

St Stephens Toowoomba Meals on Wheels



CLIENT CONSENT FORM

Dear Meals on Wheels Recipient

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

We wish to ask your permission to pass on to the departments the following information:

- Your First Name and your Last Name (*your name is coded to ensure confidentiality*)
- Date of Birth / Gender (M/F)
- Suburb / Postcode
- Cultural background . born overseas/language spoken at home
- Aboriginal and/or Torres Strait Islander Descent
- Disability if any.

PERSONAL INFORMATION

First name _____ Family Name _____

Date of Birth: ___ / ___ / ___ Gender: Male / Female / Not Stated Phone number _____

Address _____ Suburb: _____ Post Code _____

Cultural Background: _____ Language spoken at home: _____

Indigenous: Neither / Not Stated / Aboriginal / Torres Strait Islander / Both

Disability: No / Not stated / Intellectual-Learning / Psychiatric / Sensory . Speech / Physical . diverse

Do you hold a DVA Card? Yes / No MAC number _____

Emergency contact details _____ Relationship _____

Next of Kin _____ Phone _____ Relationship _____

Doctor Name _____ Phone _____ Location _____

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

Box 1

I **do / do not** consent to Meals on Wheels disclosing my personal information to Govt Depts for reporting purposes.

Signed: _____

Date: ___ / ___ / ___

Box 2

I **do / do not** consent to Meals on Wheels disclosing my personal information to Govt Depts for surveys.

Signed: _____

Date: ___ / ___ / ___

St Stephens Toowoomba Meals on Wheels



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 |
|---|---|-----|----|------------------|-----------------|
| 1 | Is it safe to park the vehicle on the road? | | | | |
| 2 | Is the gate easy to open? | | | | |
| 3 | Is the pathway from vehicle to house safe (eg overgrown grass, trip hazards)? | | | | |
| 4 | Are pets restrained and/or non-threatening? | | | | |
| 5 | Are steps safe and in good order? | | | | |
| 6 | Are doorways clear, free from obstruction and easy to open and close? | | | | |
| 7 | Is the floor surface safe? | | | | |
| 8 | Any other hazards observed? | | | | |

CHECKLIST

The assessor has supplied and explained the information itemised above:

Clients Signature: _____ Date: _____

Staff member Name: _____

Signature: _____ Date: _____



St Stephens Toowoomba Meals on Wheels



MEAL PACK

START DATE:

MAIN MEAL

INVOICE: YES NO

DELIVERY DAYS

M T W TH F W/E

ALLERGENS DETAILS

DIETARY REQUIREMENTS

SPECIAL INSTRUCTIONS / NOTES:

The assessor has supplied and explained the information itemised above:

Clients Signature: _____ Date: _____

Staff member Name: _____

Signature: _____ Date: _____

OFFICE USE ONLY _____

CLIENT LIST

COMPLETED BY :

RUN NUMBER:

St Stephens Toowoomba Meals on Wheels



Payment terms and conditions

Fees and payment. You will pay the agreed prices for meal totals specified on your fortnight order form selection in time frames as seen below unless alternate arrangement is made. Note that a preference for weekly payment is preferred as this will avoid unexpected bill creep for larger amounts and is easier for customers to manage. Any advance payment will simply place your account into a credit balance. Thank you for using our St Stephens meals on wheels service.

Personal accounts

- 7 day account - Contact office for balance due on 07 46328355
- 14 day account - As above.
- 30 day account - Invoice issued and due 7 days

Business accounts

- 30 days to pay - invoice issued and due 7 days after issue date

Payment method

- Eftpos / visa debt - Preferred method
- Cash - Change available through delivery volunteer
- Cheque - Collected by delivery volunteer

Outstanding accounts

- St Stephens Meals on Wheels will provide a range of payment options for customers that may enter a hardship situation, so any outstanding debts can be managed to achieve required outcome for both customer and business unit.
- A negotiated payment plan will avoid any further need to suspended meal deliveries in extreme cases until account is cleared in full which is subject to normal terms and conditions or St Stephens Meals on wheels management authorisation.

Payment disputes

- Any payment disputes that cannot be resolved via interaction with office team requires a written request for management investigation and details of the dispute to be provided. A formal response will be provided within 14 days of notification receipt.

Thank you for using St Stephens Meals on Wheels Toowoomba

