



# Pomona District Meals on Wheels

6 Reserve St Pomona Qld 4568  
Phone 5485 1777

PO Box 295 POMONA QLD 4568  
Email admin@mowp.org

## CLIENT REGISTRATION FORM

### CLIENT DETAILS

Surname :		Start Date.	
Preferred Name:		First Name:	
Title:	Date of Birth:		19
Nationality:		Medicare No.	
Aboriginal/Torres Islander	Yes/No	My Aged Care No.	
Package	Yes/No	DVA Cardholder.	

### ADDRESS

No and Street:	
Suburb:	Postcode :
Special Delivery Instructions: (eg broken steps, dogs, rear access, client hard of hearing)	

### CLIENT CONTACT

Home Phone:	Mobile Phone
Email:	

### NEXT OF KIN/PRIMARY CARER CONTACT

Name:	Relationship:
Phone (Home/Mobile)	Phone (work)

### MEDICAL/SERVICE PROVIDER CONTACT

Name:	Relationship:	Phone:
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### MEAL REQUIREMENTS

ITEM	MONDAY	WEDNESDAY	FRIDAY
	No. Reqd (eg:1)	No. Reqd (eg:1)	No. Reqd (eg:1)
1 <sup>st</sup> Hot Main			
2 <sup>nd</sup> Chill Main			
Frozen Main			
1 <sup>st</sup> Dessert			
2 <sup>nd</sup> Dessert			
Frozen Dessert			
1 <sup>st</sup> Hot Soup			
Frozen Soup			
Fruit Tub			

### ALLERGIES – Doctors Certificate must be provided for GF & DF.


## OTHER SERVICES BEING RECEIVED FROM DEPARTMENT OF SOCIAL SECURITY

Services:

### MEALS ON WHEELS STATEMENT OF PRIVACY AND CONSENT

Pomona and District Meal on Wheels Inc. respects your privacy and will not share any information it receives about you without your, or your carer's written consent; *unless* you are entitled to, or are a recipient of, other services or subsidies from the Commonwealth Department of Social Services. In that case, we will share information about you as is required under our Service Agreement with that Department that allows us to claim a subsidy towards the cost of the meals we provide you.

### CANCELLATION POLICY

As all meals are cooked fresh each day it is necessary that any cancellations be advised the day prior to delivery. Cancellations can be made by phoning our number/answering machine on (07) 5485 1777 at any time stating your name and how long you need to cancel deliveries.

**Cancellations received on the day of delivery will be charged as normal.**

### CLIENT/CARER'S AUTHORISATION

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(To be completed by Client/Carer)

I .....(Client/Carer) have sighted and understood the above information provided during this visit.

Signature.....Date.....

**I hereby agree to Pomona Meals on Wheels Inc submitting my details to My Aged Care for assessment.**

Signature.....Date.....