



MA - Tufts Senior Care Plan
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 Per Week: Refrigerated Meals (enter zero if adding one time order of shelf stable meals only)
One Time - Please add Shelf Stable Meals*

*Please note that Shelf-Stable meals are unable to tailor to condition specific guidelines as shown below.

Authorization Start Date: End Date:

Table with 2 columns: Desired Menu Type (Make one selection.) and Mark with an "X". Rows include General Wellness, Diabetes-Friendly, Renal-Friendly, Gluten-Free, Pureed, and Allergens (Milk, Fish, Shellfish, Tree Nuts, Egg, Peanuts, Soy, Wheat). Includes a section for Special Delivery Instructions/Allergens/Food Preferences.

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

