



# Meals on Wheels Grafton



Date: \_\_\_\_\_.

## **PERSONAL DETAILS:**

SURNAME: \_\_\_\_\_ GIVEN NAME/s: \_\_\_\_\_.

GENDER: M / F TITLE: Mrs / Miss / Ms / Mr DATE OF BIRTH: \_\_\_ / \_\_\_ / \_\_\_.

ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_.

\_\_\_\_\_. PHONE: \_\_\_\_\_.

\_\_\_\_\_. MOBILE: \_\_\_\_\_.

EMAIL (if applicable): \_\_\_\_\_.

COUNTRY OF BIRTH: \_\_\_\_\_ INDIGENOUS STATUS: Yes / No

MEDICARE NO: \_\_\_\_\_ EXP. \_\_\_\_\_ POS ON CARD \_\_\_\_\_.

MY AGED CARE NUMBER: \_\_\_\_\_ OCCUPANTS AT HOME: \_\_\_\_\_.

PENSION NUMBER: \_\_\_\_\_ EXP \_\_\_\_\_.

DO YOU HAVE A HOME CARE PACKAGE PROVIDER? IF SO, PLEASE PROVIDE CONTACT DETAILS:

\_\_\_\_\_

## **EMERGENCY CONTACT:**

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_.

ADDRESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_.

\_\_\_\_\_. RELATIONSHIP: \_\_\_\_\_.

\_\_\_\_\_. \_\_\_\_\_.

POWER OF ATTORNEY: \_\_\_\_\_ PHONE: \_\_\_\_\_.

DR/MEDICAL OFFICER: \_\_\_\_\_ PHONE: \_\_\_\_\_.

**MEALS AND DELIVERY**

ALLERGIES/DIETARY REQUIREMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU NEED ASSISTANCE WITH MEAL TEXTURES? YES / NO

IF YES, PLEASE CIRCLE: PUREE' / MINCED / CUT UP

NUMBER OF MEALS PER WEEK:

DO YOU REQUIRE FROZEN MEALS FOR THE WEEKEND? HOW MANY: \_\_\_\_\_

WOULD YOU LIKE: DESSERT  ORANGE JUICE

PICK UP:  DELIVERY:

We offer both pick up, delivery or a combination of both. Delivery of hot meals is available within the Grafton/South Grafton city limits, weekly deliveries of Frozen meals are available for surrounding areas.

IF THERE IS NO ANSWER WHEN WE DELIVER WOULD YOU LIKE US TO:

LEAVE WITH A NEIGHBOUR:  PLACE IN A REFRIGERATOR:

RETURN TO THE OFFICE FOR PICK UP:  OTHER (Can NOT be left in an esky):

\_\_\_\_\_  
ARE THERE ANY HAZARDS OR INSTRUCTION FOR OUR DELIVERY TEAM? (dogs, entry, side gates etc)  
\_\_\_\_\_

PLEASE NOTE: You are welcome to contact our staff at the office at any time between 7am and 2pm on 66423879 should you have any questions or changes. If you are unable to be home during delivery times and can notify us prior to 9.30am on the day of delivery we can make alternative arrangements or cancel the day's meal. After this time, we have commenced serving and delivery. If you have any feedback on the meals or would like to request a change to your arrangements, please do not hesitate to contact us.

**PAYMENTS AND PROVIDERS:**

WOULD YOU PREFER:

MONTHLY INVOICE:  PAY AS YOU GO:

Invoice can be printed or emailed: \_\_\_\_\_

Direct Deposit

Bank Account: Grafton Meals on Wheels

Bank: Westpac

BSB: 032-537

Account No: 178761

Please consider discussing Meals on Wheels with your care provider or assessor, options may be available to assist you further.

**DECLARATIONS:**

FORM COMPLETED BY: \_\_\_\_\_ . (If not performed by client)

Should the need arise do you give Meals on Wheels team members permission to enter the premises?

YES / NO

I understand that the information provided and supplied by me to Grafton District Meals on Wheels Inc will be referred to My Aged care and will not be disclosed to any other third party unless required by law.

All Information supplied by me will be kept by Grafton District Meals on Wheels Inc in a secure location with restricted access as per the Australian privacy principles and the Privacy Act 1988 (Cth)

SIGNATURE: \_\_\_\_\_ DATE / / .





# Charter of Aged Care Rights

I have the right to:

1. safe and high quality care and services;
2. be treated with dignity and respect;
3. have my identity, culture and diversity valued and supported;
4. live without abuse and neglect;
5. be informed about my care and services in a way I understand;
6. access all information about myself, including information about my rights, care and services;
7. have control over and make choices about my care, and personal and social life, including where the choices involve personal risk;
8. have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions;
9. my independence;
10. be listened to and understood;
11. have a person of my choice, including an aged care advocate, support me or speak on my behalf;
12. complain free from reprisal, and to have my complaints dealt with fairly and promptly;
13. personal privacy and to have my personal information protected;
14. exercise my rights without it adversely affecting the way I am treated.

## Consumer

## Provider

Consumer (or authorised person)'s signature (if choosing to sign)

Signature and full name of provider's staff member

Narelle Graham-Firth

Grafton District Meals on Wheels

Full name of consumer

Name of provider

/ /

Full name of authorised person (if applicable)

Date on which the consumer was given a copy of the Charter

/ /

Date on which the consumer (or authorised person) was given the opportunity to sign the Charter

# Charter of Aged Care Rights

## Consumers

Consumers have the option of signing the Charter of Aged Care Rights (the Charter). Consumers can receive care and services even if they choose not to sign.

If a consumer decides to sign the Charter, they are acknowledging that their provider has given them a copy of the Charter, and assisted them to understand:

- information about consumer rights in relation to the aged care service; and
- information about consumer rights under the Charter.

## Providers

Under the aged care law, providers are required to assist consumers to understand their rights and give each consumer a reasonable opportunity to sign the Charter. Providers must give consumers a copy of the Charter that sets out:

- signature of provider's staff member;
- the date on which the provider gave the consumer a copy of the Charter; and
- the date on which the provider gave the consumer (or their authorised person) the opportunity to sign the Charter;
- the consumer (or authorised person)'s signature (if they choose to sign); and
- the full name of the consumer (and authorised person, if applicable).

The provider will need to retain a copy of the signed Charter for their records.