

Human Services Development Fund  
Request for Home Delivered Meal

NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

DOCTOR's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**PRESENT HEALTH CONDITION:**

Are you alert & oriented? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you presently under doctor's care? YES \_\_\_\_\_ NO \_\_\_\_\_

Infectious Disease? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you on a Special Diet? YES \_\_\_\_\_ NO \_\_\_\_\_

Current medical problem: \_\_\_\_\_

Are you homebound? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you live alone? YES \_\_\_\_\_ NO \_\_\_\_\_

if No, please explain why you are in need of home delivered meals.

Name	Relationship	Date of Birth
	Consumer	

Source of Income:	Monthly Gross Amount	Explanation

**Emergency Contact**

Someone who knows your whereabouts at all times.

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

Address: \_\_\_\_\_

Relationship to you? \_\_\_\_\_

*Our office needs an emergency contact person listed so we can contact if you do not answer your door to accept meals.*

**To be completed by Attending Physician**

**Home Delivered Meals Request**

RE: \_\_\_\_\_  
Consumer/patient's name:

Is the patient homebound? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there any other available family support to offer such support? YES \_\_\_\_\_ NO \_\_\_\_\_

Dear Doctor,

Due to the recent changes for Home Delivered Meals, we will no longer be able to offer the wide variety of diets that they have been able to offer in the past. Meals will contain less convenience foods and processed meats. The new menu will contain more whole meats, additional starch, whole grain breads, and skim milk. All meals will meet the following nutritional specifications.

- Salt content — daily average of 1300 Milligrams or less
- Fat Content — daily fat content not to exceed 35% of total calories
- Fiber content — minimum daily average of 8 grams
- Fresh/Raw fruits and vegetables served at least 2 times per week
- Calcium content — minimum daily average of 400 milligrams

**This is ONLY a temporary service, for individuals between the ages of 18 to 59 who are recovering from an illness/poor health, and no immediate social support to care for them during this time period.**

Please take a few minutes to review the following diets that will now be offered to consumers receiving a Home Delivered Meals. Please check the box on the proceeding page, which you are recommending for your patient.

Thank you.

- 900 Regular Meal
- 901 No Concentrated Sweets Desserts
  
- 902 Low Cholesterol Low Fat
- 903 Low Cholesterol Low Fat NO Concentrated Sweets Desserts
  
- 904 2 Gram Sodium Restriction
- 905 2 Gram Sodium Restriction NO Concentrated Sweets Desserts
- 906 2 Gram Sodium Low Cholesterol Low Fat
- 907 2 Gram Sodium Low Cholesterol Low Fat No Concentrates Sweets Desserts
  
- 910 Renal/Low Potassium/No Milk
- 911 Renal/Low Potassium/No Milk No Concentrated Sweets Desserts
- 912 Renal/Low Potassium/No Milk Low Cholesterol Low Fat
- 913 Renal/Low Potassium/No Milk Low Cholesterol Low Fat No Con.- Sweets Desserts
  
- 920 Ground Meat
- 921 Ground Meat Low Cholesterol Low Fat No Concentrated Sweets Desserts
- 922 Ground Meat/Renal/Low Potassium/No Milk
- 923 Ground Meat 2 Gram Sodium Restriction
- 924 Ground Meat Low Cholesterol Low Fat
- 925 Ground Meat No Concentrated Sweets Desserts
  
- 930 Puree
- 931 Puree 2 Gram Sodium Restriction
- 932 Puree Low Cholesterol Low Fat
- 933 Puree Low Cholesterol Low Fat No Concentrated Sweets Desserts
- 934 Puree No Concentrated Sweets Desserts
- 935 Puree 2 Gram Sodium Low Cholesterol Low Fat No Concentrates Sweets Desserts
  
- 940 Gluten Free
- 941 Gluten Free Low Cholesterol Low Fat
- 942 Gluten Free Low Cholesterol Low Fat No Concentrated Sweets Desserts
- 943 Gluten Free No Concentrated Sweets Desserts
  
- 950 Meat Substitute
- 960 Fish Only

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**3 Months:** \_\_\_\_\_ **6 Months:** \_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physicians Name:** \_\_\_\_\_ **MD License #** \_\_\_\_\_  
 (Print)

**Physicians Address:** \_\_\_\_\_

**Physicians Phone#** \_\_\_\_\_