Meals on Wheels - Service Agreement

(Under the Commonwealth Home Support Program)

1. Parties to the Agreement

This Service Agreement is made between:

Client Name:	**Preferred Name:**
Spouse:	
Client Address:	
Client Phone:	Mob:
DOB:	
Client email:	
Pension Card #:	EXP:
Medicare #:	IRN: EXP:
DVA #:	DVA Card Colour:
My Aged Care ID#:	AC: Meal Ref Code:

And

Registered Provider Name:	**NERANG & DISTRICTS MEALS ON WHEELS**
ABN:	82 130 268 993
Provider Contact Details:	Donna Glowaski
Address:	35 Mylor Street. Nerang. Qld. 4211
Contact Number:	(07) 55961026
Email:	Orders@mealsonwheelsnerang.org.au
Account Contact:	**[if different from above]**
Postal Address:	As Above
Contact Number:	As Above
Email:	manager@mealsonwheelsnerang.org.au
Service Bank Account Details:	
Bank:	Bank Of Queensland
Account Name:	Nerang & Districts Meals on Wheels
BSB:	124-065
Account Number:	11280695
Description:	

2. Clients Emergency Contacts:

Emergency Contact/Next of Kin/Primary carer Name:	
Relationship to Client:	
Contact Number:	
Email:	
Address:	

(Add more supporters if necessary.)

3. Access Approval & Conditions

A copy of the individual's My Aged Care Client Record and Support Plan is attached and includes any associated service conditions.

4. Safe food delivery

The client will need to be home for the receipt of delivery. Should you have an engagement that conflicts with delivery, alternative delivery arrangements should be made by contact the Meals on Wheels Service.

Chilled and Frozen meals can be delivered if you are not home as long as our volunteers have access to a working refrigerator or freezer in which to place your meals.

Delivered hot meals should be consumed immediately, if the meal is not going to be consumed at the time of delivery, please contact the office for alternative options.

5. Service Delivery Branch

- **Service Delivery Branch Name:** Nerang & Districts Meals on Wheels

6. Agreement Dates

- **Commencement Date of Agreement:**
- **Start Day for Individual Receiving Services:**
- **Next Review Date (if accessing ongoing services):**

  (or earlier if required e.g. due to change in circumstances or upon request of the individual)

7. Client Involvement in Service Decisions

The individual will be actively involved in all decisions regarding their care and support services, including how, when, and by whom services are delivered. This includes:

- Participating in regular reviews of care
- Expressing preferences regarding meal service – Appendix A
- Providing feedback on service quality and outcomes

8. Fees and Financial Agreement

The individual agrees to pay applicable fees as outlined in Appendix B.

9. Fair Treatment Statement

This agreement does **not** contain any provisions that would result in the individual being treated less favourably than they would otherwise be treated under any Commonwealth law, including those relating to anti-discrimination, disability rights, and consumer protection.

10. Consent to share information:

In accordance with the Privacy Act and policies of Meals on Wheels, we are seeking your consent to release information for specific purposes. All information will remain confidential unless required to be disclosed. The departments within Queensland Government and the Commonwealth Government which partly fund our Meals on Wheels service are required to collect some client details for assessment and reporting purposes.

Do you consent to Meals on Wheels disclosing your personal information to your nominated advocate for the purpose of arranging services and to Government Departments for assessment and reporting purposes?	☐ Yes ☐No
Do you consent to Meals on Wheels disclosing your personal information to Government Departments for survey purposes?	☐ Yes ☐No
Do you consent to Meals on Wheels disclosing your personal information to your registered supporter, advocate, doctor/nurse or paramedic should any emergency arise as determined by Meals on Wheels administrative staff?	☐Yes ☐No

I consent to receiving meals and acknowledge that I am liable for payment of such at the prescribed fees as set by Meals on Wheels. Should any of the details above change, I will inform Meals on Wheels in a timely manner.

11. Signatures

Client / Representative:

Signature: _____

Name: _____

Date: _____

Provider (Meals on Wheels) Representative:

Signature: _____

Name: _____Donna Glowaski_____

Role/Position: ____Branch Manager_____

Date: _____

Meals on Wheels™ Queensland

Appendix A

Meal Delivery Care Plan:

Commencement Date of Deliveries: __1_/_7__/_2025__

Preferred delivery day: ☐ **Tuesday** ☐ **Friday**

Meal Preference: ☐ **Main Meal / Salad** ☐ **Frozen Meal** ☐ **Soup** ☐ **Dessert** ☐ **Beverage**

If chilled/frozen, do you have the ability to reheat meals? ☐ **Yes** ☐ **No**

Clients Dietary Needs:

Food Allergies: please list any food allergies as well as the reaction you have.

☐ **Gluten -** Reaction: _____
☐ **Dairy** Reaction: _____
☐ **Egg** Reaction: _____
☐ **Mushrooms** Reaction: _____
☐ **Nuts** Reaction: _____
☐ **Seeds** Reaction: _____
☐ **Seafood** Reaction: _____
☐ **Other** Reaction: _____

Food Preferences/dislikes: please list any food preferences or dislikes you have.

Food Intolerances: please list any food intolerances as well as the reaction you have.

☐ **Gluten** Reaction: _____
☐ **Dairy** Reaction: _____
☐ **Other** Reaction: _____

Medication/health conditions: please list any medications/health conditions that may impact your dietary needs *E.g.: Kidney failure – low sodium/potassium, Warfarin – low vitamin K (avoid leafy greens etc).*

Home Access:

Do you have a key safe? ☐ **Yes** ☐ **No** Access Code: _____

Do you have any pets? ☐ **Yes** ☐ **No** Friendly: ☐ **Yes** ☐ **No**

Access to Property: ☐ **Front** ☐ **Rear** ☐ **Side Access** ☐ **Other:**

Hazards – broken steps, long grass etc.

Other:

Meals on Wheels™ Queensland

Appendix B

Schedule of Fees

Meal	Client Contribution
Frozen Main Meal	$7.50
Dessert	$2.50
Soup	$2.00
Juice	$0.50
Salads/Sandwiches/Fruit Salad	$4.50
Cheese & Biscuits	$0.75
Piece of Fruit	$0.75
Omelettes	$3.50
MEAL VALUE PACK	$10.00
Frozen Main Meal	
Soup	
Dessert	
Juice	

PAYMENTS AND INVOICES:

Cash: ☐ **Cheque:** ☐ **Eftpos:** ☐ **Invoice:** ☐

INVOICE DETAILS:

Payer: .....

Address: .....

Phone Number: .....

Email Address: .....