

INCLUSION SUPPORT SUBSIDY EXEMPTION APPLICATION GUIDE

April 2010

The ISS Exemption Application Form must be used if a service wants to make an application for additional hours of ISS support to include a child, in excess of the limits outlined in the IPSP Guidelines 2009-2012. The service must be able to demonstrate they require additional hours due to exceptional circumstances. Exemption applications will be considered on a case by case basis and are subject to approval by the Department of Education, Employment and Workplace Relations (DEEWR) National Office.

One Exemption 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 an Exemption for ISS support in their Before and After School Care environments needs to complete and submit two Exemption Application Forms.

Your Inclusion Support Facilitator will assist you to complete the ISS Exemption 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 Exemption Application Form

Application Form Question	What you need to do/provide
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 yrs, 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 included in the Exemption Application.
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 the NISSP might need to process your application.</p> <p><u>Example:</u> The service already has an ISS approval in relation to including this child for five hours a day 2 days per week. The funding end date is 12/12/2010.</p>

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 13 of the IPSP Guidelines 2009-2012.</i>								
CCB Organisation ID number	<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="762 730 1305 1025"> <tr> <td>CCB Approval ID</td> <td>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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Aria Code	This is the Accessibility/Remoteness Index of Australia (ARIA) code which applies to services located in remote areas of Australia.								
Service Type	Please tick one box to indicate your service type e.g. if you are a Long Day Care service offering After School Care, tick the 'Long Day Care' box. If you tick the 'Other' category, please write your service type next to the box.								
Number of Child Care Places	<p>Number of currently utilised child care places per day i.e. how many children currently attend your whole service each day.</p> <ul style="list-style-type: none"> This number will include all care environments/rooms in the service not just the care environment/room that is including the child/children with ongoing high support needs. If, for example, a service is licensed for 60 children per day but there are 54 children currently enrolled the utilised child care places will be 54. 								
Contact Details	These are the contact details for your service								

Application Form Question	What you need to do/provide
PART B.1 ISS Support Requested/ Reason for Application	
<p>1. State what you are applying for in this Exemption Application for exceptional circumstances</p>	<ul style="list-style-type: none"> • This question requires you to describe what you are applying for in this application, for example, if you are applying for additional ISS hours state this and indicate the number of hours and days requested. • Ensure your request does not fit within the existing IPSP Guidelines and hourly limits. • Provide a brief statement about why you are applying.
<p>2. Highlight any child, service and family needs and issues which illustrate why exceptional circumstances apply in this situation</p>	<p>Consider why the service requires support in addition to what is already provided through the program.</p> <p>Describe the issues relating to the following:</p> <ol style="list-style-type: none"> (1) the child (2) the service and (3) the family (if applicable) <p>that identify why exceptional circumstances apply in this situation.</p> <p>Why do the service child and/or family require consideration of circumstances which are outside the IPSP Guidelines?</p>

Pages 4 and 5 of the ISS Exemption Application Form

PART B.2 – The Care Environment Profile

Application Form Question	What you need to do/provide
PART B.2 The Care Environment Profile	
COLUMN 1 Times of the day the child is in attendance	Complete all sections for all times of the day the child is in attendance at the service. Please complete one profile for each day if there is significant change in the care environment. Add in "Time/s from: ___ to ___" to indicate the average duration of the activity for each time it may occur during the day.
COLUMN 2 Staff:Child ratio at these times	For each day of the week please put in the total number of enrolled children in the environment and the number of staff (including additional staff). For example, if your service has 3 staff members on a Monday and 20 enrolled children the ratio is 3:20.
COLUMN 3 What are the specific needs of the child at these times?	For each time period/activity listed indicate the specific needs the child is likely to have during these times. For example, Outdoor Free Play – The child needs physical support to be positioned at an activity of their choice in the outdoor environment. They need physical support to move to new experiences and someone to be available to respond to their cues.
COLUMN 4 What is the impact on the care environment?	Indicate what happens during this time period/activity as a result of the child's specific needs. Consider the impact on staff, children and the program. For example, as the child can be very distressed during transitions other children can also become unsettled. Staff need to ensure that they have enough staff and use supports such as visuals and sensory objects to support the child and other children at this time.
COLUMN 5 Outline how an increased staff:child ratio will support the staff team to include the child and all children at these times	Indicate what staff will be doing during each time period or activity to support the child's inclusion. For example, all staff members will sit with a small group of children during lunch. A staff member will be sitting with the child during the meal to assist them with using a spoon and using a cup. They will also use this time to support the child's communication by responding to their communication attempts and modelling simple words and sentences.

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PART C – Child's Details

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
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
Pupil Free Days/Hours	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. There is a maximum of up to 8 hours per day 6 days per year (<i>see page 35 of the IPSP Guidelines 2009-2012</i>).
Child Profile	Outline the child's strengths, interests and needs considering the following developmental elements/areas: <ul style="list-style-type: none">• Communication• Social interaction• Health and personal care• Physical activity• Behaviour

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PART D – ISS Supported Timetable Centre Based services

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 and/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 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 D – ISS Supported Timetable Home Based Services

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
- Child's Current ISS Status – tick the box that applies:
 - **New** = Child is not included in the current ISS approval for this care environment;
 - **Currently Included in ISS Approval** = Child is listed on the current ISS approval for this care environment; or
 - **Pending ISS Approval** = Child has been included in a previous ISS Application sent to the NISSP but no approval has been received.
- **Times of child's attendance for each day** of the week e.g. 8 am-5 pm. If a child/ren's normal attendance pattern differs from week to week please complete a new PART D for each week.

For the care environment:

For each day and each week please provide:

- A summary of all child/ren's **start and finish times** per day. For example, if the first child with ongoing high support needs attends from 7 am and the last child with ongoing high support needs leaves the care environment at 4 pm you would write 7 am to 4 pm.
- **Daily total of ISS hours for Tier 1/Tier 2** being applied for
- **Weekly total of Tier 1/Tier 2 hours** being applied for
- **Times and ISS hours for Out of Home Activities** being applied for

The number of ISS hours and the Tier/s applied for will relate to the impact on the care environment, identified in PART B Question 3 (page 4 of the ISS Application Form for Home Based Care Services). The Additional and Capacity Payments can be either Tier 1 or Tier 2 per hour per care environment.

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 and Professional Support Program Guidelines 2009-2012.

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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.</p> <ul style="list-style-type: none">• For Renewal Applications, also include the previous SSP with the 'Progress and Future Directions' column completed.• If the application is to vary a current ISS approval, documentary evidence is not required for a child included in the current ISS approval.
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 for ISA notification.</p>
ISA Team Leader (optional)	<p>Some ISAs may wish 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>

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PART G – NISSP (Office Use Only)

Page 12 of the ISS Exemption Application Form

PART H – DEEWR (Office Use Only)