

Application 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 to be completed 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 HIV/AIDS, cancer, Alzheimer's, renal failure, COPD, 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.

[Reminder to Confirm Eligibility Here](#)

Electronic Application forms (can be submitted in any order)

- 1. Have your medical provider fill out this referral and medical form**
- 2. You complete the Policies & Procedures form**
- 3. You complete the HIPAA Confidentiality Form**

After submitting your forms electronically:

Once your medical provider and you complete the signs above, the Client Services team will review your forms for eligibility. You will receive a phone call or email *if we have received the forms and you qualify.*

Prefer to Download and Mail Forms? Use the Below!

If you prefer to complete the application process by downloading our forms, please do so by [downloading, printing and returning our Application Packet here](#).

You will need to get a medical provider's signature on page 4 and then please return by:

Fax: 212.294.8198

Email: gethealthymeals@glwd.org

Mail:

God's Love We Deliver
c/o Client Services Department
166 Avenue of the Americas
New York, NY 10013.

Questions or Concerns?

Please call Client Services at 212-294-8165 or email us at gethealthymeals@glwd.org.