

# Help Me Help You - MediCally Grocery Delivery

## Referral Form for Case Managers and Care Coordinators

### **Section 1**

Referring Person / Agency: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Referring program:

- ☐ Enhanced Care Management (ECM)
- ☐ Community Health Worker program
- ☐ Hospital discharge planning
- ☐ Primary care clinic
- ☐ Community case management
- ☐ Other: \_\_\_\_\_

Referring staff name: \_\_\_\_\_

Title/role: \_\_\_\_\_]

Phone: \_\_\_\_\_]

Secure email: \_\_\_\_\_]

Fax (if applicable): \_\_\_\_\_]

**Is this a CalAIM Community Supports referral?**

- ☐ Yes                      ☐ No                      ☐ Not sure

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### **Section 2 – Member (Client) Information**

Member full name: \_\_\_\_\_]

Date of birth (MM/DD/YYYY): \_\_\_\_\_]

Medi-Cal ID # (if known): \_\_\_\_\_]

Health plan (check one):

- ☐ LA Care                      ☐ Health Net  
☐ Anthem Blue Cross    ☐ Molina                      ☐ Other / Not sure: \_\_\_\_\_

Primary phone: \_\_\_\_\_]

Secondary phone: \_\_\_\_\_]

Preferred language:

- ☐ English                      ☐ Spanish  
☐ Khmer                      ☐ Tagalog  
☐ Vietnamese              ☐ Cantonese  
☐ Mandarin                ☐ Other: \_\_\_\_\_

OK to call or send text messages about deliveries and appointments?

- ☐ Yes                              ☐ No

Address where meals/groceries should be delivered:

\_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### **Section 3 – Clinical Information (Nutrition-Sensitive Conditions)**

(Attach clinical notes, discharge summary, or RD assessment if available.)

Primary diagnosis related to nutrition (check all that apply):

- ☐ Diabetes / prediabetes  
☐ Heart failure / cardiovascular disease  
☐ High blood pressure / hypertension  
☐ Chronic kidney disease  
☐ Chronic lung disease / COPD / asthma

- ☐ Cancer (active treatment or recovery)
- ☐ HIV or other immunocompromising condition
- ☐ Underweight / malnutrition / unintentional weight loss
- ☐ Obesity
- ☐ Other nutrition-sensitive condition (specify): \_\_\_\_\_

Is the member:

- ☐ Recovering from a recent hospital or skilled nursing stay?  
If yes, discharge date: \_\_\_\_\_
- ☐ At high risk of hospitalization or nursing facility placement?  
☐ Yes ☐ No

Height (if known): \_\_\_\_\_ Weight (if known): \_\_\_\_\_

#### **Section 4 – Functional Status & Food Access**

Does the member have difficulty: (check all that apply)

- ☐ Shopping for groceries
- ☐ Preparing meals
- ☐ Standing at the stove
- ☐ Lifting pots/pans or heavy items
- ☐ Remembering to eat or follow diet instructions

Current food situation (check all that apply):

- ☐ Often runs out of food before the end of the month
- ☐ Skips meals due to cost
- ☐ Relies on convenience/fast food most days
- ☐ Receives groceries from a pantry now
- ☐ Has no working stove/oven
- ☐ Other (describe): \_\_\_\_\_ ]

Does the member have stable refrigerator and storage space for perishable food?

☐ Yes

☐ No

☐ Unknown

## **Section 5 –Service Type**

Please note, this program:

Provides medically supportive grocery boxes (ingredients to prepare meals)

Does not provide medically tailored prepared meals (ready-to-eat)

Preferred duration (subject to health plan approval):

☐ 4 weeks    ☐ 8 weeks    ☐ 12 weeks    ☐ Other (specify): \_\_\_\_\_

Primary nutrition goal for this member (check all that apply):

☐ Blood sugar control

☐ Blood pressure management

☐ Heart-healthy / low-sodium eating

☐ Kidney-friendly eating

☐ Weight gain or prevent weight loss

☐ Weight management / healthy weight

☐ Support during chemo/radiation or other treatment

☐ General nutrition support after hospital or SNF discharge

## **Section 6 – Dietary Needs and Preferences**

Diet pattern needed (check all that apply):

☐ Low sodium

☐ Diabetes-friendly / carbohydrate-controlled

☐ Kidney-friendly / renal diet

☐ Heart-healthy

☐ High-calorie / high-protein

☐ Soft / easy-to-chew

- ☐ Pureed  
☐ Other (describe): \_\_\_\_\_

Allergies (check all that apply and specify):

- ☐ No known food allergies  
☐ Peanuts / tree nuts  
☐ Milk / dairy  
☐ Eggs  
☐ Soy  
☐ Wheat / gluten  
☐ Fish / shellfish  
☐ Other (describe): \_\_\_\_\_

Preferences or restrictions:

- ☐ Vegetarian  
☐ Vegan  
☐ Halal  
☐ Kosher  
☐ No pork  
☐ Other cultural or religious preferences (describe): \_\_\_\_\_

## **Section 7 – Care Coordination & CalAIM Context**

Is this member receiving ECM (Enhanced Care Management)?

- ☐ Yes      ☐ No      ☐ Unknown

ECM / care manager name (if applicable):

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

How does this service fit into the member's care plan? (brief description)

Examples: "Post-discharge nutrition support for CHF," "Support diabetes self-management," "Stabilize food/nutrition to prevent readmission."

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Other services member is currently receiving:

- ☐ In-home support (IHSS or other)
- ☐ Home health
- ☐ Behavioral health services
- ☐ Other Community Supports (housing, personal care, respite, etc.)
- ☐ None / not sure

Please describe: \_\_\_\_\_

## **Section 8 – Referrer Attestation and Consent**

Member consent:

I attest that I have discussed this referral with the member (or their authorized representative), and they agree to be contacted by Help Me Help You regarding medically supportive groceries.

☐ Yes      ☐ No

Coordination statement:

I attest that this referral is being made as part of a comprehensive care plan to meet the member's medical and nutritional needs, and not solely to address food insecurity.

☐ I agree

☐ I do not agree

Referrer signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Submission Instructions**

Please submit this completed referral form and any supporting clinical documentation (recent clinical notes, labs, RD assessment if available) via:

- Secure email: [info@helpmehelpu.org](mailto:info@helpmehelpu.org)
- Fax: 562-270-0615
- Online portal:\*\* [\[link, if applicable\]](#)

For questions about referrals, eligibility, or program details, contact:

Help Me Help You – MediCally Grocery Delivery

Phone: 562-612 5001

Email: [info@helpmehelpu.org](mailto:info@helpmehelpu.org)

Website: [www.helpmehelpu.org](http://www.helpmehelpu.org)

### **About the Program**

The MediCally Grocery Delivery program serves Medi-Cal members in Long Beach and surrounding areas who are recovering from hospitalization, managing chronic conditions, or facing food insecurity. Services are provided as part of CalAIM Community Supports through our contracted partnerships with LA Care, Health Net, Anthem Blue Cross, and Molina.

Thank you for referring your clients to this program. We look forward to supporting their health and wellness.