

WA HACC CONFIDENTIAL CLIENT FEE REDUCTION FORM

This form will determine the client's agreed fees for support provided by a HACC service provider.

Client Details: Surname: _____ Given Names: _____
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Age Group: <i>Less than 15 years:</i> Complete this form based on parental income <i>16 years or over:</i> Complete this form based on client income
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If the client has financial difficulty in paying the nominated fees for support services completion of this form will identify the amount the client can pay.

If the additional costs for the client are approximately 10% or more of income (or in accordance with the service provider fee reduction policy), a decision to reduce a fee may apply.

The client may choose not to complete this form, however the maximum fees in the identified income level for support services may be charged.

No client will be refused a service because of financial inability to pay fees.

Service Provider's Details: Name: _____ Telephone: _____ Facsimile: _____ Staff Member's Name: _____ Date: _____

INCOME DETAILS

What is the client's income source?

(please tick)

- Australian Centrelink Pension Card
- Australian Health Card
- Commonwealth Seniors Health Card
- Tax Assessment Notice
- Other Income

What is the client's income level?

Identify whether single or couple combined	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>
Single	\$0 – \$50,000	More than \$50,001
Couple Combined	\$0 – \$80,000	More than \$80,001
Fees Cap	\$64	\$154

SUMMARY OF FEES PAYABLE BY CLIENT

Support services included in Fees Cap	Unit of Service	Client's Nominated Fee Contribution (please tick or identify amount in Other)				
	Level 1 -\$8 Level 2 – unit cost	\$6	\$4	\$2	Other	No fee
Domestic assistance	Per hour					
Personal care	Per hour					
Respite care	Per hour					
Social support (one on one)	Per hour					
Social support (group)	Per occasion					
Other food services	Per hour					
Centre based day care (<i>excluding meals and transport</i>)	Per occasion					
Home maintenance	Per hour					
Nursing care	Per occasion					
Allied health	Per occasion					
Total fees to be paid by the client for support services per week						

Support Services Excluded from Fees Cap	Unit of service	Client's Fee Contribution
Home modification	Per job	\$
Transport	Per one way trip	\$
	Up to 10 kms <input type="checkbox"/>	
	11 kms to 30 kms <input type="checkbox"/>	
	31 kms to 60 kms <input type="checkbox"/>	
61 kms to 99 kms <input type="checkbox"/>	\$	
Meals (no fee reduction applies)	Full cost of meal	\$
Podiatry (applies to existing separately HACC funded podiatry services only)	Per occasion	\$

ADDITIONAL COSTS

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

Categories	Average Fortnightly Cost	Comments
Health Related Costs		
<ul style="list-style-type: none"> • Medications • Alternative therapies • Aids and equipment, including continence products • Specialist care, (eg occupational therapy, physiotherapy, extensive podiatry) • Special clothing • Special foods (eg dietary supplements) • Temporary care or respite (Non HACC) • Medical supplies 	\$	
Location Related Costs		
<ul style="list-style-type: none"> • Home modification • Specialist care related costs - such as transport or accommodation when travelling to another location to see medical specialist. • High accommodation charges 	\$	
Fee Related Costs		
<ul style="list-style-type: none"> • Health or medical insurance • Fees for other services 	\$ \$	
Other Costs		
	\$	
Total Additional Fortnightly Costs	\$	
Actual Fortnightly Income	\$	
Calculate percentage of income (approx 10% or more of income, or in accordance with the service provider fee reduction policy).	%	

