

Aged and Home Care Home and Community Care Quarterly Output Data Return



129 H1

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.

Agency:		
Output:	Period:	Year:

Type of HACC Activity	Output for this Quarter		
	No. Clients Assisted	No. Hours of Output attrib. to HACC Grant	No. Hours Total Output*
1 Allied Health—At Home			
2 Allied Health—At Centre			
3 Assessment & Care Management			
4 Delivered Meals—At Home (No. Meals)			No. Meals
5 Delivered Meals—At Centre (No. Meals)			
6 Flexible Service Response			No. Hours Total Output*
7 Home Care			
8 Linkages (Community Options)			
9 Nursing—At Home			
10 Nursing—At Centre			
11 Property Maintenance			
12 Personal Care			
13 Respite—Home & Community			
14 Respite—Overnight			
15 Planned Activity Group—Core			
16 Planned Activity Group—High			
17 Volunteer Coordination			
18 Tick if this is an amended return for this quarter	Yes <input type="checkbox"/>		

Signed (Chief Executive Officer):	Date:
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* Include Fees, Revenue, Agency Contribution & HACC Grant