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| **LILS meals on wheels referral form and eligibility criteria *(updated April 2020)*** |

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| Please return this form to: **info@lils.org.uk**  Call **03333 444 806** for any queries  Visit **www.lils.org.uk** for more information |
| **Important note:** Meals are delivered between 11.30am and 2.30pm, 7 days a week, 365 days a year. We can deliver to any address in Camden and Haringey. All our prices include delivery.    Hot meal and dessert price**: £6.99** inclusive of VAT. **There is an additional charge for specialist meals (please contact us for more information).** |

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| **ESSENTIAL PERSONAL INFORMATION SECTION: Providing this information is mandatory** **in order for LILS to provide the meals service. Please ensure that you have the client’s permission to share this data if you are completing the form on their behalf. Please see the Privacy Statement at the end of this form for more information.** |

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| **ELIGIBILITY:** Anyone can receive a meal; however, the price will be £6.99 if they meet any one of the below criteria. Please ensure that the client meets at least one criteria, and tick the appropriate box(es): |

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| 1. Does the client have difficulty in preparing or cooking a meal because: | |
| They are frail, confused, or housebound? |  |
| They have a mental, physical, and/or learning disability? |  |
| They would be at risk in preparing a meal? |  |
| 2. Is the client unable to shop regularly for food or obtain a meal from any other source? |  |
| 3. Does the person need temporary cover or service because: | |
| Their carer is unwell or on holiday? |  |
| They are suffering bereavement, illness, or have recently been discharged from hospital? |  |

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| **CLIENT’S DETAILS (PERSON RECEIVING THE MEALS)** | | | | | |
| **Title** |  | | **Forename** | |  |
| **Surname** |  | | **Gender** | |  |
| **House/Flat number** |  | **Address** | |  | |
| **Town** |  | | **Postcode** | |  |
| **Date of Birth** |  | | **Telephone** | |  |

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| **IMPORTANT COVID-19 INFORMATION** |

In order to protect our staff, and adapt our service to ensure we are not spreading COVID-19 between clients, we need to know if the person receiving the meals has COVID-19 or is self-isolating due to symptoms. We must have this information before we start meal deliveries, **if this is not completed deliveries will not start** until we have this information and it will delay our processing of this referral:

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| Does the client (or anyone in their household) have COVID-19 (confirmed by a test?) | YES | NO |
| Does the client (or anyone in their household) have a fever or new persistent cough (symptoms of COVID-19)? | YES | NO |
| Is the client (or anyone in their household) self-isolating due to possible COVID-19 symptoms (fever or cough)? | YES | NO |
| Is the client mobile enough to collect their meal from the doorstep? | YES | NO |

We are required for monitoring purposes to collect the ethnicity of all our clients to ensure the equality of our service. Please select the **client’s ethnicity** from the list below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White: British |  | White: Other |  | Chinese |  |
| Mixed: White and Black Caribbean |  | Mixed: White and Black African |  | Mixed: White and Asian |  |
| Mixed: Other |  | Indian |  | Pakistani |  |
| Bangladeshi |  | Other Asian |  | Caribbean |  |
| African |  | Other Black |  | Does not wish to disclose |  |

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| **DELIVERY AND ACCESS DETAILS** |

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| **Key safe code** |  | | **Door entry code (for main building)** |  |
| **Key safe location** |  | | | |
| **Any other information** (for instance, if the house is hard to find) | |  | | |
| **Is there anything that could pose a risk to our staff when delivering?** | | | | |
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| **MEALS ON WHEELS SERVICE DETAILS** |

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| **Start date** |  | **End date** (*only required if meals are needed for a short time*) |  |

**Please select the days that a hot meal and dessert is required *(£6.99 per day*):**

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| Meals are required every day |  |

**OR**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mon |  | Tue |  | Wed |  | Thurs |  | Fri |  | Sat |  | Sun |  |

Please tick here if the client would like **frozen meals** to cook themselves (we’ll arrange delivery with the client directly). NOTE: an oven is best for cooking our meals, but a microwave can work for some meals too:

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| **PAYMENT** |

We will send a bill at the end of the month for the meals received during that month. This can be paid by Direct Debit, credit or debit card over the telephone, cheque, or Postal Order. In some circumstances we can accept payment via an Allpay card or standing order. **We never accept cash.**

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| Preferred payment method |  |

