages which will be taken up in the first 3 months of operation?

B4 Provisional allocations can be made subject to conditions under section 14-5 of the Act that must be met before a determination under section 15-1 is made. (These conditions are in the notice of allocation that was sent to you advising you of the allocation.) For Community Aged Care Packages, it is a requirement that a Community Care Deed of Agreement be completed.

Please list these conditions or attach a copy of the notice of allocation and state whether and how each condition has been met. If a condition has not been met, please explain why and state when you expect it to be met. (Attach additional sheets if more space is needed.)

B5 Have you entered into a Community Care Deed of Agreement with the Secretary containing provisions for the management of the places?

Yes No →

B6 The Secretary may have regard to any other relevant matter. Is there any other information you wish to provide to support your application? (Attach additional sheets if more space is needed.)

Endorsement of application

This application can be signed only by those persons who are legally authorised to sign for and on behalf of the approved provider. Anyone who provides false or misleading information in relation to details within this application may be subject to penalties as defined in the *Aged Care Act 1997* and the *Criminal Code Act 1995*.

I/We have read the *Aged Care Act 1997* and the Aged Care Principles.

I/We declare that all the information set out in all sections completed in this application, and any associated attachments, is true and complete.

I/We declare that the key personnel in my/our service are, and will continue to be, suitable to provide aged care and are not disqualified individuals.

I/We consent to the Secretary of the Department of Health and Ageing obtaining information and documents from other persons or organisations, including the Aged Care Standards and Accreditation Agency and State, Territory and Australian Government Departments/authorities, to assist in assessing the application.

	Title	Given name(s)	Family name
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>		
Signature	<input type="text"/>		Date
	<input type="text"/>		<input type="text" value="/ /"/>

	Title	Given name(s)	Family name
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>		
Signature	<input type="text"/>		Date
	<input type="text"/>		<input type="text" value="/ /"/>