



Attune2Food
www.attune2food.com

Pediatric Medically Tailored Meals Grant Referral Form

Instructions: Please complete this form and return it via secure email to hello@innerpathnutrition.com or fax to 888-971-4148. We always love getting any assessments and clinical notes from our referring providers!

Attune2Food, a Vermont-based pediatric private nutrition practice, in conjunction with Inner Path Nutrition, Northwestern Counseling & Support Services (NCSS), & Bi-State Primary Care Association, is seeking referrals for children in all counties except Chittenden who struggle with eating and are food insecure and may also struggle with food access or transportation barriers. Grant funds need to be allocated by June 25, 2025.

Children and families must qualify via medical diagnosis and confirmation of food insecurity (self-reported). Gift cards to local or online grocery vendors will be issued to each child/family at least monthly, alongside a specific list and quantity of foods as recommended by a local pediatric registered dietitian &/or pediatric feeding therapist in conjunction with the family goals and needs. Less processed foods and plant-based foods will be prioritized and recommended with the goal of increasing nutrient intake & variety.

To participate, caregivers/families must:

- Have an interest & capacity to get support at least monthly from dietitians & feeding therapists who will recommend specific foods and ways of offering/interacting with the foods provided by this grant. Action steps for meals, snacks, and food preparation or food play in the home will be recommended.
- Send receipts to NCSS for tracking & auditing purposes. The NCSS contact is Michelle Trayah, Family Access Coordinator: mtrayah@ncssinc.org, 802-393-9415. Families should take pictures of their receipts and email them to Michelle ASAP after purchase.

Referral Source information:

Date referral made: _____

Your Name: _____

Phone number & Email address: _____

Title & Organization: _____

Child's Information:

Child's Name: _____

Child's Date of Birth: _____

Child's Primary Care Provider: _____

Insurance Information: (if known)

Primary Insurance _____ Secondary Insurance _____

Group/Individual plan #(s): _____

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Child's diagnosis or condition:

☐ Pediatric Feeding Disorder (PFD) ☐ ARFID ☐ GI disorder or complexity (please specify below)- includes a history of or current tube feeding ☐ Other medical diagnosis, including mental health disorder, that affects long-term feeding & nutrition status (please specify below) ☐ Concern not yet medically diagnosed (please specify below)

Caregiver's Information:

Caregiver(s) Name(s): _____

Address: _____

City/ZIP Code: _____

Phone Number(s): _____

Email address: _____

Food Insecurity Questions:

Caregiver confirms they are currently eligible for or receive: ☐ SNAP ☐ WIC
Hunger Vital Signs Screening:

Within the past 12 months we worried whether our food would run out before we got money to buy more

☐ Often True ☐ Sometimes True ☐ Never True

Within the past 12 months the food we bought just didn't last and we didn't have money to get more

☐ Often True ☐ Sometimes True ☐ Never True

Notes:

Demographic Information (optional):

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific ☐ White ☐ More than one race

Thank you for the referral & choosing to partner with us. We will be in touch regarding the status of the referral. If you have any questions, please feel free to reach out anytime. Phone: 802-321-4190 Email: hello@innerpathnutrition.com



Pediatric Medically Tailored Meals Grant Information for Families & Caregivers

Attune2Food (www.attune2food.com), a Vermont-based pediatric private nutrition practice, in conjunction with Northwestern Counseling & Support Services (NCSS) & Bi-State Primary Care Association, is offering grant-funded support for Franklin & Grand

Isle County children who struggle with eating and receive SNAP, WIC or are at risk for food insecurity.

- Does your child struggle with very picky eating or you are concerned with them eating a limited variety of foods?
- Do they have a medical or mental health condition that may interfere with their eating or digestion?
- If you answered yes to both questions, the grant can provide gift cards to local and online grocers alongside a list of specific foods and recommended action steps.
- The monthly amount offered is determined by the dietitian or feeding therapist when you meet with them. It will include enough food for you and your family to eat or interact with the food alongside your child. If your child attends feeding therapy, the foods can also be used during these sessions.
- This program runs through June 2025. Gift cards issued can be used after this date.

To participate, caregivers/families must:

- Sign a release of information form allowing the organizations involved in this grant to share the information you provide to us with each other.
- Have interest & time to get support at least monthly from a dietitian &/or feeding therapist who will recommend specific foods and ways of offering/interacting with the foods provided by this grant.
 - Action steps for meals, snacks and food prep or food play in the home will be recommended.
 - Providers may recommend feeding therapy in addition to working on ways to improve their eating at home.
 - Providers will work alongside you to determine action steps that work best for you and your child.
- You must purchase the specific foods recommended, and only those foods, in the quantities recommended.
 - Send receipts to NCSS for tracking & auditing purposes. The NCSS contact is Michelle Trayah, Family Access Coordinator: mtrayah@ncssinc.org, 802-393-9415. Families should take pictures of their receipts and email them to Michelle.

After this referral is made, an intake coordinator from Attune2Food will contact you to determine your interest and help get you started. We look forward to working with you!

Our contact information Phone: 802-321-4190 Email: hello@innerpathnutrition.com

Attune2Food Release of Information Authorization

Child's Name: _____

Date of Birth: _____

I authorize Attune2Food, PLC, to release and gather information to/from the providers and agencies below. To participate in the Pediatric Medically Tailored Meals Grant Program, the caregiver must consent to information being shared with Inner Path Nutrition, PLC, and Northwestern Counseling & Support Services (NCSS), who both facilitate the programming and funding of this grant opportunity.

| | Yes | Contact Information | Limitations (if any) | Revised Initial & Date |
|--------------------------------|-------------------------------------|---------------------|----------------------|------------------------|
| Inner Path Nutrition | <input checked="" type="checkbox"/> | _____ | | |
| NCSS | <input checked="" type="checkbox"/> | _____ | | |
| Primary Care Physician | <input type="checkbox"/> | _____ | | |
| Feeding Therapist (OT, SLP) | <input type="checkbox"/> | _____ | | |
| Other | <input type="checkbox"/> | _____ | | |

Expiration Date: This release will expire on: _____

- If no date is stated, expiration is one year from date signed
- I understand that I have the right to withdraw this authorization at any time, except to the extent that action has been taken in reliance on this authorization by submitting a written notice to the Inner Path Nutrition Privacy Coordinator.
- I understand that I may refuse to sign this authorization, but that refusal to sign it will limit the information available to Attune2Food, PLC to provide appropriate medical or other services.

Signature: _____

Date: _____

Printed Name: _____

Relationship to Patient: _____

Individual explaining authorization: _____

Title: _____

Signature: _____