

# INCLUSION SUPPORT SUBSIDY APPLICATION GUIDE

## CENTRE BASED CARE SERVICES

**August 2009**

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The ISS Application Form for Centre Based Care Services must be used to:

- make an application for ISS;
- apply for a renewal of ISS support;
- apply for an increase in ISS support;
- apply for ISS support when there is a change of care environment; or
- apply for ISS support when there is a change of service ownership.

One Application Form must be completed for each care environment as the support needs will differ in each environment (depending on factors such as the child/ren's attendance patterns and staffing levels). For example, a service applying for ISS support in their Before and After School Care environments needs to complete and submit two Application Forms.

An application can be made for multiple children with ongoing high support needs within the same care environment. In this case, PART C must be completed and relevant documentary evidence attached for each child. Only include PART C for a child if you are specifically applying for ISS support, or a change in ISS support, in relation to this child. In the case of a change of service ownership include all children with a current ISS approval if support is still required.

Your Inclusion Support Facilitator will assist you to complete the ISS Application Form and they must endorse the application by signing PART F before you send it to the National Inclusion Support Subsidy Provider (NISSP).

### Page 1 of the ISS Application Form

<b>Application Form Question</b>	<b>What you need to do/provide</b>
<b>Region Name and Number</b>	Your Inclusion Support Agency (ISA) region name and number. (If you do not know your ISA region number please just insert the ISA region name and ISA provider.)
<b>Service Name</b>	Name of your child care service
<b>ISF Name</b>	Name of your Inclusion Support Facilitator
<b>Age Setting</b>	Please give the age group of the children in the environment for which you are applying e.g. 3-5 years, 6-12 years.

<b>Application Form Question</b>	<b>What you need to do/provide</b>
<b>Care Type</b>	Type of care offered in the environment rather than the service type. For example, if you are a Long Day Care service and you provide After School Care (ASC) for the child/ren included in the Application Form, the care type is ASC.
<b>Number of children for whom ISS support is being requested</b>	Number of children for whom you are requesting ISS support in this application. Only count children who are new or who require a change to their existing approval e.g. increase, renewal, change of care environment or change of ownership.
<b>Date application sent to National ISS Provider</b>	This date is used to identify any discrepancies between the date the application was sent and when it is received by the NISSP.
<b>Additional Explanatory Notes</b>	<p>Insert any further information we might need to process your application.</p> <p><u>Example 1:</u> Child W is transitioning to a new room involving daily supported visits to the new room. Child W will commence in the new room on 10/9/09.</p> <p><u>Example 2:</u> This application involves a Shared Care Arrangement (SCA). We are applying for Child Y to have a SCA with Child X.</p> <p><b>Please note:</b> a Shared Care Arrangement (SCA) was previously referred to as a Flexible Care Arrangement. A SCA is where one additional child care worker is employed to support the inclusion of more than one child in a care environment.</p>

## Page 2 of the ISS Application Form

### PART A

Application Form Question	What you need to do/provide								
<b>Name of Service</b>	Your service name (as it is listed for Child Care Benefit purposes). Not all eligible services are registered for Child Care Benefit. <i>For eligibility, see page 13 of the 2009-2012 IPSP Guidelines.</i>								
<b>Organisation ID</b>	<p>Your Organisation ID number for CCB purposes. This combination of numbers and letters can be found on your CCB Approval letter: e.g. 1-12ABCD</p> <table border="1" data-bbox="762 658 1305 949"> <tbody> <tr> <td data-bbox="762 658 1018 725">CCB Approval ID</td> <td data-bbox="1018 658 1305 725">1-9IOGB9 <i>(sample only)</i></td> </tr> <tr> <td data-bbox="762 725 1018 792">Organisation ID</td> <td data-bbox="1018 725 1305 792">1-9DYHH9 <i>(sample only)</i></td> </tr> <tr> <td data-bbox="762 792 1018 860">Payee ID</td> <td data-bbox="1018 792 1305 860">1-9DYH9Q <i>(sample only)</i></td> </tr> <tr> <td data-bbox="762 860 1018 949">CCMS User ID</td> <td data-bbox="1018 860 1305 949">CCMS_1_9DYHH9 <i>(sample only)</i></td> </tr> </tbody> </table>	CCB Approval ID	1-9IOGB9 <i>(sample only)</i>	Organisation ID	1-9DYHH9 <i>(sample only)</i>	Payee ID	1-9DYH9Q <i>(sample only)</i>	CCMS User ID	CCMS_1_9DYHH9 <i>(sample only)</i>
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<b>Service Type</b>	Please tick one box to indicate your service type e.g. if you are a Long Day Care service offering After School Care, write Long Day Care. If you tick the "Other" category, please write your service type next to the box.								
<b>Number of Child Care Places</b>	Number of currently utilised child care places per day								
<b>Contact Details</b>	These are the contact details for your service								

