



**MN – UCARE – MSHO Non-Waiver Post Discharge - 2025**  
**Procedure Code: S9977**  
**Home Delivered Meal Service Referral Form**

Today's Date: \_\_\_\_\_ Authorization Number: \_\_\_\_\_ Diagnosis/ICD-10 Code: \_\_\_\_\_  
Member ID#: \_\_\_\_\_ Waiver Type: MSHO/Non-Waiver

**Person Making Meal Referral:**

Organization Name: UCARE – MSHO Non-Waiver (M0060618)  
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 per day x 4 weeks = Total 56 meals

**Authorization Start Date:** \_\_\_\_\_

*Select One Primary Menu below. We will attempt to accommodate meals that meet multiple menu requests.*

<b>Desired Menu Type</b> (Make only one selection per column.)	Select by marking with an "X"
General Wellness (Meets dietary guidelines to support overall wellness) - General Default -	
Lower Sodium (sodium <600mg)	
Heart-Friendly (sodium <800mg, fat <30%, sat fat <10%)	
Diabetes-Friendly (carbs <67g/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)	
Cancer Support (calories >600, protein >25g)	
Vegetarian (includes dairy, eggs, plant protein, nuts, and beans - Vegan not available)	
Pureed (for dysphagia members 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 or email form to UCare CLS Intake at (612) 884-2185 or (866) 402-5018 or [CLSintake@ucare.org](mailto:CLSintake@ucare.org)  
For Questions, you can call (612) 676-6705 or email [CLSintake@ucare.org](mailto:CLSintake@ucare.org)

