DDD-2238A FORFF (11-23)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

HOME DELIVERED MEAL SERVICE REFERRAL FORM

Today's Date: ______________ Diagnosis/ICD-10 Code: ___________________ AHCCCS ID#: ______________________

Person Making Meal Referral:

Organization Name: **Arizona ADES/DDD M0060697**

Case Manager/Care Coordinator Name: ____

Phone: _____________________________ Email: ______________________________________

Person Receiving Meals:

Name: ____ Phone: ____________________ Date of Birth: ______________

Street Address *(No., Street)*: ____ Apt./Unit # ______________

City: _______________________________________ State: _____________________________ ZIP Code: ______________

Secondary Contact Name *(if recipient unreachable)*: ____

Relationship to Meal Recipient: _________________ Phone: __________________ Email: ___________________________

Meal Plan Selection:

Total Meals Approved: # of meals ______________ *(max 7 per week)* Authorization End Date: ______________

Desired Menu Type ***(Make only one selection)***	**Primary Menu "X"**
General Wellness (Meets½ Dietary Reference Intake, Dietary Guidelines) - General Default English Spanish If specific health condition meals or food preferences are needed, check the appropriate box below *(if applicable)* Lower Sodium Heart Friendly Vegetarian	
Diabetes-Friendly (carbs <65g/entrée <110g/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 Egg Peanuts Soy Wheat

Other:

Special Delivery Instructions/Allergens/Food Preferences/Secondary Menu Type:

Email Referral Form to intake@MomsMeals.com or Fax to 515-266-6120

For Questions, you can call our Intake Team at 1-866-716-3257. Hours of Operation: 8AM-5PM CST

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1