

## CLIENT FEE REDUCTION

Client Details	
Surname:	
Given Names:	
Person completing this form:	

Client Income Details – What is the client’s income source? (Please tick)	
Australian Centrelink Pension Card	
Commonwealth Seniors Health Care Card	
Tax Assessment Notice	
Other Income	

<b>What is the client’s fortnightly income level after tax from all sources?</b>	<b>\$</b>
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Additional Costs: Please indicate the expenses the client incurs, either short term (up to 12 weeks) or long term (1 year).		
Category	Average Fortnightly Costs \$	Comments (eg short term / long term)
<u>Health Related Costs</u> <ul style="list-style-type: none"> <li>• Medications</li> <li>• Alternative Therapies</li> <li>• Aids and equipment (including continence products)</li> <li>• Specialist care (eg occupational therapy, physiotherapy, extensive podiatry)</li> <li>• Special clothing</li> <li>• Special foods (eg dietary supplements)</li> <li>• Temporary care or respite (non HACC)</li> <li>• Medical supplies</li> </ul>		
<u>Location Related Costs</u> <ul style="list-style-type: none"> <li>• Home Modification</li> <li>• Specialist care (eg transport / accommodation when travelling to another location to see medical specialist)</li> <li>• High accommodation charges</li> </ul>		
<u>Fee Related Costs</u> <ul style="list-style-type: none"> <li>• Health or medical insurance</li> <li>• Fees for other services</li> </ul>		
<u>Other Medical Costs</u>		
<b>TOTAL</b>	<b>\$</b>	

**Please Turn Over...**

