



Application for Home-Delivered Meals through Colorado Choice Transitions

Project Angel Heart is providing home-delivered meals for individuals enrolled in the Colorado Department of Health Care Policy & Financing's Colorado Choice Transitions program. Through this program patients are eligible to receive up to 10 meals per week for 52 weeks.

Please complete the form below and return with their PAR to initiate meals for your patient.

Today's Date Discharge Date

Patient Information

Patient DOB Primary ICD 10 Code:

Patient Medicaid ID # Patient Gender M F Trans

First Name Last Name

Physical Address

City Zip Phone

Primary Language Written Spoken

Partially or Legally Blind Deaf Hard of Hearing Elderly Disabled

Is the patient our primary contact? Yes No

If not, who should we contact? Name Phone

Emergency Contact Phone

Insured Name: Relationship to the Insured:

Referring Provider: (i.e case manager, MD)

Name Phone

Diet:

- Standard Healthy Diet (full-flavored, no modifications)
- Allergy Friendly (No eggs, dairy or mushrooms)
- Heart Healthy/Diabetic Friendly (lower in fat and sodium)
- Naked (no sauces or seasonings)
- Renal Friendly (lower in potassium & phosphorus)

Additional Diet Modifiers
 Soft

Delivery Information:

Nearest Intersection

Description of residence

Additional info (if applicable, name of apt. complex, door code, preference of front door or back, etc.
Skip if meals are being shipped.

Client Release:

I voluntarily give my consent for the exchange of verbal and/or written communication between Project Angel Heart and my health care provider/case manager/social worker for the specific purposes of verifying my health conditions and correlating treatments, which qualify me for Project Angel Heart services.

I release said health care provider and Project Angel Heart from all liabilities and claims pertaining to the release and disclosure of such information.

Additionally, by signing below, I give permission to Project Angel Heart to disclose my name and address to the Center for Improving Value in Health Care (CIVHC) in order to conduct anonymous evaluations to assess and improve the meals provided by Project Angel Heart through the Colorado Choice Transitions program. I understand that I have the right to revoke my consent in writing at any time, but that if I do so, my consent will expire when these evaluations conclude. I understand that my participation in the Colorado Choice Transitions program, and receiving meals through it, is not conditioned on me providing consent here.

I request to opt out of ongoing research/evaluation conducted by CIVHC

Patient Name

Date

Patient Signature:

Please return this completed application to
refer@projectangelheart.org or via fax at 303-865-7002

If the discharge date for the patient is TBD, please indicate the date you anticipate the patient will be discharged, and call Project Angel Heart at 303-830-0202 when confirmed.