

INCLUSION SUPPORT SUBSIDY APPLICATION GUIDE CENTRE BASED CARE SERVICES

May 2011

This Guide provides information to assist centre based services in the completion of the Inclusion Support Subsidy (ISS) Application Form.

Section One lists the requirements per application type and provides funding approval information.

Section Two provides information to assist in answering each question in the application form.

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.

The ISS is approved for a care environment to support educators in this care environment to include a child or children with ongoing high support needs.

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 numbers and attendance patterns of the children, needs of children and dynamics at different times of the day, 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 in relation to 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. Please note the following:

- If you are creating a **shared care arrangement** include PART C for all children included in the shared care arrangement.
- 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 (ISF) will assist you to identify the need for an additional educator to include a child/ren with ongoing high support needs within a care environment and, where required, to complete the ISS Application Form. The ISF must endorse the application by signing PART F before you send it to the National Inclusion Support Subsidy Provider (NISSP).

Section One – Requirements per Application Type

<p>Application type – <i>please note services can submit one application in relation to one or more of the circumstances below, within the same care environment</i></p>	<p>What you need to do/provide</p>	<p>Funding approval Information</p> <p><i>Services and ISFs are notified of the outcome of the application via the email addresses provided in the application.</i></p>
<p>New Application</p>	<ul style="list-style-type: none"> • The SSP for the care environment; • Documentary Evidence in relation to each child where a request for support is being made and/or a shared care arrangement is involved; and • the Application itself, with all questions answered. PART C should be provided for all children where a request for support is being made and/or a shared care arrangement is involved. 	<p>New applications are given a start date based on the day the application is processed by the NISSP.</p>
<p>Renewal of ISS Support</p>	<ul style="list-style-type: none"> • Previous SSP evaluated; • New SSP for the care environment; • Documentary Evidence in relation to each child where a request for support is being made and/or a shared care arrangement is involved (a copy of the documentation for children with a permanent disability, if available, is appreciated); and • the Application itself, with all questions answered. 	<p>Renewal applications must be submitted after the review date and before the funding end date to, if approved, receive a funding start date immediately following the funding end date.</p>

Section One – Requirements per Application Type

<p>Application type – <i>please note services can submit one application in relation to one or more of the circumstances below, within the same care environment</i></p>	<p>What you need to do/provide</p>	<p>Funding approval Information</p> <p><i>Services and ISFs are notified of the outcome of the application via the email addresses provided in the application.</i></p>
<p>Increase in ISS in relation to a current approval</p>	<ul style="list-style-type: none"> • The SSP for the care environment; and • the Application itself, with all questions answered. PART C should be provided for children where an increased request for support is being made and/or all children where a shared care arrangement is involved. 	<p>Applications are given a start date based on the day the application is processed by the NISSP.</p> <p>The funding end date will remain the same, as the original approval, unless PART C and documentary evidence is provided in relation to each child included in the original approval. The SSP included in the application would also show the progress made by the service to date, in the progress and future directions column.</p>
<p>Change of care environment</p>	<ul style="list-style-type: none"> • New SSP for the care environment; • Documentary Evidence in relation to each child where a request for support is being made (a copy of the documentation for children with a permanent disability, if available, is appreciated); and • the Application itself, with all questions answered. Please write the date the child commenced in the new care environment in the Additional Explanatory Notes. 	<p>An application for the new care environment must be received within four weeks of the child changing care environment. If approved and received within this timeframe, the funding start date will be from the date the child changed care environments.</p>

Section One – Requirements per Application Type

<p>Application type – <i>please note services can submit one application in relation to one or more of the circumstances below, within the same care environment</i></p>	<p>What you need to do/provide</p>	<p>Funding approval Information</p> <p><i>Services and ISFs are notified of the outcome of the application via the email addresses provided in the application.</i></p>
<p>Change of service ownership</p>	<ul style="list-style-type: none"> • <i>Complete and submit a Change of Ownership Form as soon as the change of ownership occurs to inform the NISSP.</i> <p>For the application:</p> <ul style="list-style-type: none"> • SSP for the care environment; • Documentary Evidence in relation to each child where a request for support is being made; • the Application itself, with all questions answered. PART C should be provided for all children where a request for support is being made; and • provide a copy of the service’s CCB Approval letter. 	<p>A change of service ownership application must be received with three months of the change of service ownership to receive, if approved, a funding start date from the date of the change of service ownership.</p>
<p>Decrease in ISS in relation to a current approval</p>	<p>Complete the Decrease/Final Review Form</p>	<p>If this decrease impacts on the ISS for the care environment an amended ISS approval letter will be provided.</p>
<p>Please note: It is the service’s decision to employ an additional educator prior to notification of the outcome of their application to the NISSP. This decision will not impact on the ISS funding start date.</p>		

Section Two – Completing the Application Form

Page 1 of the ISS Application Form

Application Form Question	What you need to do/provide
State/Territory	Your State/Territory
Region Name and Number	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.)
Service Name	Name of your child care service
ISF Name	Name of your Inclusion Support Facilitator
Age Setting	Please give the age group of the children in the environment for which you are applying e.g. 3-5 years, 6-12 years.
Care Type	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.
Number of children for whom ISS support is being requested	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.
Date application sent to National ISS Provider	This date is used to identify any discrepancies between the date the application was sent and when it is received by the NISSP.
Additional Explanatory Notes	<p>Insert any further information we might need to process your application.</p> <p>Example 1: 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 10/9/11.</p> <p>Example 2: This application involves a Shared Care Arrangement (SCA). We are applying for a SCA in relation to Child Y and Child X.</p>

