



## 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.

|  |  |
|--|--|
| State/Territory:                       |  |
| Name of Service:                       |  |
| Service Phone:                         |  |
| Service CCS 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: [idf@ku.com.au](mailto:idf@ku.com.au)**

OR

**If your ECCC service is in TAS, QLD or NT email this form to [idf@includeme.com.au](mailto:idf@includeme.com.au)**