**If someone other than the client is paying** for the meal, please list their details here:

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| --- | --- | --- | --- | --- |
| Name |  | | Telephone |  |
| Relationship to client | |  | | |
| Address |  | | Postcode |  |
| Email |  | | | |

**Please tick here to confirm that the payer above is aware and has given consent for their details to be shared with us and to be contacted regarding the client’s bill:**

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| **IMPORTANT INFORMATION SECTION:**  This information will help us to provide you with a better service. |

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| **CLIENT WELLBEING** |

We are required by the Care Act 2014 to ensure that: reasonable adjustments are made to adapt services to suit individual needs (such as providing specialist meals); and that we alert statutory services if we have sufficient information that a client is experiencing, or at risk of, abuse or neglect. We also have a duty to safeguard our staff, and therefore need to know about any possible risks to their safety.

**Please tick the box(es) below** if there is anything that we may need to be aware of with regards to the client:

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| --- | --- | --- | --- | --- | --- |
| Has poor mobility |  | Slow to answer the door |  | Is confused |  |
| Visual impairment |  | Hearing impairment |  | Speech impairment |  |
| Has dementia |  | Could be violent / aggressive |  | English not their first language |  |
| Is there **anything else** we may need to know about the client? | | | | | |
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**Will the client need our staff to do any of the following when delivering the meal?**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Remove lids |  | Plate meal |  | Encourage to eat |  | Get cutlery |  | Cut up meal |  |

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| **HEALTH AND NUTRITION** |

To ensure that the client receives **appropriate, safe meals**, please complete this section to tell us about their likes and dislikes, any allergies, health conditions, or nutritional issues. Any personal data regarding a person’s health and dietary requirements will be used solely to ensure the food they receive is safe and appropriate for them, in accordance with the 2014 Care Act.

***Please note that specialist meals will be subject to an additional charge. Please contact us for more information.***

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| Please indicate any important **likes and dislikes** below: |

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| Client particularly likes: | Client particularly dislikes: |
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| Please indicate any **allergies** below: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Celery |  | Gluten/ cereals |  | Sesame Seeds | |  | Eggs |  | Fish |  | Lupin |  | Peanuts |  |
| Molluscs |  | Mustard |  | Crustaceans | |  | Milk |  | Nuts |  | Soya |  | Sulphites |  |
| Other allergy or dietary requirement: | | | | |  | | | | | | | | | |

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| Please indicate any **dietary preferences** below: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vegetarian |  | Vegan |  | Caribbean/West Indian | | |  | Kosher |  | Asian Halal |  |
| Desserts that contain less than 15g of sugar \* | | | | |  | Gluten Free | | | | |  |
| Main meals that contain at least 400 calories and desserts that contain at least 300 calories (*highest energy within our range*) | | | | | | | | | | |  |

*\* PLEASE NOTE: If the client has diabetes, all of our meals are suitable; however, they may wish to select desserts that contain less that 15g of sugar, and choose more meals marked with a heart symbol from our menu (these meals are low in saturated fat, and have no more than 1.5g salt).*

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| If the client requires **texture modified meals**, please indicate which texture is required, and indicate the reason for this: |

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| **Needs Pureed (level 4)** (formerly Thick puree (Texture C)) due to swallow issue (*as advised by Speech & Language Therapist*) |  | **Wants Pureed (level 4)** (formerly Thick puree (Texture C)) as a preference (*no swallow concern*) |  |
| **Needs Minced and moist (level 5)** (formerly Soft/Pre-mashed (Texture D)) due to swallow issue (*as advised by Speech & Language Therapist*) |  | **Wants Minced and moist (level 5)** (formerly Soft/Pre-mashed (Texture D)) as a preference (*no swallow concern*) |  |
| **Needs Soft and bite sized (level 6)** (formerly Fork mashable (Texture E)) due to swallow issue (*as advised by Speech & Language Therapist*) |  | **Wants Soft and bite sized (level 6)** (formerly Fork mashable (Texture E)) as a preference (*no swallow concern*) |  |

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| Please tick the box if the client has any **health conditions or concerns** that may be relevant to the client’s nutritional requirements: |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Dementia |  | Poor appetite |  | Complex diet |  | Losing weight unintentionally |  |
| Dysphagia |  | Heart condition |  | Diabetes |  | Chewing issues |  |
| Underweight |  | Overweight |  | Kidney disease |  | Swallowing issues |  |
| **Other (please specify):** |  | | | | | | |

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| **CLIENT SUPPORT CONTACTS** |

It is very important that we have details of other people who we can contact if we have any concerns regarding the client’s health, safety, finances, or wellbeing. We can provide a better service if we have an emergency contact who is available to answer the phone between 11.30am and 2.30pm if required. This is in case a client is not at home when we attempt to deliver, we cannot find the client, and we are concerned for their welfare. We understand that not all contacts will be able to perform all support functions, so please tick the boxes to indicate who we should contact in which situation. If you can provide more than two contacts, please email these to us along with your form. Where possible please provide a mobile phone number.

