

## MA - Tufts Senior Care Plan Home Delivered Meal Service Referral Form

Today's Date:	Authorization Number:	Diagnosis/ICD-10	Code:	
State ID Number:	Medicaid N	umber:		
Person Making Meal I	Referral:			
Organization Name:	Bill To Organizat	ion (if different):		
Case Manager/Care Coordin	nator Name			
	Email:			_
Person Receiving Mea	ls:			
Name:	Street Address: _		Apt. /U	U <b>nit</b> #
City:	State:		Zip Code: _	
Phone:	Date of I	Birth:		<u>.</u>
Secondary Contact (if recip	pient unreachable): Relationship to Me	al Recipient:		
	Phone:	Email:		
Meal Plan Selection – En	ter the number of meals approved and p I Per Week: Refrigerated Meals (e Shelf Stable Meals*	enter zero if adding one time o	order of shelf s	
Meal Plan Selection – En  Number of Meals Approved  One Time – Please add  *Please note that Shelf-Stable	ter the number of meals approved and p	enter zero if adding one time of	order of shelf s	
Meal Plan Selection – En  Number of Meals Approved  One Time – Please add  *Please note that Shelf-Stable	ter the number of meals approved and part of Per Week: Refrigerated Meals (e Shelf Stable Meals*  de meals are unable to tailor to condition  End Date:  Desired Menu Type	enter zero if adding one time on specific guidelines as show	order of shelf s	
Meal Plan Selection – En  Number of Meals Approved  One Time – Please add  *Please note that Shelf-Stabl  Authorization Start Date:  General Wellness (Meets ½ D  If specific health condition m	ter the number of meals approved and p I Per Week: Refrigerated Meals (e Shelf Stable Meals* le meals are unable to tailor to condition End Date:	enter zero if adding one time on specific guidelines as shown as s	order of shelf s  /n below.  □ Spanish	stable meals only)
Meal Plan Selection – En  Number of Meals Approved  One Time – Please add  *Please note that Shelf-Stable  Authorization Start Date:  General Wellness (Meets 1/3 D  If specific health condition m  Lower Sodium Hea	ter the number of meals approved and part of the number of meals approved and part of the number of meals approved and part of the number of meals are unable to tailor to condition to meals are unable to tailor to condition to the number of	enter zero if adding one time on specific guidelines as shown as shown as a s	order of shelf s  /n below.  □ Spanish	stable meals only)
Meal Plan Selection – Enternal Number of Meals Approved  One Time – Please add  *Please note that Shelf-Stable  Authorization Start Date:  General Wellness (Meets ½ D  If specific health condition m  Lower Sodium Heal  Diabetes-Friendly (carbs <65g	The result of meals approved and proved are resulted as a proved and proved a	enter zero if adding one time on specific guidelines as shown as a	order of shelf s  /n below.  □ Spanish	stable meals only)
Meal Plan Selection — Enternal Number of Meals Approved  One Time — Please add  *Please note that Shelf-Stable  Authorization Start Date:  General Wellness (Meets ½ D  If specific health condition m  Lower Sodium Heal  Diabetes-Friendly (carbs <65g  Renal-Friendly (sodium <700)	The recommendation of meals approved and proved and pro	enter zero if adding one time on specific guidelines as shown as a	order of shelf s  /n below.  □ Spanish	stable meals only)
Meal Plan Selection — Enternal Number of Meals Approved  One Time — Please add  *Please note that Shelf-Stable  Authorization Start Date:  General Wellness (Meets 1/3 D  If specific health condition m  Lower Sodium Heal  Diabetes-Friendly (carbs <65g  Renal-Friendly (sodium <700g  Gluten-Free (tested less than 2	The recommendation of meals approved and proved are unable to tailor to condition a second to be recommendated by the provention of t	enter zero if adding one time on specific guidelines as shown as a	order of shelf s  /n below.  □ Spanish	stable meals only)

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