

Inclusion Development Fund Manager (IDFM) Final Review Form

Important Information

Please use this form to advise the Inclusion Development Fund Manager that a current Inclusion Support approval is no longer required in the care environment. **This form must be submitted to the IDFM within 15 days of the child/ren on the approved IDF case leaving the service.**

If Inclusion Support is still required in this care environment do not complete this form. A change of circumstance application needs to be submitted via the IS Portal.

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| State/Territory: | |
| Name of Service: | |
| Service Phone: | |
| Service CCB Approval ID: | |
| SIP ID: | |
| IS Case ID: | |
| Care Environment: | |
| Child/ren names: | |
| Ceased Date: (week ending Sunday date) | |

The IDFM will close the case as per the ceased date provided. Please note no further claims can be made for periods after this date. You have **60 days** after each fortnight in which to submit claims for periods prior to the ceased date.

SIGNATURES

Authorised Officer of the Child Care Service

| | | | |
|-----------|--|------|--|
| Name | | | |
| Signature | | Date | |

If your ECCC service is in NSW, ACT, VIC, SA, WA email this form to: idfm@ku.com.au

OR

If your ECCC service is in TAS, QLD or NT email this form to idfm@includeme.com.au