

Client Contribution Fee Waiver Assessment

Under the Commonwealth Home Support Programme (CHSP) guidelines, provided by the Commonwealth Government, those who receive services are required to pay a contribution to help with the cost of services. You can refer to myagedcare.gov.au/commonwealth-home-support-programme-costs for additional information on the programme. Attached is Silverchain's client contribution fees for CHSP services.

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.

Your Silverchain co-contribution fee may be waived if you, your spouse/partner or a dependent child have high costs for essential health care needs or have been assessed by the government as eligible for Pension Concession or Low Income Health Care Card, or hold a current Department of Veterans Affairs (DVA) Gold Card (in Western Australia only). This form must be returned within eight weeks or fees will be applied from eight weeks after your assessment. Fees will not be waived where you cancel a service with less than 24 hours notice.

To apply:

1. Complete and sign this form.
2. Return the form to us via email to AccountsReceivable@silverchain.org.au or via mail addressed to:
Accounts Receivable
Silverchain
6 Sundercombe Street, Osborne Park
Western Australia 6017

Section one: Your contact details

Name

Address

Contact number

Customer reference number

Section two: Do you have a current Health Care Card, Pension Concession Card or DVA Gold Card (WA only)?

☐ **Yes**, please provide details below and go to Section four.

Card type Card number Expiry date

Card type Card number Expiry date

☐ **No**, please complete Section three.

Section three: Health care and community support costs

Please complete the table below. You should first deduct any reimbursement you received from another source, for example, a refund from Medicare or a private health insurer.

Health care and community support items	Costs in last four weeks for yourself, your spouse/partner and any dependant children	Once only costs in the past 12 months
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	\$	\$
Aids (eg prescription glasses or hearing aids) and equipment (eg wheelchairs or walking frames)	\$	\$
Fees for community services such as Domiciliary Care, personal care services, respite care or day therapy	\$	\$
Special food such as diabetic or gluten-free items	\$	\$
Special clothing or footwear such as support stocking or continence aids	\$	\$
Transport to assessed health/support services	\$	\$
Home maintenance services	\$	\$
Home modifications for health needs	\$	\$
Vehicle modifications for health needs	\$	\$
Total	\$	\$

Section four: Client or authorised person(s) declaration

This is a true record of my health care and community support costs. I understand that I could be asked to provide further details if required.

I consent to Silverchain sharing information and confirmation of my contribution fee waiver application with other Commonwealth Home Support service providers/organisations that I also receive services from.

Signed by the client or authorised person

_____ Date _____

Next steps

Silverchain will confirm the outcome of the waiver request in writing. Should your waiver be approved, it will be so for two years for the CHSP programme.

If Silverchain does not receive a response within eight weeks, we will be of the understanding the waiver is not required and you will be billed for services after that date.

For any queries about this form or the process please call our Contact Centre on **1300 650 803**.

Silverchain is collecting your personal and financial information on this form for the purposes of assessing your Commonwealth Home Support Programme 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/organisations 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. If you require further information about how Silverchain manages personal information, please refer to our privacy policy at silverchain.org.au/privacy. The policy also contains information about how to contact Silverchain's Privacy Officer and how to make a complaint about your privacy.