



WAIVERED SERVICES REFERRAL – LSS Meals

Referring County/Agency: _____

- LSS Meals on Wheels Congregate
 LSS Meals to Go (frozen)

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: _____

Emergency Contact: _____ Emergency Phone: _____

Start Date: _____ Stop Date: _____

Frequency: 5 days/week 7 days/week Other: _____

Diet: Diabetic Low-fat/cholesterol Reduced sodium Traditional Vegetarian

Pay Source: AC BI CAC CADI CDCS DD ECS EW
with: _____

Please note: LSS Meals to Go only accepts AC, ECS and EW.

Referred By: _____

Phone: _____ Email: _____

Notes/Directions: _____

- 1. Please e-mail to LSS Meals at lssmealswaivered@lssmn.org or fax information to: 218.236.0836

LSS Meals – Provider #A953725200, Ph: 218.233.7521 or 800.488.4146

- 2. LSS Meals employees will contact the applicable LSS Meals Regional Manager to make the appropriate arrangements.