

Home & Community Care (HACC)

Annual Fee Report

2006–2007

Form 5C

AGENCY:

AGENCY CODE:

SECTION 1: FEE COLLECTION STATUS

Does your organisation collect fees from HACC clients?

Yes

No

If your organisation does not collect fees from HACC clients, please proceed to Section 3 of this form.

SECTION 2: FEE INFORMATION

Total Fees Collected

\$

Total Fees Spent

\$

SECTION 3: CONTACT DETAILS & CEO SIGN OFF

Name of contact for queries:

Telephone No:

Designated Signatory:

Date:

Notes:

Agency – Full legal name as shown on Service Agreement

Agency Code – SAMS ID number as assigned by your DHS regional office