

LSS Meals to Go



Order Form

For office use only

Date _____

First Name _____

Last Name _____

Street Address _____

City, State & Zip Code _____

Phone _____ Email _____

Date Emailed: _____
Date Received: _____
Date Shipped: _____

Please select a total of 14 delicious and nutritious homestyle meals for your shipment. You can choose an assortment of different meals, or request several of the same meal if you prefer. Meals include side dishes, bread, butter and dessert.

I would like the Sample Pack, an assortment of 14 meals.

MEAL	QTY.	MEAL	QTY.
BREAKFAST		Teriyaki Beef	
Biscuits & Gravy		CHICKEN & TURKEY	
Blueberry Pancake (V)		Asian Chicken (+S)	
Breakfast Muffin: Egg & Cheese		Baked Chicken (+S)	
Breakfast Muffin: Turkey Sausage, Egg & Cheese		Chicken Alfredo	
Cheese Omelet & Potatoes		Chicken Chow Mein	
Cheese Omelet & Waffles		Chicken with Cranberry Sauce (+S)	
Cranberry Almond Oatmeal, Omelet & Sausage (+S)		Creamy Chicken Lasagna	
Egg & Sausage Bake		Honey Glazed Chicken (+S)	
BEEF		Oven Crispy Chicken	
Beef & Bean Chili		Oven Roasted Turkey	
Beef Stroganoff		FISH	
Hearty Beef Stew (+S)		Fish Sandwich	
Hearty Lasagna		Oven Fried Fish (+S)	
Home Style Meatloaf (+S)		Parmesan Baked Fish (+S)	
Pepper Steak		Salmon Loaf	
Rigatoni with Beef		PORK	
Roast Beef (+S)		BBQ Pulled Pork Sandwich	
Salisbury Steak		Roasted Pork Loin (+S)	
Spaghetti with Marinara Meat Sauce (+S)		VEGETARIAN	
Swedish Meatballs		Broccoli Alfredo (V)	
Tater Tot Hot Dish (+S)		Cheese Pizza (V)	

+S Reduced sodium in meal tray contents (less than 600 mg.)

V Vegetarian

Do you require a diabetic diet? Yes No

Payment Type

I will purchase my meals (price is \$125.99 for 14 meals, and includes shipping).

Check # _____

Credit Card – Payment must be made by calling **800.488.4146**.

Alternative Care Program

Date of Birth: ____ / ____ / ____

Case Manager: _____

Case Manager Phone Number: _____

Elderly Waiver

Date of Birth: ____ / ____ / ____

Case Manager: _____

Case Manager Phone Number: _____

Medica Community Companion Benefit

Once the form is complete, you can return it by:

- emailing it to us at meals@lssmn.org or faxing to **877.565.3171**
- printing and mailing it to:
LSS Meals
3101 S. Frontage Rd, Suite 100
Moorhead, MN 56560
- or giving this form to your Community Companion

You can expect your meals to arrive within 3 to 4 business days after your payment is received.

Questions:

Call us toll-free at **800.488.4146** during the below office hours.

Monday through Friday, 8:00 a.m. – 4:30 p.m.