WESTERN NEW YORK INTEGRATED CARE COLLABORATIVE

2023: In-Home Meal Delivery Intake / Referral for Independent Health Plan Members

MEMBER INFORMATION: Please complete form in full

Member Name:		Date Of Birth:	
Member Home Address:		Gender:	
Member Health Insurance ID #		Member Phone Number	( )
Type of Referral (check one):	☐ **Post-Discharge**	☐ **C-SNP (upon request by member - one time annually)**	
Facility being discharged from:		Admission Date:	Discharge Date:
Does Member have one of these 3 Independent Health plans? ***required** ☐ **YES: If NO, Member is not eligible for this benefit.**	☐ Assure Advantage (CSNP) ☐ Encompass 65 Basic	☐ Encompass 65 ☐ Encompass 65 Core	

REFERRAL SOURCE:

Name of Person completing Referral Form:

Referral Source Organization: ☐IHA Servicing ☐ Discharge Planner from: _____ ☐ Other (list):

Referral Source Phone Number or IHA Service Request Number ***required**:

MEMBER ACKNOWLEDGEMENTS:

☐ Yes Member instructed that the meal benefit is for **14 total days only**.

☐ Yes Member instructed that **they will receive a call from the Meal Vendor to schedule** the actual meal delivery dates.

☐ Yes Member instructed that if they are receiving meals delivered in-person, **someone must be present at time of delivery**.

☐ Yes Member instructed that if no one is at home at the time of in-person meal delivery, the meal(s) will **not** be delivered, their Emergency Contact will be called, and the meals will be counted toward your 14 days of meals.

Choose one

☐ Member **consents** to receive Nutrition Education with a Registered Dietitian in addition to the meals at no cost.

☐ Member **declines** to receive Nutrition Education with a Registered Dietitian in addition to the meals at no cost.

MEALS INTAKE QUESTIONS:

Emergency Contact Name:		**Emergency Contact Phone:**	
Date Member is available to begin receiving the meals:		*(Note Meal Vendor will call to schedule meals)*	
Address where the meals are to be delivered:			
Have you ever received Meals on Wheels? ☐ YES ☐ NO If Yes, when?			
☐ **PREFERRED OPTION 1: Delivered in-person on weekdays:** Food for 2 meals for 14 days. Weekday Meals will be delivered between 11:00am and 2:00pm and driver will greet Member. **Which days will Member be at the meal delivery address between 11:00am – 2:00pm once the meal delivery begins? ☐ Mon. ☐Tue. ☐Wed. ☐ Thu. ☐Fri.**			
Will Member require meals for weekends and/or holidays - If they fall within the 14 days of meals? These meals are delivered Thurs. or Fri and may be frozen or shelf-stable.		Weekends ☐ **YES** ☐ **NO** Holidays ☐ **YES** ☐ **NO**	
☐ **OPTION 2: Delivered via a one or two-time delivery:** Two frozen meals for each of 14 days (28 meals total). **Participant has enough freezer space for: ☐ 7 meals ☐ 14 meals ☐ 28 meals**			
Are there any animals / dogs at your residence?		☐ **YES** ☐ **NO**	
a. If YES, please list the type of animal(s) (i.e. cat, dog) & How many?		**Number/Type:**	
b. If YES, can they be restrained or put away during meal delivery?		☐ **YES** ☐ **NO**	
Will anyone else likely be at your residence during meal delivery times**?**		☐ **YES** ☐ **NO**	
a. If YES, please list who will likely be at your residence during meal delivery times**:**			
Do you have any concerns about being safe in your home? ☐ **YES** ☐ **NO** If Yes, describe:			
Is there anything the driver may need to know about when delivering meals to you?			

Do you have a working:	Refrigerator? ☐**YES** ☐**NO**	Freezer? ☐**YES** ☐**NO**	Microwave? ☐**YES** ☐**NO**	Stove?☐**YES** ☐ **NO**
✓ Check if you have any of the following limitations?	☐ Vision ☐ Hearing	☐ Walker/Cane ☐ Wheelchair	☐ Oxygen	☐ Physician-diagnosed food allergy Please list:
Do you require one of these Modified Diet options (as required by Physician)**? Note**: All meals are considered "low in salt" and "low in fat".	☐**Diabetic** (lower carbohydrate/lower sugar) ☐**Other:** **Note**: We may not be able to accommodate all diet/allergy requirements.			

Send via WNYICC Secure Fax: 1-844-620-0739 Any questions call Ind. Health Provider Contact Center: 8am- 6pm Mon-Fri: **(716) 631-3282**