We are accepting new applications and authorizations for service. Please check eligibility for our service [here]. If you'd like to learn about food sources in addition to God's Love We Deliver, then please visit [www.nyc.gov/getfood] and [NYC Food Policy] or call 311.

Get counted: Take part in the 2020 Census! Responses are kept confidential, and it’s easy to respond in 12 non-English languages. The Census count directs federal funding for the next ten years to our community. Visit [2020census.gov]

**For Your Patients**

We know fresh, healthy meals can make all the difference in the world. If someone you treat is living with a chronic or life-altering illness like cancer, Alzheimer’s, renal failure, COPD, HIV/AIDS, or other serious condition, please get in touch! We deliver delicious meals right to their door if they’re living with or recovering from an illness, and are having trouble shopping or cooking. Our Registered Dietitian Nutritionists work with our clients to design individualized meal plan. We’re here for your patients! ([We support healthcare providers also getting meals for their patients who are managed care members](https://www.glwd.org)).

- Get in touch with communitypartners@glwd.org if you want brochures for your office or to schedule a time for us to come present to your team.
- Learn more about how nutrition can support your patient [here](https://www.glwd.org).
- See some of our meal options [here](https://www.glwd.org).
- Find the research [here](https://www.glwd.org).

**How to Get Tailored Meals For Your Patient**

1. **Download Forms**

   See forms below!

2. **Get a Medical Provider’s Signature**

3. **Return Forms to God’s Love We Deliver**

   Contact Us: 212.294.8102
   Fax: 212.294.8198
   Email: clientservices@glwd.org

**Required Forms for Different Conditions**

For all diagnoses please send us the Full Client Packet.

- For patients with Alzheimer’s and Dementia diagnoses, please send us the healthcare proxy form as well.
- For patients with an HIV/AIDS diagnosis, please send us the proof of income form as well.

**Full Client Packet**
For HIV/AIDS diagnoses

**Proof of Income and Residency**

For dementia/alzheimer's diagnoses

**Healthcare Proxy**