

TCP Care agreement between the Care Recipient (listed below) and (TCP service)

1. I, (Care Recipient)

- (i) acknowledge that I have read or had explained to me the contents of this TCP information (which includes relevant attachments from the TCP Guidelines) and agreement
agree to receive TCP at Home / Bed based care setting
- (ii) authorise TCP to provide my personal details and information about my health and the care I receive under TCP to the Department of Social Services and the Department of Health for funding and evaluation purposes
- (iii) authorise TCP staff to discuss my health, care and service needs with my GP, other health professionals, service providers and the following additional persons:

- (iv) understand that I will receive a written care plan and discharge plan that details all the services to be provided to me under TCP and the date they start. These plans form part of this agreement. They will be amended over time as necessary and I can also request a review of the plans at any time
- (v) understand that TCP is a time-limited program and that my case manager will actively assist me to access long-term care arrangements to best suit my needs
- (vi) understand that this agreement can be reviewed at any time and changed with mutual consent. I will be notified in writing of any change.

Signature Verbal Consent (Witnessed by) Date

This agreement is to be signed by the care recipient. In some circumstances an authorised individual may sign on the care recipient's behalf. If written consent is not practicable to obtain, verbal consent is acceptable, but must be witnessed. Should this be the case, please complete the following:

Why was the care recipient unable to sign?

Name of person who did sign:

Relationship to the TCP care recipient (such as spouse, person responsible)

2. Care Fee – I agree to pay a fee of \$ _____ per _____ from the day I start TCP until I am discharged. I understand this fee can be reviewed if requested.

Signature Verbal Consent (Witnessed by) Date

This agreement to pay fees is to be signed by the care recipient or a person acting on their behalf who will be responsible for the receipt and payment of invoices. If written consent is not practicable to obtain, verbal consent is acceptable, but must be witnessed. Should this be the case, please complete the following:

Why was the care recipient unable to sign?

Name of person who did sign:

Relationship to the TCP care recipient (such as spouse, Power of Attorney)

Signed on behalf of Transition Care Program by:

Signature Name Date