

Client Contribution Fee Waiver or Reduction Assessment

Under the Commonwealth Home Support Program (CHSP) provided by the Commonwealth Government, those who receive services are required to pay a contribution toward the cost of services. You can refer to myagedcare.gov.au/commonwealth-home-support-program-costs for additional information on CHSP. Attached is Silverchain's Contribution Fee Schedule.

Silverchain have a client contribution procedure in place. Our procedure ensures that people who can afford to contribute to the cost of their care do so, while protecting those who are most vulnerable who may be entitled to a fee waiver or reduction.

To apply:

1. Complete and sign this form.
Return of form to go to: sachspcoordinators@silverchain.org.au
or via mail addressed to: **SA CHSP Coordinators, Silverchain, PO Box 247 Glenside SA 5065.**

Section one: Your contact details

Name

Address

Phone number

Customer reference number

Section two: Do you have a current Health Care Card or Pension Concession Card?

Yes, please provide details below and complete all the following sections.

Card type	Card number	Expiry date
-----------	-------------	-------------

Card type	Card number	Expiry date
-----------	-------------	-------------

No, please complete all the following sections.

Section three: Income

Please complete the table below. Please provide details of your level of household income. If you do not wish to provide details of your income, you will not be able to continue to apply for special consideration.

Income (per fortnight)	
Fortnightly household income:	\$
Pension amount per fortnight:	\$
Additional income per fortnight (include any other income stream including overseas pensions and rental properties):	\$
Total income per fortnight	\$

Section four: Home and other expenses

Please complete the table below.

Home expenses (per fortnight)	
Are you renting a home or paying a mortgage for your home?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
If Yes, please specify your <u>minimum fortnightly repayment or fortnightly rent payment amount:</u>	
Other expenses (per fortnight)	
Electricity	\$
Gas	\$
Water	\$
Internet	\$
Telephone	\$
Groceries	\$
Medical, dental, hospital, ambulance and other health professional fees (exclude refunds from Medicare or a private health insurance fund)	\$
Pharmaceuticals such as prescriptions or other medicines	\$
Fees for community services such as personal care services, respite care or day therapy	\$
Transport to assessed health/support services	\$
Other expenses (specify type and cost) fortnightly cost	\$
Do you have any other extraordinary expenses or circumstances you would like us to consider?	\$
Total home and other expenses (per fortnight)	\$

Section five: Total income and expenditure

Please complete the table below.

Health care and community support items	
Total fortnightly income (section 3)	\$
Total fortnightly home and other expenses (section 4)	-\$
Total income less expenditure (per fortnight)	\$

Section six: Client or authorised person(s) declaration

This is a true record of my income and health care and community support costs. I understand that I may be asked to provide further details or evidence of these costs.

Name of client

Signed by the client

 Date

Name of authorised person

Signed by authorised person who warrants they have the authority to sign this form on behalf of the client.

 Date

Next steps

This form must be returned to us within four weeks of the date of your CHSP assessment for a fee waiver or reduction to be considered. Silverchain will confirm the outcome of the waiver request in writing. If Silverchain does not receive a fee waiver assessment form within four weeks, you will be invoiced for the full contribution fee for your CHSP services after that date. For any queries about this form or the process please call our Contact Centre on **1300 650 803**.

Internal use only

Approved by (name):

Signature:

Date:

Date client notified:

No change to fee
 Fee reduced 25% 50% 75%
 Fee waived

By completing this form you consent to Silverchain collecting your personal and financial information on this form for the purposes of assessing your Commonwealth Home Support Program fee waiver application. By providing us with your information on this form you consent to us using your information to assess your fee waiver application and to us sharing your information with other Commonwealth Home Support service providers that you receive services from and with Commonwealth Agencies as required. If you do not provide all of the information requested on the form, we may not be able to assess or approve your fee waiver application. Please refer to Silverchain's privacy policy at silverchain.org.au/privacy for information about how Silverchain handles personal information including how to seek access to or correct your information or submit a privacy complaint.