



CONFIDENTIAL INCOME ASSESSMENT FORM

Agency Details: Name: _____ Telephone: _____ Facsimile: _____ Assessor's Name: _____ Date: _____
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This form will determine the agreed fee for support provided by a HACC agency by:

- Clearly stating a client's income level;
- Finding the income level for determining the fee.

The client may choose not to complete this form, however the maximum fee for support may be charged. A review of the fee can be discussed, if a client has difficulty in paying the nominated fee especially if income/costs change. No client will be refused a service because of financial inability to pay a fee.

CLIENT DETAILS

Surname: _____

Given Name: _____

Gender: Male Female Date of Birth: / /

Age Group: Less than 15 years: Complete this form based on parental income
16 years or over: Complete this form based on client income

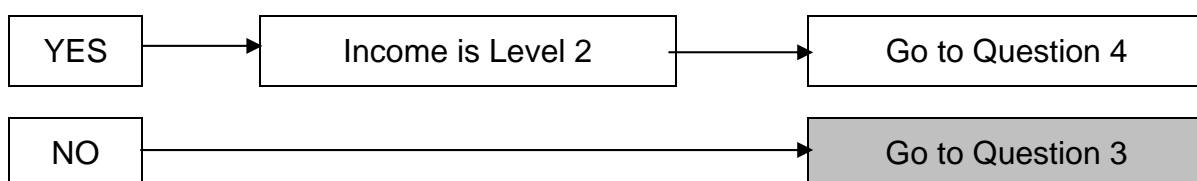
INCOME SOURCE

Please tick the relevant response.

Question 1: Does the client hold an Australian Pension Card, and/or a Health Care Card?



Question 2: Does the client hold a Commonwealth Seniors Card?



Question 3: Other Income: The client's tax assessment notice for the last financial year will show the taxable income. Indicate the income range by placing a tick next to the level of income that applies to the client.

	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>
Single	\$0 – \$41,015	\$41,016 to \$49,999	More than \$50,000
Couple Combined	\$0 – \$68,497	\$68,498 to \$79,999	More than \$80,000

Question 4. Has the client's income source been viewed?

(please tick)

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

Assessor's name: _____

OTHER SUPPORT SERVICE DETAILS

Are fees paid to another support service?

	Name of Agency	Fee Paid (approx)
<input type="checkbox"/> HACC	_____	\$ _____
<input type="checkbox"/> CACP	_____	\$ _____
<input type="checkbox"/> EACH	_____	\$ _____
<input type="checkbox"/> EACH (D)	_____	\$ _____
<input type="checkbox"/> DSC	_____	\$ _____
<input type="checkbox"/> Private	_____	\$ _____
<input type="checkbox"/> Other	_____	\$ _____

SUMMARY OF HACC FEES PAYABLE

Services included in Fee Cap	Please Tick	Fee Rate
Allied Health Care (excluding Podiatry)		
Centre Based Day Care (<i>excluding meals and transport</i>)		
Domestic Assistance		
Other Food Services (<i>meal preparation</i>)		
Home Maintenance		
Nursing Care		
Personal Care		
Respite Care		
Social Support (<i>refer p.11 of Policy</i>)		
Sub Total		
The Fee cap for support services:		
Per Week		
Level 1	\$43.00 <input type="checkbox"/>	
Level 2	\$53.00 <input type="checkbox"/>	
Level 3	\$118.00 <input type="checkbox"/>	
TOTAL to be paid for support services per week:		\$ _____

Services Excluded in Fee Cap (<i>income assessed – refer p.11 of policy</i>)		
Home modification	Fee for Service	\$ _____

CLIENT AGREEMENT

Fee for Support

- I am able to pay the contribution for the HACC support services I receive;
or
- I am unable to pay the contribution for the HACC support services I receive and request to apply for a Fee Reduction.

Contacting another HACC Service Provider (refer Question 5)

- I give permission to contact another HACC Service Provider regarding my fees.
or
- I do not give permission to contact another HACC Service Provider regarding my fees.

Client Signature: _____ Date: _____

If you completed this form on behalf of the client, please provide the following details:

Surname: _____

Given Name: _____

Telephone _____ Relationship to client: _____

Signed: _____ Date: _____

To be provided to the Client:

Please tick

- Copy of completed Income Assessment Form
- Service Provider's WA HACC Fee Policy
- Service Provider's Fee Schedule

Assessor's Name: _____

CLIENT REVIEW

Annual Review Date	Change in Income/costs**	Completion of new form Required	Assessor's initial	Date
... /.../200	Yes / No	Yes/No	_____	.../.../200...
.../.../200	Yes / No	Yes/No	_____	.../.../200...

** If there is a change in your income/costs, you will need to complete a new form.