



RUN #	
ADDITIONAL INFORMATION	

CLIENT CONSENT FORM

Dear Meals on Wheels Recipient,

The Departments within Queensland Government and the Commonwealth Government which partly subsidise 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	FIRST NAME				
	SURNAME				
	DOB	____/____/____	FEMALE	MALE	NOT STATED
	ADDRESS				
	HOME PHONE		MOBILE PHONE		
CULTURAL BACKGROUND		ABORIGINAL / TORRES STRAIT ISLANDER / NEITHER			
MEDICARE DETAILS	REFERENCE NUMBER				
	NAME ON CARD				
	EXPIRY DATE				
DOCTORS DETAILS	NAME				
	PRACTICE				
	PHONE				
EMERGENCY CONTACT	NAME				
	PHONE				
	EMAIL				
DISABILITY		NO / INTERLECTUAL / PHYSICAL / PSYCHIATRIC / SENSORY / SPEECH			
NDIS #		MAC #			
NDIS DATES	START		END		
HOME CARE PACKAGE PROVIDER	COMPANY				
	NAME				
	PHONE				



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.
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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** ____/____/____

*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: ____/____/ 2020

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								
SPEICAL 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:			
<u>PAYMENTS:</u>	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: ____/____/ 2020

STAFF SIGNATURE: _____

DATE: ____/____/ 2020