

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 [NYC Food Policy](#) or call 311.**

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](#)).

- Get in touch with outreach@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](#).
- See some of our meal options [here](#).
- Find the research [here](#).

How to Access Forms - Electronically or via Download + Mail/Fax

There are two ways to access forms to client meal delivery for your patient, via the electronic HIPAA-compliant site FormDr or download. Both options are below.

Complete Forms Electronically via FormDr.

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

OR

Download, Print, and Mail or Fax in Forms

- 1. Access Forms for Download**
- 2. Get a Medical Provider's Signature**
- 3. Return Forms to God's Love We Deliver**

Contact Us: [212.294.8102](tel:212.294.8102)

Fax: [212.294.8198](tel:212.294.8198)

Email: clientservices@glwd.org

Required Forms for Different Conditions

- 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 proof of income and residency as well.

For HIV/AIDS diagnoses

Proof of Income and Residency

For dementia/alzheimer's diagnoses

Healthcare Proxy