

Special Fee Consideration

Client details			
Client name			
Address			
Date of birth		Customer record ID:	
Please note: Discounts are not applicable on HCP income tested fees.			

Section A

Income	
1. Do you receive a government pension or allowance? (E.g. Disability support pension, Aged Pension, Carer Allowance, Veterans' or War Widows' Pension)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) go to Q1a
1a. 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.	
Monthly household income:	\$
Less standard pension \$/month:	-\$
Net level of income above pension:	\$ go to Q4

Home	
2. Do you own your own home?	<input type="checkbox"/> Yes (1) go to Q2a <input type="checkbox"/> No (0) go to Q2b
2a. Do you have a mortgage?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) go to Q3
If Yes, please specify your <u>minimum monthly</u> repayment amount:	\$
2b Do you receive rent assistance or live in public housing?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
2c Other arrangements (specify type and cost) monthly cost	\$

Dependents		
3. Are you the primary carer of a dependent (e.g. child, grandchild, person with a disability) who is <u>not</u> receiving a government pension or allowance?	<input type="checkbox"/> Yes: 1 dependent (2) <input type="checkbox"/> Yes: 2–3 dependents (3) <input type="checkbox"/> Yes: 4+ dependents (4) <input type="checkbox"/> No (0)	go to Q3a go to Q3a go to Q3a go to Q4
3a. Do you receive government support, pension or allowance to support these responsibilities?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
If yes, please provide details:		

Monthly spend		
4. Do you have any other extraordinary expenses or circumstances you would like us to consider?	<input type="checkbox"/> Yes (1) (score according to sum of Total expenses per month) go to Q4a	<input type="checkbox"/> No (0) go to Section B
4a. Please provide details of expense types and monthly costs:		
Doctor		\$
Medication		\$
Other extraordinary costs		\$
Other medical expenses		\$
Rent		\$
Specialists		\$
Transport		\$
Subtotal 4a		\$
4b. Other service providers, community care and/or home support services (e.g. Personal Care, Domestic Assistance, Respite Support, Meals, and Home and Garden Maintenance. Please provide details below.)		
Service type	Organisation contact information	Monthly fee
		\$
		\$
		\$
		\$
Subtotal 4b		\$
Are you willing for Silverchain to contact these organisations to discuss your fees? (If you are not willing for Silverchain to contact these organisations, we may not be able to provide special fee arrangements.)		<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Other (any other extraordinary expenses):		\$
Less any monthly income amount above the pension (if Q1a was completed)		-\$
Total (adjusted) monthly expenses		\$

Score according to which category the monthly expenses amount falls into:	<input type="checkbox"/> <\$50 <input type="checkbox"/> \$50 - \$75 (1) <input type="checkbox"/> \$76 - \$100 (2) <input type="checkbox"/> \$101 - \$200 (3) <input type="checkbox"/> >\$200 (5)
Score	
Do you receive any other government support, pension or allowance to assist with these expenses?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)

Section B - Processing (to be completed by our Care Manager)

Understanding the scoring system

Please note that the scoring system in the application for special consideration is intended as a **guide only**.

In each case, the client's individual circumstances should be considered before making a decision regarding the reduction or waiving of fees.

Score	Category	Meaning
0-5	Low	Generally fee reductions not needed but consider individual or extraordinary circumstances. 100% payment of fee normally applies.
6-7	Moderate	Some level of fee reduction may be appropriate. Consider individual circumstances (particular if there are extraordinary issues). Reduction of 25-50% may be appropriate.
8 & above	High	Some level of fee reduction may be appropriate. Consider individual circumstances (particular if there are extraordinary issues). Reduction of 50-100% may be appropriate.

For more information on the scoring system and its interpretation, see **Fees Policy**

Total score for this client:		
Outcome:		<input type="checkbox"/> No change to fee <input type="checkbox"/> Fee reduced <input type="checkbox"/> Fee waived
Details: (include details of other arrangements if made)		
Fee payable:		
Comments:		
Amount client feels they can afford to pay:		
Approved by (name):		
Designation:		
Signature:		
Date:		