# Information Guide on the Outer Regional, Remote and Access Support Payment

# (Access Payment)

## Purpose of the Access Payment:

The Australian Government’s Helping Children with Autism (HCWA) and Better Start for Children with Disability (Better Start) packages provide a payment of $2,000 for families of children who are registered for Early Intervention funding and live in a location defined as Outer Regional, Remote or Very Remote by the Australian Bureau of Statistics’ Accessibility/Remoteness Index of Australia (ARIA+).

The Outer Regional, Remote and Access Support Payment (Access Payment) is intended to assist families who, because of where they live, are having difficulty meeting the higher costs of accessing services.

**It should be noted that the Access Payment is not a financial hardship payment**.

Payments to families who are eligible for the Access Payment are processed through the Department of Social Services (DSS) Online Funding Management System (FOFMS) by HCWA’s Autism Advisors and by Better Start’s Registration and Information Service (RIS).

## Eligibility under Exceptional Circumstances:

Families who do not live in an Outer Regional, Remote or Very Remote location, could still be eligible for the Access Payment due to exceptional circumstances. In order to be eligible under exceptional circumstances, the family must demonstrate that they are experiencing multiple, significant barriers that directly impact their ability to access HCWA or Better Start Early Intervention services for their child. Multiple, significant barriers may include those outlined in **Table 1** below.

In demonstrating multiple and significant barriers, the family must have at least one barrier from each of the categories (i.e. Locational, Financial, Personal) in the manner listed below, and provide supporting evidence.

### Table 1: Categories for multiple, significant barriers.

| **Locational** | **Financial** | **Personal** |
| --- | --- | --- |
| 1. The distance to the nearest service provider is over 100 kilometres; **and**
2. Public transport is the only option and the time it takes to get to the nearest service provider is 90 minutes or more; **and**
3. School-based or home-based therapies are unavailable.
 | 1. Parent or carer receives a Commonwealth Government income support payment such as Carer Payment, NewStart, Disability Support Pension; **or**
2. Financial hardship as a result of unemployment or limited employment; **and**
3. Inability to meet cost of basic living expenses.
 | * Isolation or limited family and other support networks; **or**
* Sole care of child/children; **or**
* Child/children not in the care of parents; **or**
* Family member with disability or significant health issue that requires ongoing care; **or**
* No child care options available outside of school hours; **or**
* Lack of permanent housing.
 |
| **Note: barriers a, b, and c must each be met.** | **Note: barriers a and c, or barriers b and c must be met.** | **Note: any one of the above barriers must be met.** |

## Application Process:

An application for the Access Payment includes a form which needs to be completed by the family and the Autism Advisor or the RIS. A copy of the Application Form is attached. **Table 2** below provides an overview of the application process.

### Table 2: Access Payment application process.

|  |  |
| --- | --- |
| **Eligibility Criteria** | **Process for determining eligibility and making payment** |
| Family lives in a location defined as Outer Regional, Remote or Very Remote by the Australian Bureau of Statistics’ Accessibility/Remoteness Index of Australia (ARIA+).  | * Applications for the Access Payment are processed by an Autism Advisor or RIS;
* Eligibility is automatic, based on family’s residential address; and
* Payment is processed through FOFMS by an Autism Advisor or RIS.
 |
| Family is eligible under exceptional circumstances.  | * Applications are reviewed and approved by DSS;
* Eligibility is not automatic. Families must demonstrate multiple and significant barriers, as outlined in Table 1;
* Applications under exceptional circumstances must be submitted by an Autism Advisor or RIS on the attached form;
* Applications are assessed on a case-by-case basis by DSS;
* A family must be able to demonstrate how the Access Payment will assist them to gain better access to HCWA or Better Start Early Intervention services for their child; and
* DSS will notify the Autism Advisor or RIS of all decisions by email. Where an application under exceptional circumstances is approved, DSS will adjust the eligibility flag in FOFMS. Payment is then processed on FOFMS by an Autism Advisor or RIS.
 |

## Other considerations:

* The remaining amount of HCWA or Better Start funding will be taken into account in determining eligibility. If early intervention funding is close to being fully expended, this would be an indication that there has been access to early intervention services.
* The Access Payment will not be approved for any child nearing their eligibility end date (i.e. their 7th birthday) or where HCWA or Better Start Early Intervention funding for the child has already been expended.
* A family with more than one child eligible for HCWA or Better Start may be eligible for the Access Payment in respect of each eligible child, on the proviso that exceptional circumstances exist for each child.

## Accountability:

Autism Advisors and the RIS are required to maintain records to ensure accountability of all decisions made in relation to public funds.

## Review of decision:

Where an application for consideration due to exceptional circumstances is unsuccessful, a family can request a review of the decision. Requests should be addressed to the Branch Manager, Autism and Early Intervention Branch via ASD.Support@dss.gov.au or better.start@dss.gov.au or post to DSS Box 7576 Canberra Business Centre ACT 2610.

**Note**: For the purposes of income tax exemption, this payment is called the ‘Outer Regional and Remote Access Support Payment’. This title applies to payments received under both HCWA and Better Start.

# Access Payment Application Form

Please Note: All supporting documentation must be attached to this form**.**

**Name of Child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CRN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide details of the multiple, significant barriers that directly impacting on the family’s ability to access HCWA or Better Start Early Intervention Services for their child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain how the Access Payment will help the family to gain better access to HCWA or Better Start Early Intervention Service Providers for their child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the evidence supporting this application been considered by you? [ ]  Yes [ ]  No

Has all supporting documentation been attached to this form? [ ]  Yes [ ]  No

Are you satisfied that this family is experiencing significant barriers in

accessing HCWA or Better Start Early Service Providers? [ ]  Yes [ ]  No

Has the family demonstrated that the Access Payment will reduce the barriers,

and increase their child’s access to HCWA or Better Start Service Providers? [ ]  Yes [ ]  No

Has the family previously applied for the Access Payment on behalf of [ ]  Yes [ ]  No

another child?

**Autism Advisor or RIS to sign:**

**--------------------------------------- --------------------------------- -----------------**

Signature Name Date