

Aged Community & Mental Health Home and Community Care

Human
Services



Peoplefirst

113 H1

Quarterly Output Data Return

This form should be used to report data for clients directly assisted with HACC funded services by the hospital. The form should be completed at the end of each quarter and forwarded within 15 days to the Department of Human Services. Submission of this form by the due date is a condition of funding.

Refer to the Agency Information Management System Manual for instructions on completing this form.

Hospital:

Agency:

Agency Code:

Quarter:

Year:

Type of HACC Service	Output for this Quarter			
	No. of Individuals Assisted	No. of hours attrib. to govt. HACC funds	No. of hours attrib. to client fees	No. of Assessments
1 Assessment & Care Management				
2 Health Care & Support (Nursing) - at home				
3 Health Care & Support (Nursing) - at centre				
4 Health Care & Support (Allied Health) - at home				
5 Health Care & Support (Allied Health) - at centre				No. of Meals
6 Delivered Meals - at home				
7 Delivered Meals - at centre				
8 Home Care				
9 Property Maintenance				
10 Personal Care				
11 Respite - Home & Community				
12 Respite - Overnight				Coordinator Hours
13 Volunteer Coordination				
14 Flexible Service Response				
15 Planned Activity Group - Core				
16 Planned Activity Group - High				
	No. of Av. Individuals		No. of Places	EFT Positions
17 Linkages Package				
18 Service System Resourcing	No. of Individuals			
19 Total No. of Separate Individuals Assisted				
20 Blank				
21 Blank				
22 Tick if this is an amended return for this quarter	Yes <input type="checkbox"/>			
Signed (Chief Executive Officer):			Date:	