CHSP AND HACC CO-CONTRIBUTION FEE CONSIDERATION FORM

Umbrella Multicultural Community Care Services Inc.

This form guides and supports transparency around co-contribution fees for support services provided by Umbrella Multicultural Community Care Services Inc. through the Commonwealth Home Support Programme (CHSP) or the Home and Community Care (HACC) program.

If a client is experiencing financial difficulty paying the nominated fees for their support services, completing this form will help identify the amount the client is assessed as able to pay. Where the additional costs identified for a client are approximately 10 per cent or more of their income, a reduced fee may be considered.

A client has the right not to complete this form. Where this is the case, the standard fee will apply in line with the client's identified income level for the relevant support services.

Client Details

Client's family name	
Given names	
Address	
Phone number	
MAC ID	

Staff member		**Date**	

Income Details

What is the client's income source?

Do you have any of the following? (please tick all that apply)	
Australian Centrelink Pension Card (any government pension)	☐
Australian Health Care Card (evidence of low income)	☐
Commonwealth Seniors Health Card (evidence of low income)	☐
Tax Assessment Notice (wages and salary)	☐
Other income (any other evidence showing income source)	☐

Client's Income Level

Single or couple combined	**Level 1**	**Level 2**
Single	☐ $0 to $50,000	☐ More than $50,001
Couple combined	☐ $0 to $80,000	☐ More than $80,001

Additional Costs

Please indicate the expenses the client incurs, either short term (up to 12 weeks) or long term (a year), in the table below.

Categories	Average fortnightly cost	Comments
Health related costs		
Medications	$	
Alternative therapies	$	
Aids and equipment, including continence products	$	
Specialist care (e.g. occupational therapy, physiotherapy, extensive podiatry)	$	
Special clothing	$	
Special foods (e.g. dietary supplements)	$	
Temporary care or respite	$	
Medical supplies	$	
Location related costs		
Home modification	$	
Specialist care related costs, such as transport or accommodation	$	
High accommodation charges	$	
Fee related costs		
Health or medical insurance	$	
Fees for other services	$	
Costs summary		
Total additional fortnightly costs	$	
Actual fortnightly income	$	
Percentage of income (approx. 10% or more may support a fee reduction)	$	

Client Statement

Client statement (please explain the client's situation and why the fee review is being requested)

Summary of Fees Payable by Client

Support services included in fees cap	Unit of service	Standard fee	Client's nominated fee contribution
Domestic Assistance		$14.00	
Personal Care		$14.00	
Respite Care		$14.00	
Social Support (one on one)		$14.00	
Social Support Groups (no fee reduction applies to meals, refreshments or transport)		See below	
Golden Age Club (Transport $12.00, Activities $11.00, Refreshments $9.00, Lunch $17.00*)		$11.00	
Friday Live Music (Transport $12.00, Activities $11.00, Refreshments $12.00, Dinner $17.00*)		$11.00	
Internet Café (Transport $12.00, Activities $8.00, Refreshments $10.00)		$8.00	
Home at Home (Transport $12.00, Activities $11.00, Refreshments $9.00)		$11.00	
Gardening and Home Maintenance		$18.00	
Total fees to be paid by client for support services per week			

* Meals, refreshments and transport for Social Support Groups are not eligible for a fee reduction.

Client Consent and Declaration

This is a true record of my income, and my health care and community support costs. I have provided supporting documentation and understand that I may be asked to provide further details or evidence if requested.

Name of client:

Client signature	Date

Name of authorised person acting on the client's behalf (if applicable):

Family name	First name
Phone number	**Relationship to client**
Signed	**Date**

For Office Use Only

Recommendation by	Name and position	Date
Approved by (Manager or CEO)	**Name and position**	**Date**

Client Review

A copy of this Fee Consideration Form will be kept in the client's file.

Annual review date	Change in income or costs	New form completed	Assessment officer initial	Date

Review date and details added to the client record under actions (please confirm the name of the system this should be recorded in)	☐
A copy provided to Finance for processing purposes	☐
Copy of the completed form emailed to the CEO	☐