Lutheran Social Service of Minnesota

WAIVERED SERVICES REFERRAL - LSS Meals on Wheels

Referring County: _____ □ Meals on Wheels □ Congregate

Meal Site where client is receiving meals from: _____

Choose one: □ New □ Continuance □ Change □ Discontinued

Recipient Name:_____ Date of Birth:_____

Address: _____ City & Zip: _____

County: _____

Phone Number: _____ Diagnostic Code: _____

Start Date: _____ Stop Date: _____

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

Diet: □ Special Diet (low salt, diabetic, low fat/cholesterol) □ Regular

Pay Source: □ AC □ EW □ ECS □ CADI □TBI/DD Rate: _____

Recipient ID number: _____

Referred by: _____ Phone: _____ Fax: _____

Notes/Directions: _____

1. Please e-mail questions to LSS Meals – Moorhead at lssmealswaivered@lssmn.org
   Please fax this completed form to: (218) 236-0836 as email is not secure.

   LSS Meals – Provider #A953725200, Ph: (218) 233-7521 or (800) 488-4146

2. LSS Moorhead staff will contact the applicable LSS Meals Regional Manager to make the appropriate arrangements.