

Eligibility Checklist for In Home Care (IHC)

[to be completed by the Parent/Guardian]

For the purposes of completing this document, a reference to the **Parent/Guardian** of a child is a reference to any individual in whose care the child is. This document is to be completed by that person and certified by an authorised officer of the approved In Home Care service.

This form is provided by the Department of Education to assist approved In Home Care providers in assessing a child's eligibility for In Home Care.

In Home Care services are under no legal obligation to use this form and may develop their own. However, if this form is used it must not be altered in any way and is to be used "as is".

INTRODUCTORY INFORMATION

In Home Care

In Home Care (IHC) is a flexible form of child care designed to accommodate the needs of families for whom other forms of Australian Government approved child care are not suitable. Unlike other child care types, IHC is only available to a child who meets certain eligibility criteria as prescribed by law¹.

Eligibility requirements for In Home Care

It is a legal obligation that approved IHC services ensure that care is only provided to families who meet the eligibility criteria. If an IHC service provides care to a child who is not eligible, the Department of Education may sanction the service or cancel its approval.

In Home Care is only to be provided to a child:

(1) to whom only an In Home Care service can provide suitable care
and

(2) to whom one of the following circumstances applies:

- the child has, or lives with another child who has, an illness or disability
- the child's Parent/Guardian or that person's partner (if any) has an illness or disability that reduces their capacity to care for the child
- the child lives in a rural or remote area
- the work hours of the child's Parent/Guardian or that person's partner (if any) are (or include) the hours during which no other approved child care service (other than an approved IHC service) operates that could otherwise provide care
- the child's Parent/Guardian or that person's partner (if any) is caring for three or more children (including the child) who have not yet commenced school.

Criterion (1) is satisfied if, in relation to the child, either the child cannot, because of his/her circumstances be provided with suitable child care except by an In Home Care service, or there is no child care place available to the child during the hours for which care is required, other than one provided by an approved In Home Care service.

¹ See the *Child Care Benefit (Eligibility for Approval and Continued Approval) Determination 2000*

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Priority of Access Guidelines

Approved IHC services are required by law to abide by the *Priority of Access Guidelines*. These guidelines are used when there is a waiting list or when the child care service has a limited number of vacant places.²

The priorities are:

Priority 1 – a child at risk of serious abuse or neglect.

Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the *A New Tax System (Family Assistance) Act 1999*.

Priority 3 – any other child.

Within these three categories, priority must be given to:

- children in Aboriginal and Torres Strait Islander families
 - children in families which include a disabled person
 - children in families which include an individual whose adjusted taxable income % under clause 7 of Schedule 2 to the Family Assistance Act 1999 is 100%³
 - children in families with a non-English speaking background
 - children in socially isolated families
 - children of single parents.
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² See Parts 1-3 of the Schedule of the Eligibility Determination.

³ an individual has an adjusted taxable income % under clause 7 of Schedule 2 to the Family Assistance Act 1999 of 100% if either: (1) the individual's adjusted taxable income for the income year does not exceed the lower income threshold (which is \$39,785 for 2011-2012); or (2) the individual or the individual's partner is receiving a social security benefit, a social security pension or a service pension or is receiving income support supplement under Part IIIA of the *Veterans' Entitlements Act 1986*.

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1. Name of In Home Care service

2. Details of the person who is enrolling the child or children in this service

Name

Relationship

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Permanent residential address

Employment status:

☐ Full time ☐ Part time ☐ Shift work ☐ Casual ☐ Seasonal ☐ Unemployed ☐ Maternity leave

Are you:

☐ of Aboriginal or Torres Strait Islander descent ☐ from a Non-English speaking background
☐ a person with a disability

4. Details of the child(ren) enrolling

Child 1

Name

Date of Birth

Age

--

DD / MM / YYYY

Years	Months
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Child 2

Name

Date of Birth

Age

--

DD / MM / YYYY

Years	Months
-------	--------

Child 3

Name

Date of Birth

Age

--

DD / MM / YYYY

Years	Months
-------	--------

Child 4

Name

Date of Birth

Age

--

DD / MM / YYYY

Years	Months
-------	--------

Child 5

Name

Date of Birth

Age

--

DD / MM / YYYY

Years	Months
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Child 6

Name

Date of Birth

Age

--

DD / MM / YYYY

Years	Months
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Child 7

Name

Date of Birth

Age

--

DD / MM / YYYY

Years	Months
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5. Eligibility for In Home Care

Eligibility Test – Part 1

In relation to each child specified in Section 4 above, one or more of the following must apply:

- (A) the child cannot, because of his/her circumstances, be provided with suitable child care except by an In Home Care service; or
- (B) there is no child care place available to the child other than in an In Home Care service during the hours the care is required.





For each child, indicate below which of (A) or (B) applies:

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7
<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B

Please describe your circumstances below and attach supporting documentation.

Eligibility Test – Part 2

Each child specified in Section 4 above must satisfy meet one or more of the following criteria:

- (A) the child has, or lives with another child who has, an illness or disability
 -  Provide evidence of the illness or disability e.g. Centrelink documents indicating current payment of Carer Allowance (child) and any other documentation to support your application.
- (B) the child's Parent/Guardian or that person's partner (if any) has an illness or disability that reduces their capacity to care for the child
 -  Provide evidence of illness or disability e.g. Disability Support Pension, Sickness Allowance or any other documentation to support your application.
- (C) the child lives in a rural or remote area
- (D) the work hours of the child's Parent/Guardian or that person's partner (if any) are (or include) the hours during which no other approved child care service (other than an approved IHC service) operates that could otherwise provide care
 -  Provide evidence of your work hours and the hours of operation of other approved services in your area, including Family Day Care.
- (E) the child's Parent/Guardian or that person's partner (if any) is caring for three or more children (including the child) who have not yet commenced school.
 -  Provide documentation evidence of the full names and date of birth for each child.

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For each child, indicate below which of the above criteria applies

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7
<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B
<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C
<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D
<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E

In relation to each child for which a claim is made under (B) above, please provide an explanation of how the illness or disability reduces the Parent/Guardian's capacity to care for the child.

In relation to each child for which a claim is made under (E) above, please provide an explanation and provide the reason(s) for not accessing other types of child care. *[Please note that eligibility will be reviewed when the eldest child begins school].*

6. Declaration and signature of Parent/Guardian

I acknowledge that I have read and understood the Eligibility Criteria for In Home Care and that all of the above information provided is true and correct.

I understand that my child's eligibility for In Home Care may be reviewed at any time.

I understand that In Home Care is not intended to provide a long term child care solution in all circumstances and my In Home Care service is required by law to review my eligibility. I understand that if deemed no longer eligible for In Home Care I will be required to find alternative care arrangements.

Signature

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Date

DD/MM/YYYY

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Office Use Only

I have received all relevant supporting documentation and for the purpose of eligibility for In Home Care under family assistance law I have assessed this application as:

☐ Eligible ☐ Ineligible

Signature of IHC staff member who assessed the application

Date

Name of IHC staff member who assessed the application

Eligibility Review Date