

# Annual Return

Health Service Agreement (Operating Fund) Expenditure

—Details by Service Type for Year Ended 30 June 2004

Form 2



2003–2004

## Agency:

Service Type	Acute Health \$'000s	Mental Health \$'000s	Residential Aged Care \$'000s	Residential Aged Care Mental Health \$'000s	Aged Care \$'000	Other Services \$'000s	CONSOLIDATE D \$'000s
<b>1 Admitted Services</b>							
i Acute							
ii Sub-acute							
iii Other							
<b>2 Aged and Psychogeriatric Residential Services</b>							
i Generic and Aged Persons Mental Health (Psychogeriatric) services- High Care (Nursing Home)							
ii Generic and Aged Persons Mental Health (Psychogeriatric) services- Low Care (Hostel)							
<b>3 Non-Admitted Services</b>							
i Emergency services							
ii Outpatient services							
iii Community Care Units							
iv Other services							
<b>4 Total (=1+2+3)</b>							

\* The total of Form 2 must equal Form 1B – Row 18 “Sub Total Expenses from Services Supported by Health Services Agreement” for each column