



For Data Entry Only  
Received:  
Entered:  
Case Tech Initials:

LTSS  
Home Delivered Meal Service Referral Form

Today's Date: \_\_\_\_\_ Authorization Number: \_\_\_\_\_ Diagnosis/ICD-10 Code: \_\_\_\_\_

State ID Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

**Person Making Meal Referral:**

Organization Name: \_\_\_\_\_ Bill To Organization (if different): \_\_\_\_\_

Case Manager/Care Coordinator Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Person Receiving Meals:**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_ Apt./Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Secondary Contact (if recipient unreachable): Relationship to Meal Recipient: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Meal Plan Selection** – Enter the number of meals approved and put an “X” in the appropriate box below. (Choose only one)

**Number of Meals Approved: 14 EVERY 2 WEEKS (1 PER DAY) Authorization Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_**

Desired Menu Type (Make only one selection)	Check with an “X”
General Wellness (Meets 1/3 Dietary Reference Intake, Dietary Guidelines) – General Default <input type="checkbox"/> English <input type="checkbox"/> Spanish If specific health condition meals or food preferences are needed, check the appropriate box below (if applicable) <input type="checkbox"/> Lower Sodium <input type="checkbox"/> Heart Friendly <input type="checkbox"/> Vegetarian	
Diabetes-Friendly (carbs <65g/entrée <110g/meal, sodium average 570mg/entrée 810mg/meal)	
Renal-Friendly (sodium <700mg, potassium <833mg, phosphorus <300mg)	
Gluten-Free (tested less than 20ppm, not a dedicated kitchen)	
Pureed (for dysphagia patients and those with difficulty swallowing)	
Menu Comments/Special Delivery Instructions/Food Allergies:	
UPCAP DATA ENTRY: SERVICE CODE: _____ FUND CODE: _____ STANDARD REMARK: _____	

Email Referral Form to **Intake@MomsMeals.com** or FAX: 515-266-6120.  
For Questions, you can call our Intake Team at 1-866-716-3257. Hours of Operation: 8AM-5PM CST