

Nomination of Person Responsible for Payment of TCP Fee's

This form identifies the person who is **responsible for the payment of the TCP fees** and who will receive the invoice from Western Health for the provision of fees. Charges are set by the Commonwealth at a level of 17.5% of the aged care pension.

The Person Responsible for Daily Care Fees for:

Bradma

I understand and agree that:

- I am the person responsible to pay the Community Transition Care Program fees.
- I will pay a daily care fee of **\$9.93** from the day the Community Transition Care Program starts.
- This is a daily fee that includes weekends and days that services are not provided.
- I will receive invoices from Western Health for the amount of **\$9.93 per day**, equivalent to **\$69.51 per week**, for the time that the Community Transition Care Program is provided.
- The Community Transition Care Program is a time limited, goal directed program of up to 12 weeks. I understand that if the program goals are achieved before 12 weeks, I/the client will be discharged early from the program.

Name: _____

Address: _____

Signature: _____ Date: _____

Contact Number: _____

Relationship to client: _____

Witness to the above

Clinician Name: _____

Signature: _____ Date: _____

Contact Number: _____