

# Frontier Services

## In Home Care

### **BI-ANNUAL ELIGIBILITY ASSESSMENT**

It is Scheme policy and a Government requirement that all client families Eligibility to access IHC be assessed every 6 months.

To assist us to do this please complete this form and return to the office as soon as possible.

☐ Family does not have access to a standard child care service

**OR**

☐ Family's needs cannot be met by an existing service

**AND**

<input type="checkbox"/> parent/s or child has an illness/disability	<input type="checkbox"/> family lives in a rural or remote area
<input type="checkbox"/> parent/s work shiftwork or non standard hours	<input type="checkbox"/> family has three or more children who have not yet started school

I declare that the information I have provided on this form is correct to the best of my knowledge.

I understand that should any information on this form change, I must notify the in home care service as soon as possible.

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_