

Section A - Client (or representative) to complete	
Client Name	
Date of Birth	
Address	
Phone	
Email	
Representative (if any) name	
Representatives Ph. No.	
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Language:
Are you currently living in Australia under a sponsored visa and are under an assurance of support?	<input type="checkbox"/> Yes → You are not eligible for financial hardship assistance <input type="checkbox"/> No → Please proceed to Section C

Section C – Reason for Hardship – Client to complete
<input type="checkbox"/> Loss or reduction in income
<input type="checkbox"/> Large, unexpected expenses (e.g. medical bills, housing, utilities, rent increase)
<input type="checkbox"/> Changes in health or caring situation
<input type="checkbox"/> Bereavement of family situation
<input type="checkbox"/> Natural disaster / other emergency
<input type="checkbox"/> Other (describe)
Please provide details of the above selected field (attach page if required)

Section D – Income per fortnight (Client to complete).	
<i>Please note – we may request evidence of the below listed amounts (including bank statements, bills, mortgage statements, Centrelink documents, tax returns, payslips etc)</i>	
Aged Pension / DVA	\$
Employment	\$
Superannuation	\$
Rent received	\$
Other income	\$
TOTAL INCOME = D	\$

Section E – CHSP Service & Current contribution per fortnight (Client to complete).

Social Support Group Activities	\$
Transport to Social Support Groups	\$
Individual Social Support	\$
Transport services	\$
TOTAL CHSP Contributions = E	\$

Section F – Essential expenses per fortnight (Client to complete).

Do you live with a child or other household members?

- Yes How many (including you) **F1** _____ (expenses will be divided by number of people)
 No (I live alone)

Rent/Mortgage	\$
Utilities (electricity + gas + water)	\$
Groceries	\$
Transport	\$
Internet	\$
Phone	\$
Medical / Pharmacy	\$
Insurance	\$
Other	\$
	\$
	\$
	\$
	\$
TOTAL essential expenses (F2) =	\$
Apportioned essential expenses (F2 ÷ F1) = F	\$
Residual Balance = (D – E – F)	\$

Section G – Evidence (Client to complete) that you have ATTACHED

Provide only what is reasonably necessary. Alternatives may be available if documents are not available

- Services Australia / Centrelink Income Summary
 Recent bills / statement notices (e.g. medical bills, housing, utilities, rent, mortgage)
 Pay advice for the last 2 fortnights (if doing paid work)
 Bank Statements (last 3 months)
 Statutory declaration signed by JP (if documents unavailable)
 Other (describe)

Section H– Interim arrangements (Client to complete)

Services continue while we assess your application.

If needed, please suggest interim arrangements.

Temporary reduced contribution _____ \$ _____

Payment plan \$ _____ per week for _____ (number) weeks

Other (describe)

Section I – Privacy collection notice & consent (Client to complete)

UnitingSA collects the minimum personal information necessary to assess your CHSP Hardship application. We use it to make decisions, set temporary arrangements, and meet reporting/quality obligations. Information is stored securely and retained as per our Privacy policy (which is available on our website) and the law and may be accessed by authorised staff only. You can request access, correction, make a complaint or use an advocacy service (OPAN) if required.

Yes - I understand why this information is being collected and how it will be used. I consent to UnitingSA collecting and using this information to process my hardship application and to contact my representative/advocate.

I understand I can request an independent internal review within 30 days or make a complaint without detriment to my care or services.

Client/representative Signature _____ Date _____

Client/representative Name: _____

Section J – STAFF USE ONLY

Date application received	
Triaged in 3 business days	<input type="checkbox"/> Yes <input type="checkbox"/> No (why?)
Advocacy offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No (OPAN Ph 1800 700 600)
Consent to involve clients representative	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Meeting scheduled (date)	
Interpreter booked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Service continuity confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documented in clients file	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decision date (< 10 business days)	
Outcome	<input type="checkbox"/> Reduce <input type="checkbox"/> Waive <input type="checkbox"/> Defer <input type="checkbox"/> Other
Outcome details (amount, start date, end date etc)	
Client/representative notified of outcome in writing	<input type="checkbox"/> Yes Date: / /
Review due date	/ / NB – flag in AlayaCare
Senior Manager CAC	(Name/Signature/Date)
Aged Care Executive	(Name/Signature/Date)



Community Aged Care CHSP Financial Hardship Application Form
ACS-CAC-FOR-043

Finance Manager	(Name/Signature/Date)
Added to Hardship Register	<input type="checkbox"/> Yes Date: / /