Commonwealth Home Support Program

Client Financial Hardship Form

The Australian Government covers most, but not all, of the cost of your Commonwealth Home Support Program (CHSP) services. You pay the remaining amount as a contribution towards the cost of your care.

If you are experiencing financial hardship, you can request a review of your contributions at any time by completing this form. It includes questions about your income, expenses, any government pensions you receive, and any concession cards you hold.

Please provide your completed form to your Bolton Clarke team member so we can assess your individual circumstances and contributions.

Details

Your details			
First Name			
Surname			
Address			
Date of birth		Contact number	
Email address			

Income

Please tell us about your fortnightly income.

	Your government allowance pension details (if applicable)		
	Do you receive an allowance or pension?	☐ Yes	☐ No
	Name of allowance or pension		
	Other individual fortnightly after-tax income		
A	Total fortnightly income		

Expenses

If you live in a household, some expenses might be shared. It is important we have an accurate understanding of your living arrangements and expenses so we can make sure everyone is treated fairly.

	Household details		
	Do you share household expenses?	☐ Yes	☐ No
B	If so, what share do you pay? E.g. 100%, 50%, 33%		

Please tell us about your fortnightly out of pocket expenses, excluding any government subsidies or discounts.

	Fortnightly expenses	
	Living costs (per household)	
	Housing Rent, mortgage repayments, home and contents insurance	
	Groceries Essential food and other consumables	
	Rates Council and water	
	Utilities Water, gas, electricity, internet and phone bills	
	Transport Fuel, car insurance, public transport and taxi or rideshare	
C	Household total Sum of all shared costs	
D	Client Sub-total Calculate share by multiplying the values in boxes **B** and **C** above	
	Individual costs	
	Healthcare Private health insurance and medical out of pocket costs	
	Pharmaceuticals, aids and equipment Out of pocket costs for medicines, subscriptions and other devices	
	Aged care and other services CHSP out of pocket costs and privately funded services	
	Other expenses	
E	Sub-total Sum of all individual costs	
F	Total fortnightly expenses Add the values in boxes **D** and **E** above	

Net income

	Net fortnightly income	
G	Total Subtract the value in box **F** from box **A**	

Thank you for taking the time to complete this form and providing it to us. Your Bolton Clarke team member will get back to you.

We are here to help if you have any questions. If you'd like to get in touch, please contact us on 1300 22 11 22.