

I, (Client/Representative Name): _____ understand that:

- Payment of fees that contribute to the cost of Commonwealth Home Support Programme (CHSP) supports will be sought after services have been delivered
- Centacare’s CHSP Contribution Fee Schedule is reviewed annually and fees do not exceed the actual cost of service provision
- A minimum of 30 days’ notice will be given for any changes to the Fee Schedule
- Monthly invoices will be issued after services have been delivered
- Payment options can include Direct Debit or Electronic Transfer
- If unable to pay the invoice of contribution fee, this Fee Reduction or Waiver Application must be completed

Fee Reduction or Waiver Application	
CHSP services received:	
Fee reduction or waiver:	<input type="checkbox"/> ____% fee reduction <input type="checkbox"/> ____\$ fee reduction
Duration of fee reduction or waiver:	/ / to / /
Reason for waiver:	<input type="checkbox"/> Recent unforeseen financial pressures _____ <input type="checkbox"/> Ongoing financial hardship _____ <input type="checkbox"/> Other _____

Application Received From	
<input type="checkbox"/> Client – OR – <input type="checkbox"/> Representative Name:	
Client Aged Care ID #:	Client DOB: / /
Signature:	Date: / /

Office Use Only			
Method:	<input type="checkbox"/> Written <input type="checkbox"/> Verbal		
Date received:	Time:	Location:	
Application received/recorded by:			
Waiver approved:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Client/Representative notified:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Manager assessing application:			
	(Print name)		(Signature)

This document must be retained and be accessible for auditing for a period of 2 years after the client has ceased to be a client of Centacare.