



# King County Welcome Home Program

Chicken Soup Brigade's (CSB) Welcome Home Program delivers healthy, home-cooked meals right to your door. CSB meals are made on-site, from scratch, using fresh ingredients. CSB meals are American Heart Association compliant and meet high nutrition standards guided by the most current research and set by our in-house Registered Dietitians. We also have special meals to provide for dietary restrictions (please see below). We cook all meals in our own commercial kitchen using quality ingredients and freeze them so that flavor and nutrition are preserved.

***Our services are 100% free of charge!***

**To be eligible to receive these home-delivered meals, you must:**

- **Be referred by a medical provider**
- **Be referred within 2 weeks of hospital discharge**
- **Income at or below 200% of Federal Poverty Level**
- **Live within King County**

## Meal Service Options:

You will receive **14 meals** weekly for 12 weeks following discharge from an inpatient facility. We have **8 meal categories** to accommodate a wide variety of dietary concerns. All meal categories are suitable for people living with **diabetes** or **heart disease**.

### **Healthy Standard**

This category includes the greatest variety of meal types: beef, pork, chicken, fish, turkey, & vegetarian meals

### **Easy Digestion**

This category is designed to meet the needs of those struggling with on-going diarrhea, GERD, IBD, gastroparesis or with food sensitivities related to an ostomy

### **Dialysis Care**

This category meets the specialized needs of our clients on kidney dialysis

### **No Gluten/No Dairy**

This category is best for those with gluten intolerance, celiac disease, or lactose intolerance

### **No Pork/No Beef**

This category is designed for those who prefer to avoid beef or pork but enjoy chicken and fish

### **No Fish**

This category mirrors the Healthy Standard option noted above, but excludes all meals containing fish

### **Vegetarian**

This category contains NO meat, fish, or poultry (but is not vegan)

### **No Nuts**

This category contains no nuts or nut products (but there may still be a risk of cross contamination)

Any of the above menu options can be made suitable for people with chewing and swallowing difficulties.

# **Chicken Soup Brigade Welcome Home Referral Form** **(King County)**

PLEASE MAIL COMPLETED FORMS TO: 210 S LUCILE ST, SEATTLE, WA 98108  
OR FAX TO (206) 860-6326 - ATTENTION CSB CLIENT SERVICES-WELCOME HOME  
CALL OUR CLIENT SERVICES TEAM FOR HELP (206) 957-1686

**Name:**  
**Address:**  
**Apartment #:**  
**Apartment name:**

**City:**                      **Zip:**

**Primary Language:**

**Preferred Language:**

**Do you need an interpreter?**  Yes     No

**Phone #:**                                      **Other #:**

**May we leave messages for you?**  Yes     No

**Emergency Contact:**  
**May we call emergency contact?**  Yes     No

**Phone#:**                                      **Relationship:**

**REFERRED BY:**

**Provider Name:**  
**Facility or Program:**  
**Phone #:**  
**Provider Email:** \_\_\_\_\_

**Gender:**  M     F     Other

**Marital Status:**  Single     Partnered

Married

Separated/Divorced     Widowed

**Ethnicity:**  White     Black/African/African American

Hispanic/Latino     Asian/Asian American

American Indian/Alaskan Native

Hawaiian Native/Pacific Islander   

**Multiracial**

Other:

**Date of Application:**

**Date of Discharge:**

**Date of Birth:**

**Household Monthly Income:**

**\$**                      **/month**

**Source of Income:**

- Employment
- Private Retirement
- Unemployment
- Supplemental Security Income
- Social Security Disability
- Other:

**Number of people in your household:**

**How many adults?**

**How many children under 18?**

**Is this client interested in applying for ongoing meal delivery services after Welcome Home ends?**

Yes

No

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**Chicken Soup Brigade Service Needs and Preferences**

**Doctor:** **May we contact your doctor/provider?**  Yes  No

**Doctor Phone#:** **Fax #:**

**Date of Discharge:**

**Reason for Inpatient Stay:**

**Medical Diagnosis(es):**

**Requested start date of meal delivery services:**

**Meal Category (Select 1):**  Healthy Standard  Vegetarian  Easy Digestion  Dialysis Care  
 No Gluten/No Dairy  No Beef/ No Pork  No Fish  No Nuts

**Meal Texture:**  Soft (*option for people with chewing and swallowing difficulties*)