

Today's Date: \_\_\_\_\_ Meal Benefit Start Date: \_\_\_\_\_ Diagnosis/ICD-10 Code: \_\_\_\_\_

ID Number: \_\_\_\_\_ Authorization Number: \_\_\_\_\_

**Person Making Meal Referral:**

Organization Name: \_\_\_\_\_ Bill To Organization: \_\_\_\_\_

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

**Person Receiving Meals:**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

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

Secondary Contact (if recipient unreachable): Relationship to 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:** \_\_\_\_\_ 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	
Diabetes-Friendly (carbs <65g/entrée <110g/meal, sodium average 570mg/entrée 810mg/meal) <input type="checkbox"/> English <input type="checkbox"/> Spanish	
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:	
Other Instructions (Change of Service, Correction, Cancellation):	

Email Referral Form to [intake@MomsMeals.com](mailto:intake@MomsMeals.com) or FAX: 515-266-6120.  
For Questions, you can call our Intake Team at 1-866-716-3257. Hours of Operation: 7AM-6PM CST