



Income Self-Declaration Form

Effective 3rd June 2013

To help us to determine what fees to charge for the service/s you receive, you need to provide the following information. This information will determine if your fees will be reduced or not charged at all due to your current financial situation. Your information will be confidential and will be stored securely with your health record as required by current privacy legislation. Completing the form will in no way effect your entitlement to services or effect the time you may have to wait for service delivery.

Your Name:	_____	
Your Address:	_____ _____ _____	
	State: _____	Postcode: _____
Telephone Number:	Home: _____	Mobile: _____

Income Level

Please indicate your income level before tax by ticking the correct box.

	Income level	Income Range	Tick below
Pension	Low		
Health Care Card	Low		
Single	Low	Less than \$33,095	
	Medium	\$33,095 to \$72,915	
	High	More than \$72,915	
Couple	Low	Less than \$50,653	
	Medium	\$50,653 to \$97,475	
	High	More than \$97,475	
Family (with one child)	Low	Less than \$56,187 (plus \$5,533 for each additional child)	
	Medium	\$56,187 to \$102,650 (plus \$5,533 for each additional child)	
	High	More than \$102,650 (plus \$5,533 for each additional child)	

Please provide evidence of income level e.g. copy of a current Centrelink statement, copy of pay slip for yourself and partner (if relevant).

Identifying factors affecting your ability to pay fees for services

Do you have high expenditure in any of these areas?	Tick if Yes	Is this short-term or on-going cost?
Pharmaceutical or medication costs		
Aids and equipment, including continence products		
Specialist care		
Additional school costs		
Special foods		
Temporary care or respite		
Special clothing		
Utilities (telephone, water, power, gas) where there is higher usage due to a disability (for example, people using pumps overnight do not get a concession on utilities bill)		
Medical supplies		
Increased property costs where this is related to the additional cost of disability (for example if you have had to modify your house or move to access services, replacing carpets and bedding)		
Transport (for example where due to a disability you are not able to use your own car or public transport)		
Specialist care or related costs (e.g. accommodation and travel costs to see a specialist at another location)		
Health or medical insurance costs due to disability		
The cost of services other than HACC services		
Other (please specify)		

I agree that this information can be used to set fees for the service/s I receive. I acknowledge that the fee I am charged will be reviewed from time to time at my request or at Dianella Community Health's request.

Your Name: _____

Your Signature: _____

Date: _____

Please complete this form, attach your Fee Waiver Application Form and bring to your next appointment.