Section Two – Completing the Application Form

Page 2 of the ISS Application Form

PART A

Application Form Question	What you need to do/provide								
Name of Service	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 14 of the 2009-2012 IPSP Guidelines.</i>								
CCB Approval ID	<p>Your CCB Approval ID is a combination of numbers and letters e found on your CCB Approval letter: e.g. 1-12ABCD</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 2px solid red;">CCB Approval ID</td> <td style="border: 2px solid red;">1-9IOGB9 <i>(sample only)</i></td> </tr> <tr> <td>Organisation ID</td> <td>1-9DYHH9 <i>(sample only)</i></td> </tr> <tr> <td>Payee ID</td> <td>1-9DYH9Q <i>(sample only)</i></td> </tr> <tr> <td>CCMS User ID</td> <td>CCMS_1_9DYHH9 <i>(sample only)</i></td> </tr> </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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CCMS User ID	CCMS_1_9DYHH9 <i>(sample only)</i>								
Service Type	Please tick one box to indicate your service type. You must have a specific CCB approval related to the service type selected e.g. if you are a Long Day Care service offering services to school aged children but have no specific CCB approval for Outside School Hours Care, select Long Day Care. If you tick the "Other" category, please write your service type next to the box.								
Number of Child Care Places	<p>This is the number of currently <i>utilised</i> child care places per day across the <i>whole</i> service, not the number of licensed places for the service or for a particular room/ age grouping.</p> <p>Vacation Care services that are unable to provide utilised child care places may provide an estimate of expected utilisation based on usage over the past twelve months.</p>								
Contact Details	These are the contact details for your service								

Section Two – Completing the Application Form

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PART B – The Care Environment Profile

Application Form Question	What you need to do/provide
1. Staff:Child Ratio	For each day of the week please put in the total number of enrolled children in the care 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.
2. Number of additional staffing	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">• Inclusion Support Subsidy;• Flexible Support Funding (please provide the end dates for this subsidy); or• Other Government or privately funded workers.
3. Number of children from the IPSP priority groups currently enrolled in the care environment	For each day of the week please write the number of children enrolled from each of the priority groups listed.

Section Two – Completing the Application Form

Page 4 of the ISS Application Form

PART B *continued*

Application Form Question	What you need to do/provide
<p>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</p>	<p>This question requires you to describe how the increased staff to child ratio will, throughout the day, assist the team to –</p> <ul style="list-style-type: none"> (a) Include the child with ongoing high support needs and (b) Include all children. <ul style="list-style-type: none"> ○ What will the team do? ○ Why will the team work in this way? ○ What strategies will be required at different times of the day such as routine and transitions, group times, indoor and outdoor playtimes and so on? <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>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</p>	<p>If you are applying for more than one Additional Educator in the care environment please explain why this level of support is required.</p> <p>Outline the specific issues in relation to:</p> <ul style="list-style-type: none"> (1) the child/ren and (2) the care environment <p>that means more than one additional educator is required in the care environment to successfully include the child/ren.</p>

Section Two – Completing the Application Form

Page 5 of the ISS Application Form

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
Child’s Details	The child’s Given Name(s), Surname, Date of Birth and Sex
Child’s CRN	The child’s Customer Reference Number (CRN) is issued by the Family Assistance Office for Formal enrolments. The CRN is located on the Health Care Card and on letters from Centrelink. If the child does not have a CRN please leave blank. (Note: CRN’s should not be provided for Informal enrolments or AMEP/Other enrolments and service special CCB enrolments.)
CCMS Enrolment ID	The CCMS Enrolment ID is the identifier returned by the CCMS system when the service enters an electronic enrolment form for a child.
Eligibility Status	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.
Priority Group Status	Please tick one or more boxes to indicate the priority group status of the child
ISS Support	<p>Please tick <u>one box only</u> to identify what type of ISS application you are making in relation to this child. It can be</p> <ul style="list-style-type: none"> • A New Application – the child is not included in a current ISS approval at this service; • A Renewal of ISS Support – the current approval period is ending; • A Change of Care Environment – 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; • An Increase in ISS Support – a request for additional ISS hours for a current approval e.g. child attends service for additional days; • A Change of Service Ownership – when a service changes ownership a new application must be submitted.

Section Two – Completing the Application Form

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

Application Form Question	What you need to do/provide
Pupil Free Days/Hours	<p>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. 3 x 8 hour days.</p> <p>The maximum number of PFDs that can be applied for in a 12 month period, for one child, is 6 days (for relevant OSHC/VAC applications only).</p>
Child Profile	<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"> • Child’s language and cultural background • Child’s strengths, interests and needs • Family situation <p>The following questions may assist you when developing the child profile:</p> <ul style="list-style-type: none"> • 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? • 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? • What are the family’s expectations and wishes? How is the relationship between the family and service staff developing?

Section Two – Completing the Application Form

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PART D – ISS Support Timetable

This is the Inclusion Support Subsidy (ISS) Support 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.

Date Timetable commences

In the box on the top right hand corner of the Timetable page please indicate the date when the children's attendance patterns in the care environment will commence, as written on the timetable. When this is already occurring write the date the timetable was completed.

Section Two – Completing the Application Form

Page 7 of the ISS Application Form

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

Application Form Question	What you need to do/provide
Child Care Service	<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>
Completed Application Checklist	<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. Refer to Section One for requirements per application type.</p> <p>For Renewal Applications also include the previous SSP with the 'Progress and Future Directions' column completed.</p>
Inclusion Support Facilitator	<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>
ISA Team Leader (optional)	<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>