



# WAIVERED SERVICES REFERRAL

Referring County/Agency: \_\_\_\_\_

Meals on Wheels     Congregate  
 Frozen Meals To Go

**Meal Site where client is receiving meals from:** \_\_\_\_\_

Choose one:     New                       Continuance                       Change                       Discontinued

Recipient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

County: \_\_\_\_\_ PMI number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Diagnostic Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Frequency:  5 days/week                       7 days/week                       Other: \_\_\_\_\_

Diet:  Low-salt     Diabetic     Low-fat/cholesterol     Regular

Pay Source:  AC     EW     ECS     CADI     TBI/DD     CDCS with: \_\_\_\_\_

Referred by: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Notes/Directions: \_\_\_\_\_

1. Please e-mail to LSS Meals – Moorhead at [lssmealswaivered@lssmn.org](mailto:lssmealswaivered@lssmn.org)  
Or Fax information to: 218.236.0836  
LSS Meals – Provider #A953725200, Ph: 218.233.7521 or 800.488.4146
2. Moorhead employees will contact the applicable LSS Meals Regional Manager to make the appropriate arrangements.