

PURCHASE AUTHORISATION FORM - (OVER \$2500)						
Client Name:						
Region:	 Brisbane South Logan River Valley Ipswich/West Moreton 	 Brisbane North Toowoomba/Darling Downs South Coast (Gold Coast) 				
Item Description:						
Company & Cost:						
Recommended By (Name and Designation):						
Client Goal:						
AQ staff memb	per to complete the Inclusion/Exclusion	Decision Making Too	ol (page 3-4)			
 Does the purchase meet the inclusion guidelines? Yes - complete the Financial Implications and Approval sections No – advise the client of the decision and ensure this is appropriately documented in the progress notes. 						
FINANCIAL IMPLICATIONS						
Rental vs Purchase Review	ed 🗆 Yes 🗆 No					
Best Price Achieved	🗆 Yes 🗌 No					
Contingency: \$						
	Company	Cost	Invoice			
Quote 1						
Quote 2						
Quote 3						
Rental Quote 1						
Rental Quote 2						
Has the client approved the purchase: \Box Yes \Box No		Date:				
APPROVAL						
Note: If item is over \$2500 this requires State Manager approval Home Care Manager Name:		Date Approved:				
Signature:						
State Manager Name:		Date Approved:				
Signature:						

AQ@HOME

CLIENT PURCHASE AUTHORISATION

- Client is aware total amount will be on-charged to package upon clients 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.

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

Client Name:

Client Signature:

Date:

Client Representative Name:

Client Representative Signature:

Date:

AQ Representative Name:

Designation:

AQ Representative Signature:

Date:

Ensure completed form is uploaded to the clients document profile.



Inclusion/Exclusion Framework _ Template

Care recipient's name

Care or Service

Determination: Inclusion/Exclusion (circle one) to the care plan

Inclusion/Exclusion Framework Table – fill in with reference to Inclusions/Exclusions Framework Decision Tool

Questions	Document discussions and considerations
Is the support specifically excluded under the Aged Care Legislation?	
Does the support directly align with the intent and scope of the HCP Program?	
Does the support pose a risk to the health and safety of the care recipient?	
Does the support pose a risk to the health and safety of staff and the community?	
Is the support directly targeted at the care recipient, or does it significantly benefit others, instead of the care recipient?	
How does the support align with the assessed ageing related care needs as documented in the ACAT assessment, the providers' own assessment of the care recipient's needs or an assessment by a health care professional?	
How does the support assist the care recipient to achieve their ageing related care goals, now and in the short to medium term? Is the support necessary to meet the care recipient's ageing related assessed care needs and care goals?	
Has the evidence-base for the support which addresses a particular assessed ageing related care need been considered?	
Does the support require maintenance to ensure the safe use of the item that represents a significant portion of the budget? Is it difficult to provide the maintenance required?	
Is there an opportunity cost associated with the support? Will the care recipient miss out on a support identified in their assessment if package funding is used for a large purchase?	
Can the support be provided informally through the community?	
Does the support represent value for money to meet the care recipient's assessed ageing related care needs?	

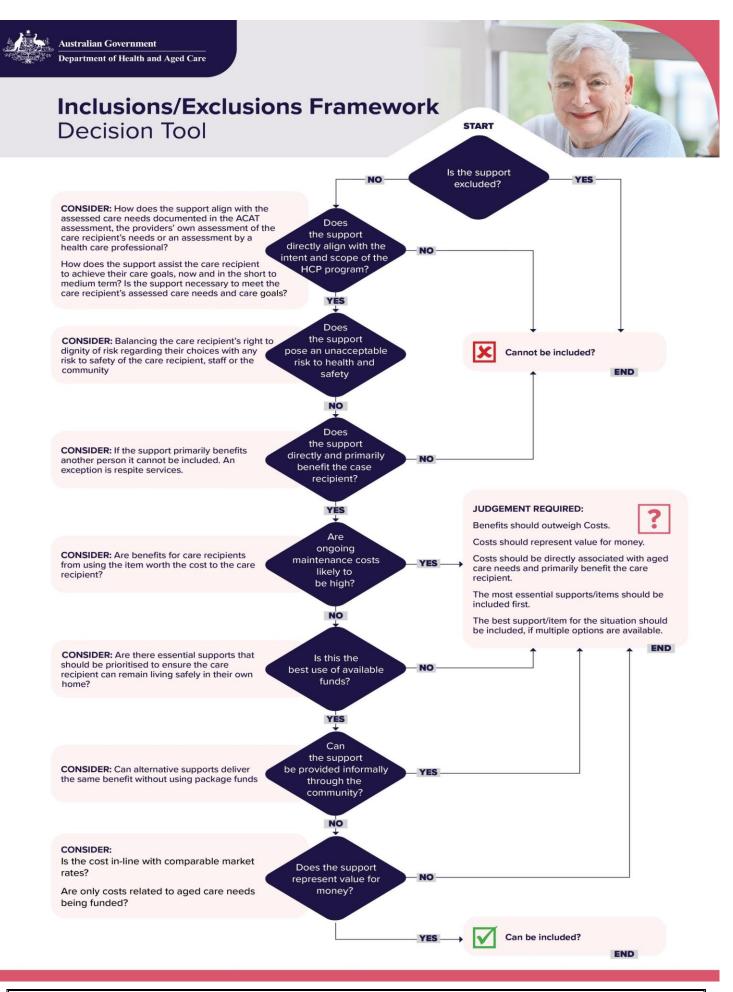
Acknowledgement staff member has reviewed and approved as per above framework.

Staff Member Name:

Staff Member Signature:

Source: Home Care Packages Program, Operation Manual Version 1.5 –November 2024 © 2024 Commonwealth of Australia as represented by the Department of Health and Aged Care

HCP-F-038	Revision:3	Date: 05/03/2025	Page 3 of
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HCP-F-038

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