



### Community Servings Referral Form

This is a referral form for Community Servings' services. Please complete this form in full and submit via secure fax to 617.522.7770 to the attention of Jessica or secure email to [jburch@servings.org](mailto:jburch@servings.org). The referral will be reviewed for eligibility and the applicant contacted to confirm next steps.

#### APPLICANT INFORMATION

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First and Last Name

Date of Birth

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Address (include Apartment Number)

State

Zip code

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Primary Phone Number

Primary Language

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Email (if available)

#### DIAGNOSTIC CRITERIA (Required - most recent)

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

BMI: \_\_\_\_\_

Type 2 DM (HgbA1c): \_\_\_\_\_

CKD (stage): \_\_\_\_\_

Cancer: \_\_\_\_\_

#### REFERRAL CONTACT INFORMATION (person completing this form)

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Name

Title

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Phone Number

Email

May we contact you regarding any issues that may arise concerning this applicant?

yes

no

I certify that the information here is accurate, that I have spoken with this applicant and that they have provided verbal consent allowing the release of their contact and medical information to determine eligibility for the Community Servings' services.

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Signature and Date

Questions? Call 617.522.7777 and ask to speak to Jessica Burch