

Client Contribution Fee Waiver 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 has 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 contribution fee may be waived or reduced if you, your spouse/partner or a dependent child have high costs for essential health care and accommodation needs or have been assessed by the government as eligible for Full Age Pension.

To apply:

1. Complete and sign this form.
2. Return the form and supporting documentation 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

Phone number

Customer reference number

Section two: Are you receiving the Full Age Pension?

Yes. Skip Section three, and complete Section four. Please note you must provide supporting documentation.

No. Please complete Section three.

Section three: Health care and accommodation costs

Please complete the table below. You should first deduct any reimbursement you receive from another source, for example, a refund from Medicare or a private health insurer. Please note you must provide evidence / supporting documentation.

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 fees (exclude refunds from Medicare or a private health insurance fund).	\$	\$
Prescription medications.	\$	\$
Prescription glasses or hearing aids.	\$	\$
Mobility equipment eg wheelchairs, walking frames.	\$	\$
Out of pocket fees associated with community services, such as personal care or respite.	\$	\$
Out of pocket expenses related to chronic disease management monitoring, eg blood glucose monitoring device, insulin needles, continence aides.	\$	\$
Transport costs to attend medical and specialist appointment.	\$	\$
Ongoing payments for principal home, ie mortgage or rental cost.	\$	\$
Total	\$	\$

Section four: Client or authorised person(s) declaration

This is a true record of my Full Age Pension, or my health care and community support costs. I have provided supporting documentation, and I understand that I could be asked to provide further details or evidence if requested.

Name of client

Date

Name of authorised person

Date

Next steps

This form must be returned to us within eight weeks of the date of your CHSP assessment for a fee waiver to be considered. After eight weeks, you will be invoiced for the full contribution fee for your CHSP services.

Silverchain will confirm the outcome of your application for a fee waiver request in writing. For any queries about this form or the process please call our Contact Centre on **1300 650 803**.

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 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.