

PURCHASE AUTHORISATION FORM (OVER \$2500)						
Client Name:						
Region:	 Brisbane South Logan River Valley Ipswich/West Moreton 		Toowoom	 □ Brisbane North □ Toowoomba/Darling Downs □ South Coast (Gold Coast) 		
Item Description:			L			
Company & Cost:						
Recommended By: (Name & Designation) Consumer Goal:						
FINANCIAL IMPLIC	ATTONS					
Rental vs Purchase Re			es		, ,	
Best Price Achieved						
Comments: (e.g., if bes			□ Yes			
Contingency:	\$					
	Company		Cost	Invo	oice	
Quote 1						
Quote 2						
Quote 3						
Rental Quote 1						
Rental Quote 2						
Has the consumer app	proved the purchase				□ No	
APPROVAL				•		
Note: If item is over Home Care Manager	er \$2500 requires		jer approval Date Approved:			
Name:						
Signature:						
State Manager Name:			ate Approved:			
Signature:						
Form uploaded to Clie	nt's profile in iCare	– Home Care	Manager?	□ Yes	□ No	
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CONSUMER PURCHASE AUTHORISATION

- Consumer is aware total amount will be on-charged to package upon consumers approval of this form.
- Alzheimer's Queensland 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.

Consumer Name:

Consumer Signature:

Date:

Consumer Representative Name:

Consumer Representative Signature:

Date:

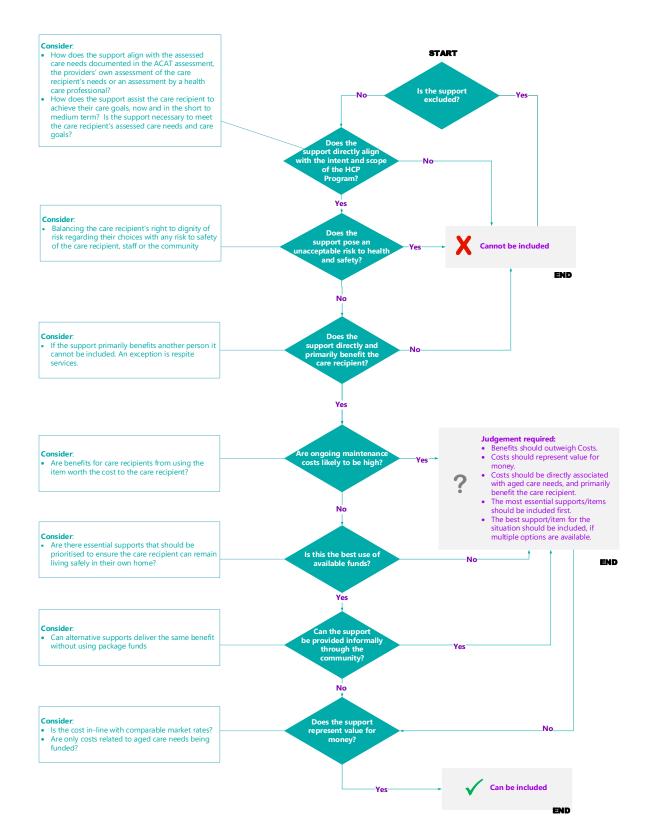
AQ Representative Name/Designation:

AQ Representative Signature:

Date:



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

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