Client Financial Hardship Form

Commonwealth Home Support Program (CHSP)

Home and Community Care Program for Younger People (HACC PYP)

The government covers most, but not all, of the cost of your CHSP or HACC PYP 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, and any government allowances or pensions you receive.

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		State	
Date of birth		Contact number	
Email address			

Income

Please tell us about your individual fortnightly income.

	Your government allowance or 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 individual fortnightly income		

Expenses

Please tell us about your fortnightly out of pocket expenses after any concessions or pensioner discounts. 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.

	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		
B	Household total Sum of all shared costs		
	Household details		
	Do you share household expenses?	☐ Yes	☐ No
C	What percentage of household expenses do you pay? E.g. 100%, 50%, 33%		
D	Client Sub-total Calculate client share by multiplying the values in boxes B and C above		
	Fortnightly expenses		
	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, HACC PYP out of pocket costs and other 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

This is your determined income available after your expenses have been accounted for.

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

Thank you for taking the time to complete this form. You can provide the completed form to us in three ways:

In Person:	By giving this form to your Bolton Clarke carer at your next appointment.
By Email:	hello@boltonclarke.com.au
By Post:	Home and Community Support Level 1, 347 Burwood Hwy Forest Hill Victoria, 3131

We will let you know the outcome after we have reviewed it. We are always here to help if you have any questions. If you'd like to get in touch, please contact us on 1300 22 11 22.