MN – UCare ILOS – M0061860
Home Delivered Meal Service Referral Form

Today's Date: _____ Authorization Number:_____ Primary Dx Code: _____
Member ID #: _____ Medicaid ID#: _____

UCare Internal Eligibility Documentation:

Recent Inpatient Stay? ☐ Yes Date of Discharge: ___

☐ PMAP ☐ Connect ☐ Connect + Medicare

Currently receiving meals through other funding sources? ☐ No

Supporting short-term food insecurity or improved health outcomes with proper nutrition? ☐ Yes

Person Making Meal Referral:

Case Manager/Care Coordinator Name: _____

Phone: _____ Email: _____

Person Receiving Meals:

Name: _____ Street Address: _____ Apt/Unit:____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email Address: _____Date of Birth: _____ Gender: ☐ Female ☐ Male ☐ Unknown

Preferred Language: ☐ English ☐ Spanish or Other: _____

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

Name:_____Phone:_____Email: _____

Meal Plan Selection: **Post Discharge:** 2 meals/day x 2 weeks (28 Total Meals)

Authorization Start Date:_____

Desired Menu Type (Make only one selection per column.)	Choose by marking with "X"
General Wellness (Meets ⅓ Dietary Reference Intake, Dietary Guidelines) If specific health condition meals or food preferences are needed, check the appropriate box below *(if applicable)* ☐ Vegetarian ☐ Protein Plus	
Heart-Friendly/ Low Sodium (sodium <800mg, fat <30%, sat fat <10%)	
Diabetes-Friendly (carbs <65g/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)	

Allergens: ☐ Milk ☐ Fish ☐ Shellfish ☐ Tree Nuts ☐ Sesame ☐ Egg ☐ Peanut ☐ Soy ☐ Wheat
If the Allergen is contained anywhere in the meal kit, the meal will not be available to your client

Special Delivery Instructions/Allergens/Food Preferences:

Fax Form to UCare CLS Intake at (612) 884-2185 or (866) 402-5018.
For questions, please call (612) 676-6705 or email CLSintake@ucare.org.