

Client Forms to Start Meal Delivery

Thank you for your interest in receiving medically tailored meals from God's Love We Deliver! This webpage provides forms for new clients to start our home-delivered meal program.

Please know that in order to qualify for program, you or your loved one must:

- live with a chronic or life-altering illness like cancer, Alzheimer's, renal failure, COPD, HIV/AIDS, or other serious condition
- must live in NYC or Hudson County, NJ
- and must have difficulty grocery shopping and cooking.

We deliver delicious meals right to your door whether you're living with or recovering from an illness, and having trouble shopping or cooking.

Here's How it Works

- 1. Fill out EACH form below**
- 2. Our CSD team will review for eligibility**
- 3. You'll receive a phone call or email *if we've received the forms and you qualify.***

Clients living with HIV, or their referrers, should complete the above forms, AND submit the following documents:

- Proof of Income and Residence: [click here](#) to access the form
- Grievance Form: [click here](#) to access the form

When filling out the form, please be sure to **click "submit"** to ensure your information is saved and sent to us. *FormDr, the online tool for completing these forms, is HIPAA compliant.*

If you submit these forms electronically, **you do not need** to send paper copies to God's Love We Deliver.

Questions or Concerns?

Please call Client Services at 212-294-8102 or email us at clientservices@glwd.org.

[Click here](#) to see an example of how to fill out a HIPAA form.

[Click here](#) to see examples of valid proofs.