



Project Angel Heart prepares and delivers medically tailored meals, free of charge, to people living with severe illnesses. Please have a medical provider complete the application and attach your active diagnosis list to verify eligibility. If the diagnosis list is not available, please complete the medical information.

APPLICANT INFORMATION

FIRST NAME LAST NAME MIDDLE INITIAL

DELIVERY ADDRESS

CITY ZIP CODE COUNTY

MAILING ADDRESS (if different from delivery address)

MAILING CITY MAILING ZIP CODE

DATE OF BIRTH HEIGHT WEIGHT kg lbs

EMAIL

PRIMARY CONTACT PHONE NAME / RELATIONSHIP

DOES THE PRIMARY CONTACT SPEAK ENGLISH? YES NO

EMERGENCY CONTACT (NAME, PHONE, RELATIONSHIP)

* Only list those that are aware of the applicant's medical diagnosis.*

ADDITIONAL MEALS (Is the applicant a caregiver for children under 18 or another adult in the household)

YES NO

COMPLETE THIS SECTION OR ATTACH AN ACTIVE DIAGNOSIS LIST

PRIMARY DIAGNOSIS

HIV/AIDS

Cancer Type Is the diagnosis active? YES NO

Current treatment: Chemo Surgery Radiation Immunotherapy

ESRD Chronic Kidney Disease Stage (check one) 1 2 3 4 5 N/A

COPD Cystic Fibrosis Other Lung Disease:

Heart Failure Other Heart Disease:

O2 24/7 as needed

PKN ALS Huntington's Multiple Sclerosis Lupus RA

Protein Calorie Malnutrition/Failure to Thrive

High-Risk Pregnancy Gestational Diabetes Pre-eclampsia Due Date

Dementia Type

Other

OTHER CONCERNS/DIAGNOSIS

Diabetes Type 1 Diabetes Type 2

Ambulation device Describe:

Nausea Diarrhea Vomiting Poor Appetite Mouth Sores Constipation Altered Taste

Difficulty chewing/swallowing Unintentional weight loss 2-13lbs 14-23lbs 24-33lbs 34+lbs N/A

Mental Illness/cognitive deficits/substance abuse Describe:

Partially Blind Legally Blind Deaf Hard of hearing



DIET
 Please indicate the requested diet and any other dietary needs due to allergies, side-effects from treatment, religious beliefs, etc. All of our diets are heart healthy. Please note that we cannot accommodate all diet requests.

- | | | | |
|-----------------------|------------|-----------------|-------------|
| RENAL | VEGETARIAN | GLUTEN-FRIENDLY | FORK TENDER |
| HEART HEALTHY | DIABETIC | UNSEASONED | |
| LOW VIT K/GI FRIENDLY | DAIRY FREE | FOOD ALLERGIES | |

NUTRITION EDUCATION & COUNSELING - Would you like our Registered Dietitian to contact you? YES
 If you have specific questions, please list those here. NO

HEALTH CARE PROVIDER CONSENT

The medical professional's signature below:

1. Verifies the applicant named in this application is their patient
2. Confirms that all stated health information on this application is true and accurate

Referring Health Care Provider (doctor, nurse, licensed clinical social worker, dietitian, etc.)

Name	Title
Phone	Fax
	Email

Agency/Clinic/Hospital/Practice

Signature	Date
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PROJECT ANGEL HEART APPLICATION FOR SERVICES CONSENT

The following confirmation/applicant's consent must be completed, signed, and submitted with the application. By signing this document, I _____, voluntarily consent for the exchange of my health information between Project Angel Heart and my health care provider, social worker or case manager _____, for the treatment purposes that qualify me for Project Angel Heart's meal services. The information shared by my health care provider, social worker or case manager with Project Angel Heart may include HIV/AIDS status, psychiatric and mental health disorders, and substance use. I release my health care provider, social worker or case manager and Project Angel Heart from all liabilities and all claims pertaining to the release and disclosure of such information.

Signature	Date
Applicant Name	DOB

If signed by personal representative, list authority of personal representative:

Name

Please submit this completed application to Project Angel Heart by either:
 email: refer@projectangelheart.org
 Fax: 303-865-7002 or 303-830-1840
 Hard copy: ATTN: Client Services
 Project Angel Heart
 4950 Washington St
 Denver, CO 80216

Submission of an application is not a guarantee of services.
 Incomplete applications may delay start of services
 Fraudulent documentation will result in termination of services