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### PART B – The Care Environment Profile

<b>Application Form Question</b>	<b>What you need to do/provide</b>
<b>1. Staff:Child Ratio</b>	For each day of the week please put in the total number of enrolled children in the environment and the number of staff (excluding additional staff). For example, if your service has 3 staff members on a Monday and 20 enrolled children, the ratio will be 3:20.
<b>2. Number of additional staffing</b>	For each day please write the number of additional staff that you <u>currently</u> have working in the care environment subsidised by any of the following: <ul style="list-style-type: none"><li>• Inclusion Support Subsidy;</li><li>• Flexible Support Funding (please provide the end dates for this subsidy); or</li><li>• Other Government or privately funded workers.</li></ul>
<b>3. Number of children from the IPSP priority groups currently enrolled in the care environment</b>	For each day of the week please write the number of children enrolled from each of the priority groups listed.

Application Form Question	What you need to do/provide
<p><b>4. Outline how the increased staff:child ratio will support the staff team to include the child and provide a more inclusive quality environment for all children</b></p>	<p>This question requires you to describe how the increased staff to child ratio will assist the team to include the child/ren. You will need to consider the service dynamics, issues, and staff needs which are identified in the Service Support Plan (SSP).</p> <p>Consider how the increased staff:child ratio will support the team to provide an inclusive care environment.</p> <ul style="list-style-type: none"> <li>○ What will the team do?</li> <li>○ Why will the team work in this way?</li> <li>○ What supports, approaches and/or strategies will be required at different times of the day such as routine and transitions, group times, indoor and outdoor playtimes?</li> </ul> <p>Your response to these questions will be consistent with your service’s SSP Goals and Action Plan. For instance, if you’ve set a goal to review grouping of children at different times of the day, or to use visual communication supports, or to change your rest time routine, then this goal may be reflected in your response.</p>
<p><b>5. If more than one child with ongoing high support needs is being included in the care environment a Shared Care Arrangement must be considered</b></p>	<p>If you are applying for more than one Additional Worker in the care environment please explain why this level of support is required.</p> <p>Outline the specific issues in relation to:</p> <ol style="list-style-type: none"> <li>(1) the child/ren and</li> <li>(2) the care environment</li> </ol> <p>that means more than one worker is required in the care environment to successfully include the child/ren.</p>

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### PART C – Child’s Details and ISS Support Requested

*One PART C form must be completed for each child where a request for support is being made*

Application Form Question	What you need to do/provide
<b>Child’s Details</b>	The child’s Given Name(s), Surname, Date of Birth and Sex
<b>Eligibility Status</b>	Please tick to identify whether the child has a diagnosed disability and/or is undergoing continuous assessment and/or is from a refugee or humanitarian intervention background. If the child has a diagnosed disability, please provide a brief description of the disability.
<b>Priority Group Status</b>	Please tick one or more boxes to indicate the priority group status of the child
<b>ISS Support</b>	<p>Please tick <u>one box only</u> to identify what type of ISS application you are making in relation to this child.</p> <p>It can be:</p> <ul style="list-style-type: none"> <li>• A <b>new application</b> – the child has no current ISS approval in place;</li> <li>• A <b>renewal of ISS support</b> – the current approval period is ending. Please ensure you complete the form in good time, prior to the end date of your current approval, to minimise any non-subsidy period;</li> <li>• A <b>change of care environment</b> – the child changes care environment within the service e.g. moves from 2-3 year old room to 3-5 year old room within LDC;</li> <li>• An <b>increase in ISS support</b> – a request for additional ISS hours for a current approval e.g. child attends service for additional days;</li> <li>• A <b>change of service ownership</b> – when a service changes ownership a new application must be made once the service has received its CCB notification. In the meantime, before the application has been submitted, please advise the NISSP as soon as possible via the Change of Ownership Form available on <a href="http://www.ku.com.au">www.ku.com.au</a>, that the ownership has changed and that a new ISS application is going to be submitted.</li> </ul>

