



# Revive & Thrive Project

Nourishing the community, one meal at a time.

## New Client Referral – Updated February 2024

Name & Organization of Person Making Referral: \_\_\_\_\_

Contact Information of Person Making Referral: \_\_\_\_\_

**Patient/Client Consent to Release Information:** I authorize my medical providers and referring party to release information about my medical condition to Revive & Thrive Project for the purposes of verifying my eligibility and as a necessary part of medical treatment and prevention of complications.

**Patient/Client Signature (verbal authorization acceptable):** \_\_\_\_\_

1. Patient/Client Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Phone Number(s): \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Home Address, City, Zip Code: \_\_\_\_\_

*Meal delivery is available in the following cities/townships: Grand Rapids, East Grand Rapids, Wyoming, Grandville, Kentwood, and Walker. For those living outside of these areas, meal pick-up is available at the Revive & Thrive kitchen (1815 Hall St SE) on Wednesdays from 6-7pm. If the referred patient/client is outside of the delivery area, please make a note to indicate the client has agreed to pick up meals.*

6. Family members in household who would like to receive meals (names and ages):

\_\_\_\_\_

7. Confirmation of suitable living situation to participate in delivered meal service – please circle or check all of the boxes to confirm that the patient/client has access to a method for safely storing and reheating food. If any of the below are not true for the patient/client, they will not be eligible for meal service.

Has stable housing - Yes	Has full-size refrigerator - Yes	Has microwave - Yes
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8. Eligible Diagnosis & Treatment (please circle all that apply):

Cancer, Type:	Diabetes, Type 1   Type 2   GDM
Coronary Artery Disease	Congestive Heart Failure
Chronic Kidney Disease	Major surgery, within 30 days of discharge, Type:
Organ Transplant, within 60 days of discharge	

Please scan and send both pages of this document via encrypted email to Abbie Larink, Revive & Thrive Project Client Manager, at [abbie@reviveandthriveproject.org](mailto:abbie@reviveandthriveproject.org). Please call (616) 606-3314 with any questions.



9. Concomitant and Other Factors (please circle all exhibited within past 30 days):

Alzheimer's Disease	Anemia
Anxiety	Arthritis
Atrial Fibrillation	Dementia
Depression	Fibromyalgia
Hypertension	Hyperlipidemia
Mental Illness, Type: _____	Multiple Sclerosis
Neuropathy	Opportunistic Infection
Palliative Care	Parkinson's Disease
Pre-Diabetes	Protein-Calorie Malnutrition

10. For any of the above diagnoses or health factors, is the patient NOT currently receiving medical treatment or supervision? \_\_\_\_\_

11. Race or Ethnicity:

Asian	White-Hispanic
White – not Hispanic	Black or African American
American Indian or Alaska Native	Native Hawaiian or Pacific Islander
Prefer not to report	Biracial or multiracial

12. Does the patient need a special diet menu? Please circle the menu that you need.

*Revive & Thrive is not an allergen-free kitchen. We cannot serve individuals with severe allergies. We also cannot accommodate dietary restrictions or preferences apart from those listed below. If the patient is not able to eat at least 90% of the foods listed on the sample menu, Revive & Thrive will not be a good fit for their needs and we kindly ask that they be referred to another service. Individuals who cannot eat beans, tomatoes, onions, corn, onions, or bell peppers will not be a good fit for this service.*

Regular Menu	Gluten-Free	Dairy-Free
Vegetarian	Peanut & Tree Nut-Free	Fish & Shellfish-Free

- The patient can eat whole food, including raw vegetables.
- The patient has reviewed the sample menu and will eat at least 90% of the meals provided.

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