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| **Support contact 1** | |  | **Support contact 2** | |
| Name |  | Name |  |
| Relationship to client |  | Relationship to client |  |
| Telephone (primary) |  | Telephone (primary) |  |
| Telephone (other) |  | Telephone (other) |  |
| Email |  | Email |  |
| Key Holder? | Yes No | Key Holder? | Yes No |
| Contact about client whereabouts? | Yes No | Contact about client whereabouts? | Yes No |
| Contact about client health & wellbeing? | Yes No | Contact about client health & wellbeing? | Yes No |
| Contact about client finances? | Yes No | Contact about client finances? | Yes No |

**Please tick here to confirm that the support contacts above are aware, and have given consent, for their details to be shared with us and to be contacted in case of emergency:**

Sharing information about other services or organisations which support our clients, will help us to keep clients safe. This information will only be used to protect clients’ vital interests. Please provide this below:

|  |  |
| --- | --- |
| Name of **home care provider** |  |
| Home care telephone number |  |
| Name of **community alarm provider** |  |
| Community alarm telephone number |  |
| **GP Surgery** |  |
| GP Telephone number |  |
| **Other** support service / professional |  |
| Other telephone number |  |

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| **OTHER SERVICES** |

As well as delivering meals on wheels, we’ll try and support your independence through other services. If you would like a home visit from an option, please tick the box below and we will arrange this for you.

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| --- | --- | --- | --- |
| Home visit from an Optician |  | Medication prompts/ reminders \*\*\*\* |  |

*\*\*\*\* PLEASE NOTE: we can only accept requests for medication prompts from a professional who can confirm that the client has the capacity to manager, dose, and self-administer their medication.*

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| **REFERRER’S (YOUR) DETAILS** |

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| --- | --- |
| **Full name** |  |
| **Role or relationship to client** |  |
| **Organisation (if applicable)** |  |
| **Telephone** |  |
| **Email** |  |
| **How did you hear about LILS?** |  |

**If you are filling this form in on behalf of someone else, please tick this box to confirm you have obtained their consent to share their personal information with LILS, or have legal authority to consent on their behalf:**

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| **--- END OF FORM ---**  **Please email your completed form to** [**info@lils.org.uk**](mailto:info@lils.org.uk) |

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| **PRIVACY STATEMENT** |

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| LILS complies with the General Data Protection Regulation 2016.  LILS’ nominated Data Protection Officer is the Head of Business Development. You have the right to request to view the information we hold on you at any time, we will endeavour to respond within 30 working days. If you have any questions about how we use your data please send an email to [data@hertsindependentliving.org](mailto:data@hertsindependentliving.org) or call 03333 444 806 and ask for the Head of Business Development.  In this referral form, we ask for the following types of information:   1. Essential Personal Information: this information is mandatory in order for LILS to provide the service you have selected. This is because it is necessary for us to arrange your service; it is necessary to protect your vital interests (i.e. your life or personal safety); or it is required by law. If this information is not provided, LILS is not able to provide the service you have requested. 2. Important Information: this information is not mandatory in order for LILS to provide the service you have selected. However, it will allow LILS to provide a safe, high-quality, personalised service which meets the client’s needs. It will also help LILS to ensure that its services are reaching the people who require them, and ensure equality of access to the service.   Your data will be stored for the period that you are receiving services from us, in order to provide the service to you. You have the right to request a copy of the information we hold on you and can withdraw your consent for our use of it at any time. However, if you are unwilling for us to continue holding Essential Personal Information we will not be able to continue delivering the service. Client data may be monitored for quality and performance purposes. If you are no longer receiving services from us, we will only retain data which are required to retain, in order to ensure compliance with current safeguarding and food safety legislation.  For full terms and conditions applicable to LILS’ meals on wheels service, please either visit our website at [www.](http://www.hertsindependentliving.org)lils.org.uk; email us at [info@lils.org.uk](mailto:info@lils.org.uk) or call the team on 03333 444 806 to request a copy. |