

CHSP Major Modifications Application Form

For My Aged Care Eligible Clients who require Major Home Modifications.



Title

First Name

Surname

Mr

Mrs

Miss

Ms

Preferred Name

Date Of Birth



Day Month Year

Street Address

Suburb and Postcode

Postal Address (if different from above)

Suburb and Postcode

Phone

Mobile

E-Mail

Additional Contact Person

Relationship to Client

Phone

Mobile

Consent to act on behalf of recipient

Yes

No

Please note to be eligible for CHSP Home Modifications funding clients need to be registered and have a My Aged Care Referral Code for Home Modifications. Please advise client to contact My Aged Care if they do not have a Home Modifications Referral Code and contact Home Assist Community Services on (07) 4123 2234 with their Code so we can assist them with CHSP funding and avoid delays.

Is the consumer registered with My Aged Care?

Aged Care User ID

Yes

No

Referral Code for Home Modifications (if available)

Residency Type

Dwelling Details

Private Residence (Client or Family Owned/Purchasing)

Highset

Private Rental

Lowset

Public Rental

Independent Living Unit

Owner / Landlord / Agency Name (if applicable)

Postal Address

Suburb and Postcode

Phone

Mobile

E-Mail

Pension Number

Medicare Number

Living Arrangements

Lives Alone
 Couple
 Group Related Adults
 Group Unrelated Adults
 Couple with Dependent(s)

Disability Indicator

Intellectual Learning
 Psychiatric
 Sensory / Speech
 Physical / Diverse
 No Disability

ATSI Status

Aboriginal
 Torres Strait Islander
 Neither

Department Of Veteran Affairs

No DVA Entitlement
 DVA Gold Card
 DVA White Card
 DVA Orange Card

Pension Type

Aged Pension
 Disability Support Pension
 Carer Payment / Pension
 No Government Pension or Benefit

Country of Birth**Language Spoken at Home****Type of Modification**

Shower
 Toilet
 Bathroom Alteration
 Ramp
 Stairlift
 Lift
 Kitchen

Assessing Occupational Therapists Name**Preferred Builder/Contractor****Preferred Builder/Contractor Phone Number****Funding and Client Contribution**

Home Assist Community Services are bound by the Occupational Therapist Recommendations to complete the requested modification/s as cost effectively as possible for home access requirements not aesthetics.

The Commonwealth Home Support Program (CHSP) has a set maximum cap on the subsidy for Home Modifications of up to \$10,000 per customer per financial year.

Example: Where there is a couple who are both eligible for the CHSP, the assessment for home modifications is based on the customer who has the highest need for the home modifications. Therefore, in this case, the annual subsidy remains at up to \$10,000. Any costs above the \$10,000 cap per year are at the expense of the customer.

EXAMPLES ONLY –: EACH CLIENTS MODIFICATION WILL VARY BASED ON CURRENT CONDITION AND LOCATION:

Example 1: Bathroom - John requires a new wheelchair accessible 3x3 bathroom the quote has come in at \$15,000 and the Federal Government will fund up to \$10,000 for the total cost of the modification. This leaves a balance of \$5,000 payable by the client.

Example 2: Bathroom - Sally requires a new wheelchair accessible 3x3 bathroom the quote has come in at \$18,000 as the home has asbestos and is located in a remote area, the Federal Government will fund up to \$10,000 for the total cost of the modification. This leaves a balance of \$8,000 payable by the client.

Example 3: Stairlift - Jim needs a straight stair lift installed to exit his home safely, the quote is \$6,900 - the Federal Government will not fund the full amount for the stair lift and a minimum client contribution of \$1,000 is required.

Example 4: Stairlift Curved - Natalie requires a curved stair lift and the quote is \$14,900, the Federal Government will fund up to \$10,000. The client will need to contribute \$4,900.

Example 5: Ramp – Ben requires a 10m access ramp and the quote has come in at \$12,000, the Federal Government will fund up to \$10,000 for the total cost of the modification. This leaves a balance of \$2,000 payable by the client.

DISCLAIMER: please note your client contribution will vary in price and is based on a sliding scale, your quote, your location, the condition of your current bathroom and if asbestos is located in your home will be taken into consideration (therefore each person can expect that their client contribution will vary from \$1,000- \$15,000.

Home Assist Community Services makes provision for the financial hardship of its government-subsidised customers. We encourage customers experiencing financial hardship to raise their concerns with us prior to submitting a formal application. We will then assess your eligibility for payment plans or reduced fees. We will assess your income according to government guidelines, including considering the amount of other support services you use, and the cost of your medications and other outgoings, we will also re-assess your contribution if your financial circumstances change within the period we are providing service to you, if you let us know within 7 days of your change of circumstances.

Are you able to make the client contribution?

- Yes
- No

Are you in financial hardship?

- Yes - please contact our office
- No

Privacy Statement

Home Assist Community Services is collecting your personal information to assess your eligibility for Home Assist Community Services funded programs. We will not disclose your personal information outside of Home Assist Community Services unless we are required by law. By providing your consent you agree to sharing this information with our assessors to support your application.

Video Consent Statement

Major Home Modification applications require supporting video evidence of the applicant's general mobility. Each application will be viewed by our panel of assessors. This allows each written application to be supported and demonstrated and prioritised transparently due to the large number of applications we receive.

By consenting and sharing information with Home Assist Community Services I understand and agree that my application and video will be stored using password protected systems. All information will be treated in a confidential manner.

By submitting this form, it is acknowledged that you have given us your consent to manage your personal information in the manner described in Home Assist Community Services full Privacy Policy and this condensed Privacy Statement. For a copy of Home Assist Community Services Privacy Policy please contact our office during business hours.

NOTE: Home Assist Community Services may be at times requested to share your information with Queensland Department of Housing and Public Works, Australian Government Department of Health, Queensland Health, Department of Veterans' Affairs, My Aged Care, NGO's and other Government bodies. We may need to at times de-identify your name when we are asked to provide auditing bodies as required by law for the purpose of reporting and data matching.

Your personal information is stored in a manner that reasonably protects it from misuse and loss and from unauthorised access, modification or disclosure.

When your personal information is no longer required for the purpose for which it was obtained, we will take reasonable steps to destroy or permanently de-identify your personal information. However, most of the personal information is or will be stored in client files which will be kept by us for a minimum of 7 years.

Name of Consumer

Signature of Consumer

Date



Day Month Year

Please return completed application form to:

Home Assist Community Services - 133 Adelaide Street, Maryborough QLD 4650

majormods@homeassist.org.au

