



## Application for Meals for Care Transitions

Project Angel Heart is providing home delivered meals for individuals enrolled in Meals for Care Transitions health care contracts. Meal quantities and diet offerings vary by contract. Please contact your program administrator or Leslie Scotland-Stewart, Director of Meals for Care Transitions, at [lscotlandstewart@projectangelheart.org](mailto:lscotlandstewart@projectangelheart.org) with questions.

Please complete and return the form below to initiate meals. If applicable, please complete the form below and return with patient/members' Prior Authorization (PAR) to initiate meal service. If the patient/member is interested in receiving meals beyond the benefit period, please enclose a problem list with the submission of this form to determine eligibility.

Today's Date:

Discharge Date (if applicable):

If the discharge/transition 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.

### Patient/Member Information

DOB			Primary ICD 10 Code				
Current Weight			A1C (if available)				
Medicare	Medicaid	Other				Insured's ID #	
Insured Name		Relationship to Insured		Self	Spouse	Child	Other
Patient/Member Gender	M	F	Trans	Non-binary			
First Name			Last Name				
Physical Address							
City		Zip		Phone			
Primary Language			Written		Spoken		
Partially or Legally Blind			Deaf		Hard of Hearing		
Is the patient our primary contact?			Yes		No		
If not, who should we contact? Name			Phone				
Emergency Contact			Phone				

### Referring Provider (i.e. case manager, physician, member services employee, etc.), if applicable:

Name		Phone
Email		
Telligen DSME	Transition HCBS (Medicaid)	St. Mary's Cancer Center
Denver Health Medical Plan	Other	

**Diet:**

Standard Health Diet (full-flavored, no modifications)

Heart Healthy/Diabetic Friendly (lower in fat and sodium)

Renal Friendly (low potassium and phosphorus)

Allergen (no dairy, eggs, or mushrooms)

Bland (no herbs, seasonings, or sauces)

Please note additional food allergies or special diet needs (we are not able to accommodate all requests)

**Delivery Information:**

Nearest Intersection

Description of residence

Additional info (if applicable, name of apartment complex, door code, preference of door used, etc.)

**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 the release below, I authorize Project Angel Heart to bill my insurance provider, if applicable, for services delivered [note- you as the individual will never incur costs from Project Angel Heart]

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 Meals for Care Transitions program. I understand that I have the right to revoke my consent in writing at any time, but if I do so, my consent will expire when these evaluations conclude. I understand that my participation in the Meals for Care Transitions program, and receiving meals through it, is not conditioned on me providing consent to research

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

Patient/Member Name

Date

Patient/Member Signature

Verbal consent from patient/member received

Referrer Initials:

Date verbal consent received:

Please return this completed application to [refer@projectangelheart.org](mailto:refer@projectangelheart.org) or via fax 303.865.7002  
Questions? Contact us at 303-830-0202