

Instructions for Nutrition Report

Effective January 2018

Please complete the appropriate Excel spreadsheet, with participant information, and submit as back up to your invoice for these services:

- Meals (Nutrition) – MMYX_XX_Meals

XX is the two-letter provider code = EM for Ecumenical Ministries of Oregon

The spreadsheet is in this format:

Column Headers

Agency (column A)

Service Code (column B) – this is on the invoice

PrimeNumber (column C; to be added by ADVSD staff)

Last Name (column D)

First Name (column E)

Units (column F)

Authorized (column G) *

Caseworker (column H) *

Month (column I)

Program (column J; to be added by ADVSD staff) *

Provider (column K; to be added by ADVSD staff) *

* Not Required for Meals, please leave blank.

Please note:

- All the columns must be present, please DO NOT change order, rename or remove columns.
- All required fields must be complete.
- Refer to the invoice for service codes.

Questions? Please contact Margretta Hansen - margretta.hansen@multco.us