## Page 5 of the ISS Application Form continued

### PART C – Child’s Details and ISS Support Requested

One PART C form must be completed for each child where a request for support is being made

<b>Application Form Question</b>	<b>What you need to do/provide</b>
<b>Pupil Free Days/Hours</b>	If applying for ISS support for Pupil Free Days please give the number of Pupil Free Days expected to occur during a 12 month period and the number of ISS hours per day required e.g. 6 x 8 hour days.
<b>Child Profile</b>	<p>Provide any information specific to the individual child which may have an impact on the child’s inclusion in the care environment (the service information was provided in PART B).</p> <p>For example:</p> <ul style="list-style-type: none"><li>• Child’s language and cultural background</li><li>• Child’s strengths, interests and needs</li><li>• Family situation</li></ul> <p>The following questions may assist you when developing the child profile:</p> <ul style="list-style-type: none"><li>• How long has the child attended the service? How is the settling process going? What child rearing practices need to be considered? How does the child communicate? What communication supports may be needed?</li><li>• What does the child enjoy? How do they engage in play and with others? What parts of the daily routine or social situations work well for the child? Which ones are challenging? What do they do well? In what areas do they require support?</li><li>• What are the family’s expectations and wishes? How is the relationship between the family and service staff developing?</li></ul>

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### PART D – ISS Supported Timetable

This is the Inclusion Support Subsidy (ISS) Supported Timetable showing the attendance and ISS support related to ALL eligible children in the care environment. If necessary please attach multiple copies of the Timetable.

#### For each child please provide:

- Child's Name
- Status of ISS approval – tick whichever applies:
  - **New** = New application – no current ISS approval in place;
  - **Renewal** = Application where current approval period is ending and a continuation of funding is required;
  - **Increase** = Application for an increase in hours on the current approval;
  - **Pending Approval** = An application has been completed and is being assessed by the NISSP but no Approval Letter has been received yet;
  - **Currently Approved** = Current ISS approval is in place and no change is needed; or
  - **Change of Ownership** = A new application as the service has changed ownership.
- **Times of child's attendance** for each day of the week e.g. 8 am to 5 pm. If a child's normal attendance pattern differs from week to week please complete a new PART D for each week.
- **Number of ISS hours** requested or already approved for each day of the week e.g. 5 hours.
- Where the child is in a **Shared Care Arrangement (SCA)**, or a SCA is already in place, please write "SCA" beside the ISS requested number of hours for each day and each child e.g. 5 SCA.
- **Total number of ISS hours** requested or approved per child.

#### Date Timetable commences

In the box on the top right hand corner of the Timetable page please indicate the date that this Timetable grid is to commence. This date assists the NISSP when an amended ISS Supported Timetable may need to be submitted.

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### PART E – Conditions of Funding Agreement

Each eligible child care service must agree to abide by the Conditions of Funding and the Inclusion Support Subsidy Guidelines.

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### PART F – Acknowledgement

<b>Application Form Question</b>	<b>What you need to do/provide</b>
<b>Child Care Service</b>	<p>The Authorised Officer of the Child Care Service must sign the ISS Application agreeing to the Conditions of Funding as listed in the application.</p> <p><u>Please note:</u> Your Approval Letter will be emailed to the email address you provide in this section.</p>
<b>Completed Application Checklist</b>	<p>Ensure you have provided the documentary evidence for each child, PART C for each child and the Service Support Plan (SSP) for the care environment.</p> <ul style="list-style-type: none"><li>• For Renewal Applications, also include the previous SSP with the 'Progress and Future Directions' column completed.</li><li>• If the application is to vary a current ISS approval, documentary evidence is not required for a child included in the current ISS approval.</li></ul>
<b>Inclusion Support Facilitator</b>	<p>The Inclusion Support Facilitator (ISF) must sign to endorse the application. The National ISS Provider will notify the service and the ISA of the outcome of the application via email.</p> <p><u>Please note:</u> The Approval Letter will be emailed to the email address provided in this section.</p>
<b>ISA Team Leader (optional)</b>	<p>Some ISAs may wish/be required to have their Team Leader review the application forms. If this is the case, then the ISA Team Leader will sign in this section.</p>