**CONFIDENTIAL**

**FEE REDUCTION / WAIVER APPLICATION**

Co-contribution guidelines for the provision of Commonwealth Home Support Programme (CHSP) services are required to ensure consistency and equity. The Programme funders require that all people who can afford to contribute to the cost of their care should do so. A person’s capacity to pay will be considered to ensure that financial hardship is not a barrier to receiving services.

Your CHSP fee may be reduced in part or in full if you have other high costs that impact on your ability to contribute.

To determine whether you are eligible to pay a reduced fee, or have it waived for a period of time, you will need to provide some information to your CHSP service provider about your current circumstances. The information can be used to adjust or waive the fee you have been asked to pay. Any information you provide is treated as private and confidential and you will be provided with a copy of this form for your records.

This process is reviewed annually or if your circumstances change

**CHSP CONSUMER DETAILS**

**Date of application**

**Last Name or Family Name**

**Given Names**

**Home Address**

**Postcode**

**Home Telephone Mobile**

**Email**

**Please indicate:**

**Self-funded retiree**

**Part Pension / Commonwealth Seniors Health Card Number:**

**Age Pension / DVA number:**

Please complete the form based on:

* your current personal income.
* the costs you incur because of your current circumstances, or the circumstances of your family member (if you are filling this out on behalf of someone else).

Before recording an amount, you should deduct from it any reimbursement you have received from another source, for example, a refund from a private health insurer for a medical cost.

|  |  |  |
| --- | --- | --- |
| Income Source | Fortnightly Income | Comments |
| **Total Income:** Aged Pension / DVA / Superannuation/other income  *(only include your share of pension if you have a joint income)* | **$** |  |
|  | | |
| **Fortnightly Expenses** |  |  |
| Rent or mortgage |  |  |
| Council Rates |  |  |
| Electricity or Gas |  |  |
| Telephone |  |  |
| Water Rates |  |  |
| Food |  |  |
| Transport |  |  |
| Health Care |  |  |
| Chemist/medications |  |  |
| Equipment Hire |  |  |
| Social Activities |  |  |
| Other costs (please list) |  |  |
| **Total fortnightly expenditure** | **$** |  |
| **Balance of income remaining (Income less expenses)** | **$** |  |
| Are there any other factors that you would like us to consider when assessing the fees? | | |
|  |  |  |

Signed Date:

Printed Name

If you completed and signed this form on behalf of the person receiving a CHSP service, please provide your name and address.

**Last Name or Family Name**

**Given Names**

**Address**

**Postcode**

**Home Telephone Mobile**

**Email**

**What is your relationship to the consumer?**

**Type of Authority e.g: Power of Attorney, Guardianship, Carer**

Thank you for completing this form, please ensure you have signed where indicated and return to CHSP, City of Adelaide, GPO Box 2252, Adelaide 5001. You will receive a response within 14 business days. Please call 8203 7203 for further information

*OFFICE USE ONLY:*

Agreed Co-Contribution Fee: $

Comment:

Review Fee Reduction or Fee Waiver

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the current financial situation | Short-term *(please tick)* |  | Long-term *(please tick)* |  |
| SMS: | Copy to Consumer: | | Review Date: | |

Approved by: Date:

Senior Coordinator Safety & Ageing