

**Fairfield Food Services Inc.  
Service Delivery Assessment**

**Part A**

<b>REFERRAL DETAILS</b>					
Date of Referral		Client Aware of Referral?			
Referred By					
Phone		Mobile			
Referral Taken by?					
If HACCC agency, has CIARR been received?					
Does the Client have a Case Manager (if so which agency – give contact details)					
<b>CLIENT DETAILS</b>					
Clients Name					
Address					
Phone		D.O.B.			
Country of Birth		Language Spoken at Home			
Aboriginal or Torres Strait Islander?					
Are there cultural/religious observances that need to be considered in service provision?					
Does the Client have a legal Guardian? If So name and contact details.					
Does the client wish to nominate an Advocate? If so name and contact details					
<b>EMERGENCY CONTACT DETAILS</b>					
First Contact :		Relationship			
Address:					
Day Time Ph.		Mobile Ph.			
Second Contact :		Relationship			
Address:					
Day Time Ph.		Mobile Ph.			
<b>CARER DETAILS</b>					
Does the Client have a carer?			Does the Carer live with the client?		
Does the Carer care for more than one person? If Yes who					
Carers Name		D.O.B		Sex	
Address					
Country of Birth		Language spoken at home			
Relationship to the client					

[Type text]

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**BASIC HEALTH INFORMATION**

**Ratings to be used; Good, Average, Poor, Nil**

Sight		Hearing			
General Health		Mobility		Fall in the last 12 mths?	
If YES, were any bones broken?					

**Part B Care Plan**

**MEAL INFORMATION**

**Dietary Requirements & Texture Modification**

Low Fat		Low Salt		No Dairy		Low Cholesterol		Diabetic	
<b>Other (Detail)</b>									
Soft		Cut Up		Minced		Puree			
<b>Likes</b>									
<b>Dislikes</b>									
<b>Allergies</b>									
<b>CALD Requirements</b>									
Arabic		Cantonese		Vietnamese		Other			

**DELIVERY SCHEDULE advise client temporary until full assessment**

Allocated Run	Commencement Date				
Meal	Mon	Tues	Wed	Thur	Fri
Hot Meal					
Chilled Meal					
Frozen Meal					
Soup					
Dessert					

**IF CLIENT NOT HOME**

**If not home to a scheduled visit, we will not leave the meal.**  
 Are you willing for our staff to:  
 Telephone Client  Telephone NOK/rep  Local Hospitals(if NOK not contactable)

If there is concern that the client may be injured or ill inside the house or unable to contact the NOK/rep, are you willing for the Executive Officer/delegated staff member to contact:

Ambulance  Police

**SAFETY**

**Are there safety issues regarding delivery? (dog, hazardous steps etc) What arrangements have been made with the client to minimise risk to volunteers?**

**BILLING INFORMATION**

<b>Bill to:</b>					
<b>Address</b>					
<b>Number of Meals Delivered each Week?</b>		<b>Cost per week \$</b>			

[Type text]

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**Each issue should be discussed with the client before asking for client consent.**

**I (name of Client).....  
have been provided with information and have had the opportunity to ask questions and after due consideration I give my consent to:**

**Use of Photographs:** I understand:

1. the service regularly includes photographs in its publications, promotional material including electronic media (eg websites) to promote the service to the community. Photographs of me that are sufficiently clear to identify me are considered "personal information"
2. Photographs of me will not be used for financial gain but be used for promotional purposes only?
3. Photographs of me will only be identified by the use of my first name and that all other personal details will be kept confidential.

**Clients Initial if consent granted.....**

**Authority to Enter Premises:** I hereby give permission:

1. for staff and volunteers of the Fairfield Food Services to enter my premises in order to deliver meals as requested.
2. for staff and volunteers to enter my premises and search for me in the event the premises are unlocked and I do not answer their calls.

**Clients Initial if consent granted.....**

**Payment for Meals Provided:** I confirm that:

1. that Fairfield Food Services have explained to me the charges for the meals which I am to receive and
2. I agree to pay for those meals as detailed in this assessment
3. I have been advised to contact the service should my ability to pay change in anyway

**Clients Initial if consent granted.....**

**Contact with Next of Kin/Carer/Emergency Contact:** I give permission:

for the staff of Fairfield Food Services to contact my Next of Kin/ Carer/Emergency Contact under circumstances where they are concerned for my quality of life, health or safety under duty of care.

**Clients Initial if consent granted.....**

**Consent to Access Information:** I hereby give permission to the Executive Officer of Fairfield Food Services to:

1. access my records so as to change those records as requested by me, my nominated advocate
2. to pass on my assessment information for the purpose of referrals to other agencies after they have gained my verbal or written permission.
3. Release non identifying information regarding my service to funding bodies as part of the services funding obligations.

**Clients Initial if consent granted.....**

**Clients Signature & Date:**