



CHSP Financial Hardship Request Form – Allied Health

Provider : Intelligent Health Care Australia (IHCA)

CHSP Financial Hardship Request Form – Allied Health Services

Purpose

This form allows clients receiving allied health services under the **Commonwealth Home Support Programme (CHSP)** to request a **reduction or waiver of client contributions** due to financial hardship.

Client contributions under CHSP are **voluntary, not means tested**, and a client's ability or willingness to contribute **does not affect access to services**.

Client Details

- Full Name: _____
- Date of Birth: _____
- Address: _____
- Phone Number: _____
- Email (optional): _____

Service Details

- Allied Health Service(s): ☐ Physiotherapy ☐ OT ☐ Podiatry ☐ Dietetics
- Service Location: ☐ Home ☐ Clinic ☐ Community

Financial Hardship Declaration

I wish to **self-identify as experiencing financial hardship** and request that my CHSP client contribution be:

- ☐ Reduced
- ☐ Fully waived

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I understand that:

- Client contributions are **voluntary**
- My access to services **will not be affected**
- I am **not required to provide proof of income or financial documents**

Client Declaration

I confirm that the information provided is true and correct to the best of my knowledge.

Client Signature: _____

Date: _____

Office Use Only

- Approved by: _____
- Decision: ☐ Approved ☐ Not Approved
- Effective From: _____
- Notes: _____

*This form is completed in accordance with the **CHSP Programme Manual 2025–27, Part B, Section 6 (Client Contributions)**.*

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