



If you need help lodging your form, contact us		Office use only	
<b>Email</b>	council@northernbeaches.nsw.gov.au	<b>Form ID</b>	2014
<b>Phone</b>	1300 434 434	<b>TRIM Ref</b>	
<b>Customer Service Centres</b>	<b>Manly</b> Townhall, 1 Belgrave Street Manly NSW 2095	<b>Dee Why</b> Civic Centre, 725 Pittwater Road Dee Why NSW 2099	<b>Last Updated</b> 14 September 2017
	<b>Mona Vale</b> 1 Park Street Mona Vale NSW 2103	<b>Avalon</b> 59A Old Barrenjoey Road Avalon Beach NSW 2107	<b>Business Unit</b> Community, Arts & Culture
			<b>Application No.</b> 
			<b>Receipt No.</b>

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

## Part 1: Client Details

<b>Title</b>	<input type="radio"/> <b>Mr</b> <input type="radio"/> <b>Mrs</b> <input type="radio"/> <b>Ms</b> <input type="radio"/> <b>Other</b>				<b>Gender</b>	
<b>First Name</b>						
<b>Last Name</b>						
<b>Address</b>						
<b>Post Code</b>		<b>Suburb</b>				
<b>Phone</b>		<b>Date of Birth (dd/mm/yyyy)</b>				
<b>Country of Birth</b>		<b>Language</b>				
<b>Pension/Benefit Status</b>		<b>Aboriginal/Torres Strait Islander</b>				
<b>Accommodation Setting</b>						
<b>Usual Living Arrangements</b>	Alone	With Others	With Family	Not Stated		
<b>Do you have a Carer</b>	Yes	No	Does the Carer live with you?	Yes	No	
<b>Carer Relationship to Client</b>						
<b>Referral Source</b>			<b>Initial Assessor</b>			
<b>Organisation</b>			<b>Phone</b>			
<b>Reason for Referral</b>	Frail/Aged	<65 with a Disability	Carer			

## Part 2: Meal Requirements

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

## Part 3: Contacts

<b>Doctor</b>		<b>Phone</b>	
<b>Emergency Contact 1</b>		<b>Relationship to Client</b>	
<b>Phone</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>
<b>Emergency Contact 1</b>		<b>Relationship to Client</b>	
<b>Phone</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>
<b>Other Services</b>		<b>Case Manager</b>	

## Part 4: Checklist

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