

How to Switch Providers: Supplying Your Notice Letter

No one should settle for less than they deserve. Finding quality aged care should be a choice (**never** a compromise).



If you've been questioning the quality of your care recently, but the thought of switching providers is daunting, rest assured - CareAbout can help you make this transition as **simple as possible**.

As long as you provide the following written notice within the required period stated on your Service Agreement, you have the **right** to exit your provider without any strings or fees attached.

To help you, we've put together the following template for you to provide written notice to your current provider.

[Notice Letter Template](#)

Tip:

Check your current Service Agreement for the length of notice you're required to give - this is typically **7 - 30 days** but may vary.



Should you require support in navigating this transition with **confidence**, whether it's assistance you need in making the switch, or simply finding your next provider - CareAbout is here to **guide and support you** throughout this journey.

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Notice Letter Template



Simply copy, paste and edit this template for your own use.

Dear, [Name of Contact Person or "Management Team"],

I am writing to formally advise you that I will be changing my Home Care Service provider.

Please accept this letter as notice to terminate my Service Agreement with [Current Provider Name]. As per my agreement, I am providing [insert the notice period – i.e. number of days' notice that's required – e.g. 14 days / 28 days] notice of this decision.

My final date of service with your organisation will be: [Insert date]

Please ensure that:

- All scheduled services continue as normal and are provided in full until my final date of service.
- My final monthly statement is prepared and provided to me promptly.
- Any unspent funds are transferred to my new provider, [New Provider Name – if known], within the required regulatory timeframe.
- My exit package and all relevant care documents are provided to me or my new provider upon exit.
- My Aged Care is notified of this change in line with standard requirements.

I understand that there is no obligation for my new provider to contact you directly unless my package code requires releasing. If needed, I am happy to contact My Aged Care directly to reactivate my code and confirm an agreed exit date.

I consent to you liaising with my new provider if required to ensure a smooth transition of my care.

Please confirm receipt of this notice and my final end date in writing at your earliest convenience.

Also, please advise should you need to confirm any details regarding my exit.

Thank you for your support during my time with [Current Provider Name].

Yours sincerely,

[Your Signature]
[Your Full Name]
[Your Email Address]
[Your Contact Phone Number]
[Your Address]