

# Home & Community Care (HACC)

Annual Fee Report

2007–2008

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