

Home Care Provider SET UP FORM

All Home Care Providers must be contacted prior to clients receiving Meals on Wheels.

INSTRUCTIONS TO ALL STAFF	
STEP 1	Contact the Home Care Provider to ensure that the client has enough package funds for the service and that the pricing is suitable.
STEP 2	Inform the Provider that Meals on Wheels will be in contact to establish an agreement to set up the supplier as an approved supplier
STEP 3	Complete this form and email it to finance@mowtas.org.au as well as the branch the clients will be receiving MOW services from.
The Client Service's Officer in the appropriate region will be responsible for contacting the Home Care Provider to gather the information as required below.	

HOME CARE PROVIDER AND MEALS ON WHEELS SERVICE AGREEMENT

INFORMATION REQUESTED BY	
CSO NAME	Janine Garwood Joanne Ring
HOME CARE PROVIDER DETAILS	
HCP Name:	
Date HCP was Contacted:	
Name of HCP Representative or Case Manager:	
HCP Representative or Case Manager Email:	
HCP Representative or Case Manager Phone:	
HCP Email for Accounts Payable:	
HCP Postal Address for Accounts Payable:	
Has MOW been Documented in HCP Service Plan for Client?	YES NO
ABOUT THE SERVICES REQUIRED	
Meals on Wheels Branch:	
Client's Name Requiring Service:	
Client ID/Reference Number:	
Client's Address:	
Commencement Date:	/ / 20
Meals Required:	SOUP MAIN DESSERT SANDWICHES
Frequency of Meals:	MON TUES WED THURS FRI W/END
Weekly Cost:	\$

Version 1 | Date 10/05/2019

- Meals on Wheels Association of Tasmania Inc.
- PH: 03 6272 0887 Fax: 03 6272 0184
- Web: www.mowtas.org.au
- 103a Grove Road, Glenorchy TAS 7010
- Email: finance@mowtas.org.au
- ABN: 38 422 135 443

Home Care Provider SET UP FORM

TO BE COMPLETED BY REPRESENTATIVE OF HOME CARE PROVIDER	
Name:	
Position:	
Signature:	
Date:	

Please complete this form and return to finance@mowtas.org.au