Meals on Wheels
St Stephens Toowoomba

Client Care Plan

Dear Meals on Wheels Recipient,

The Departments within Queensland Government and the Commonwealth Government which partly subsidies our Meals on Wheels service, are required to collect some client details for reporting purposes. This will improve their system for allocating funding into Community Groups.

We wish to ask your permission to pass on to the departments the following information: *remembering all information gathered will be coded to ensure confidentiality.*

PERSONAL INFORMATION	Full NAME					
	DOB	________/__________/________		FEMALE	MALE	NOT STATED
	ADDRESS					
	HOME PHONE		MOBILE PHONE			
My Aged Care Number						
CULTURAL BACKGROUND		ABORIGINAL / TORRES STRAIT ISLANDER / NEITHER				
EMERGENCY CONTACT	NAME	Relationship				
	PHONE					
	EMAIL					
MEDICARE DETAILS	Card Number	Reference				
	NAME ON CARD					
	EXPIRY DATE					
DOCTORS DETAILS	NAME					
	PRACTICE					
	PHONE					
HOME CARE PACKAGE PROVIDER	COMPANY					
	NAME					
	PHONE					
	EMAIL					

Do you give permission Yes / No for Meals on Wheels staff to contact your provider to gain information on your funding

SIGNED: ___________________________________ DATE: _____/_____/ 2023

NDIS Number		**Plan Managed By**:	
NDIS Plan Dates	**START Date**		**END Date**	

Please circle, sign and date this form in **box 1**, if you allow us to disclose your personal details to the QLD and Commonwealth Department for reporting purposes. Please circle, sign and date this form in **box 2** for the purposes of Commonwealth Department surveys.

I do / do not consent to St Stephens Meals on Wheels disclosing my personal information to Govt' Depts' for recording purposes	I do / do not consent to St Stephens Meals on Wheels disclosing my personal information to Govt' Depts' for surveys.

We also seek your permission to release information we hold to your nominated relatives, doctor, nurse or paramedic should any emergency arise during our visits.

I consent to Meals on Wheels disclosing my personal information to my nominated relatives, doctor, nurse or paramedic in the event of an emergency as determined by Office Administrator.

Signed ____ Date _____/_____/ 2023

*We already have this information on our files and we have collected this information from you in accordance with our relevant Policies, in particular our **Confidentiality and Privacy Policy** (please let us know if you would like a copy of these policies), consequently we require your specific permission to release this information in the circumstances described above.*

ACCESSIBILITY AND SAFETY OF PREMISES

Tick the appropriate response. A "NO" Answer means that the hazards should be assessed, and control measures should be considered/implemented where the assessment indicates necessary:

	YES	NO	NATURE OF HAZARD	ACTION REQUIRED
Is it safe to park the vehicle on the road?				
Is the gate easy to open?				
Is the pathway from the vehicle to the house safe?				
Are pets restrained and/or non-threatening?				
Are steps safe and in good order?				
Are doorways clear, free from obstruction and easy to open and close?				
Is the floor surface safe?				
Any other hazards observed?				

STAFF MEMBER NAME: ___________________________________ DATE:_____/_____/ 2023

STAFF MEMBER SIGNATURE: ___________________________________

Meals on Wheels
St Stephens Toowoomba

MEAL PLAN:

START DATE:						MEAL PACK		
DAYS	M	T	W	TH	F	MEAL ONLY		
WEEKENDS	SAT	SUN	**TRIAL**	**JUICE**	APPLE	ORANGE	EITHER	NONE
ALLERGIES	DOCTOR/DIETITIAN LETTER TO ACCOMPANY ALLERGIES:							
DIETARY MODIFICATIONS								
SPECIAL INSTRUCTIONS / DELIVERY	what would you like us to do if you are not home?							
REASON WHY YOU ARE ACCESSING MEALS ON WHEELS								
KEY CODE / PAD LOCK:					GATE ACCESS:			
PAYMENTS:	**DIRECT DEPOSIT**	**EFTPOS**	**MONTHLY INVOICE**		**CHEQUE**	**CASH**	**FAMILY**	**NETWORK**
PAYMENT TERMS			**WEEKLY :** M T W TH F		**FORTNIGHTLY**		**MONTHLY**	

The assessor has supplied and explained the information itemised above:

