# Manly Meals on Wheels Client Referral Form



If you need help lodging your form, contact us						
Email	council@northernbeaches.nsw.gov.au					
Phone	1300 434 434					
Customer Service Centres	Manly Town Hall, 1 Belgrave Street Manly NSW 2095 Mona Vale 1 Park Street Mona Vale NSW 2103	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099 Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107				

Office use only	
Form ID	2014
TRIM Ref.	
Last updated	June 2023
Business unit	Community, Arts & Culture
Application no.	
Receipt no.	

Privacy Protection Notice				
Purpose of collection	For Council to provide services to the community			
Intended recipients	Northern Beaches Council staff			
Supply	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek			
Access/Correction	Please contact Customer Service on 1300 434 434 to access or correct your personal information			

### Part 1: Client Details

Title	O Mr O Mr	rs 🔿 Ms	Other		Gender		
First Name				L		I	
Last Name							
Address							
Suburb			Postcode				
Phone				Date of Birth (dd/mm/yyyy)			
Country of Birth			Language				
Pension/Benefit Status				Aboriginal/Torres Strait Islander			
Accommodation Setting			My Aged Care				
Usual Living Arrangements	Alone	With O	thers	With Family		Not Stated	
Do you have a Carer	Yes	No		Does the Carer live with you?		Yes	No
Carer Relationship to Client							
Referral Source				Initial Assessor			
Organisation				Phone			
Reason for Referral	Frail/Aged	<65 wit	th a Disability	Carer			

## Part 2: Meal Requirements

Meal Requirements				
Type of Delivery	Cold		Hot	Frozen
Diet		Likes/Dislikes		
Date of First Delivery		Payee		

#### Part 3: Contacts

Doctor	octor			Phone		
Emergency Contact 1		Relationship to Client		ient		
Phone	Home:	Work:			Mobile:	
Emergency Contact 1			Relationship to Cl		ient	
Phone	Home:		Work:		Mobile:	
Other Services				Case Manager		

### Part 4: Checklist

Referral taken by				
Informed client/carer of purpose of the assessment			Informed client/carer of their rights and responsibilities	
Outlined access to complaints and appeals mechanisms			Advise copy of these processes will be left with them	
Identified the outcomes of the assessment and formally obtained endorsement of proposed actions, including referral/s			Verbal agreement from client that information can be used for appropriate referral and MDS reporting	