

CASE MANAGER PURCHASE AUTHORISATION FORM (OVER \$500) Client Name: Region: □ Tamworth/Armidale ☐ Batemans Bay/Narooma ☐ Central Coast ☐ Goulburn/Queanbeyan ☐ Mid North Coast ☐ Far North Coast Item Description: Company & Cost: Recommended By: (Name & Designation) Consumer Goal: **FINANCIAL IMPLICATIONS** Rental vs Purchase Reviewed □ Yes □ No Best Price Achieved □ Yes □ No Comments: (e.g., if best price is not achieved, consumer preference etc) Contingency: \$ Company Cost Invoice Quote 1 Quote 2 Quote 3 Rental Quote 1 Rental Quote 2 Has the consumer approved the purchase □ Yes □ No **APPROVAL** Case Manager Name: Date Approved: Signature: Note: If item is over \$500 requires State Manager approval Chief Operating Officer Name: Date Approved: Signature: Form uploaded to Client's profile in iCare – Home Care Manager? □ Yes □ No

DACSHCP-F-037 Revision: 5 Date: 13/04/2023 Page 1 of 3
UNCONTROLLED COPY WHEN PRINTED



CONSUMER PURCHASE AUTHORISATION

- Consumer is aware total amount will be on-charged to package upon consumers approval of this form.
- Dementia and Aged Care Services are required to pay contractor/s instalments as required.
- Final payment will be made to contractor/s upon completion of work.

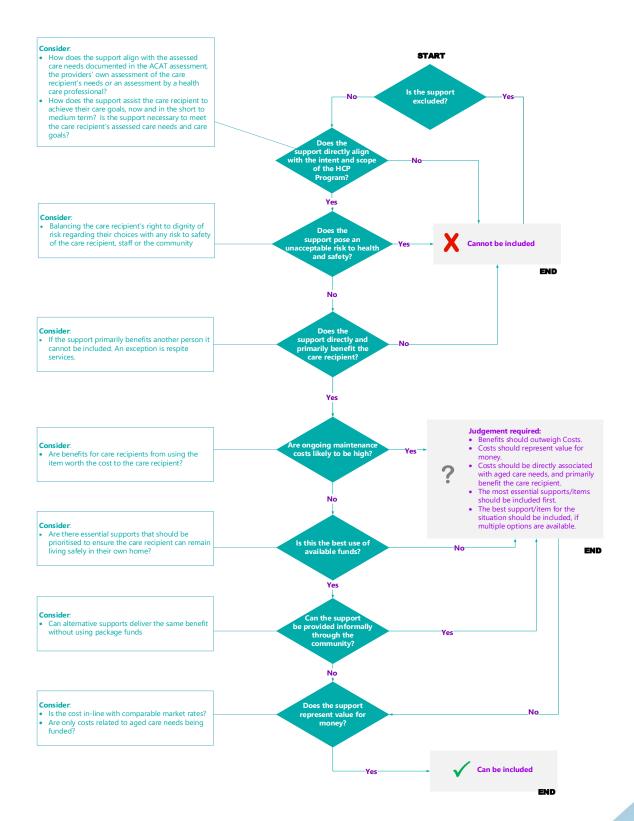
Consumer/Consumer Representative to sign acknowledging they have read and understand the above content.

dideistand the above content.
Consumer Name:
Consumer Signature:
Date:
Consumer Representative Name:
Consumer Representative Signature:
Date:
DACS Representative Name:
Designation:
Date:

DACSHCP-F-037 Revision: 5 Date: 13/04/2023 Page 2 of 3 UNCONTROLLED COPY WHEN PRINTED



Inclusions/Exclusions Framework - Decision Tool



Acknowledgement staff member has reviewed and approved as per above framework.

Staff Members Name:

Staff Members Signature:

Source: Home Care Packages Program, Operation Manual Version 1.3 - January 2023 © 2021 Commonwealth of Australia

DACSHCP-F-037 Revision: 5 Date: 13/04/2023 Page 3 of 3 UNCONTROLLED COPY WHEN PRINTED