CLIENTS SIGNATURE:____ DATE: _____/_____/ 2023

STAFF SIGNATURE: ____ DATE: _____/_____/ 2023

NDIS Registered Client

<table>
<tr><td>Is there anything you would like to share about your disability that would help us in providing services to you?</td><td colspan="4"></td></tr>
<tr><td>Is 'Assistance with the cost of preparation and delivery of meals' included in your NDIS Plan?</td><td></td><td>NO</td><td></td><td>YES</td></tr>
<tr><td colspan="5">IF NO, DISCUSS THE NEED FOR A 'LIGHT TOUCH' PLAN REVIEW</td></tr>
<tr><td>What is the start and end date of your current plan?</td><td colspan="2">Start Date:</td><td colspan="2">End Date:</td></tr>
<tr><td rowspan="7">How is NDIS Plan Managed?</td><td></td><td colspan="3">Self-Managed</td></tr>
<tr><td rowspan="5"></td><td colspan="3">Plan Managed:</td></tr>
<tr><td colspan="3">Name of Plan Manager:</td></tr>
<tr><td colspan="3">Contact Person:</td></tr>
<tr><td>Phone number:</td><td colspan="2"></td></tr>
<tr><td colspan="3">Email address:</td></tr>
<tr><td></td><td colspan="3">NDIA Managed</td></tr>
<tr><td>How often would you like meals delivered?</td><td colspan="4"></td></tr>
<tr><td>Do you understand how the Meal ordering works?</td><td></td><td colspan="3">are you able to order/pick meals for yourself?</td></tr>
<tr><td rowspan="2">Is there anything else we need to know to help make your transitions to Meals on wheels as smooth as possible?</td><td></td><td>yes</td><td colspan="2" rowspan="2">Info:</td></tr>
<tr><td></td><td>no</td></tr>
</table>

Meal Plan:

<table>
<tr><td>Do you have any dietary requirements or food allergies?</td><td colspan="4"></td></tr>
<tr><td>Do you have any food preferences?</td><td colspan="4"></td></tr>
<tr><td>Do you have any cultural requirements that affect how you would like your meal prepared?</td><td colspan="4"></td></tr>
<tr><td>When would you like the meal service to commence?</td><td colspan="4"></td></tr>
<tr><td>Do you need assistance in heating meals?</td><td></td><td>NO</td><td></td><td>YES</td></tr>
<tr><td>Do you need assistance in opening your meals?</td><td></td><td>NO</td><td></td><td>YES</td></tr>
<tr><td rowspan="2">Would you like to nominate someone who can make decisions about your meals service on your behalf if needed?</td><td></td><td>NO</td><td></td><td>YES</td></tr>
<tr><td colspan="4">Contact details:</td></tr>
</table>

<table>
<tr><td rowspan="2">I give permission for Meals on Wheels, to choose a meal more suitable to my needs if I have chosen a meal that conflicts with my Allergies or my Dietary Requirements:</td><td colspan="2">Signed:</td></tr>
<tr><td>Date:</td><td>______/______/ 2023</td></tr>
</table>

<table>
<tr><td colspan="4">I understand that I will pay for all the meals that I have chosen for the current menu.</td></tr>
<tr><td>Signed:</td><td></td><td>Date:</td><td>______ / ______ / 2023</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">I agree that I will give at least 2 weeks notice to cancel meals and understand that I will be liable for the cost of all ordered meals.</td></tr>
<tr><td>Signed:</td><td></td><td>Date:</td><td>______ / ______ / 2023</td></tr>
</table>

Home Package Provider Details:

<table>
<tr><td colspan="2">Is your current funding coming up for review</td><td colspan="2"></td></tr>
<tr><td rowspan="5">Provider Details</td><td rowspan="5"></td><td colspan="2">Provider managed</td></tr>
<tr><td colspan="2">Name of Provider:</td></tr>
<tr><td colspan="2">Contact Person:</td></tr>
<tr><td>Phone number:</td><td></td></tr>
<tr><td colspan="2">Email address:</td></tr>
<tr><td>How often would you like meals delivered?</td><td colspan="3"></td></tr>
<tr><td rowspan="2">Is there anything else we need to know to help make your transitions to Meals on wheels as smooth as possible?</td><td>Yes</td><td colspan="2" rowspan="2">info:</td></tr>
<tr><td>No</td></tr>
</table>