

CLIENT MEAL AGREEMENT WITH GOD'S LOVE WE DELIVER

GENERAL POLICY

- I understand that my eligibility for home-delivered meals is based on a valid medical referral form signed by my doctor confirming my diagnosis and all physical and mental limitations as to why I can't cook and shop for myself. I understand this form is needed for me to receive services.
- I understand that GLWD will allow me ten business days to send in a medical referral letter from my medical provider, or I will be taken off the program until GLWD receives a valid letter. I understand that for NON-HIV diagnoses, a new medical referral letter is due every twelve (12) months and for HIV+ diagnoses a new medical referral letter is due every six (6) months.
- I understand that as a requirement for continuing on the meal program, I must complete a nutrition assessment with one of GLWD's nutritionists as well as a six-month reassessment or my meal service may be interrupted.
- I understand that my deliveries may stop if I do not sign and return this Client Agreement. Upon receipt of these documents, meal deliveries will restart.
- I understand that I have the right to contact GLWD regarding a concern, complaint or grievance without fear of risking my services and that the issue will be resolved quickly and respectfully. I have received a copy of the Client Grievance Policy, and understand how to make a complaint.
- I will inform GLWD when I am no longer restricted in activities of daily living and therefore do not qualify for home delivered meals. I understand that I must communicate with respect and courtesy with all GLWD staff and volunteers. I understand that at no time may I cause a GLWD representative to feel or be endangered. **This includes physical and/or verbal abuse of any kind at any time.** I understand that verbal and/or physical abuse to a GLWD volunteer or staff member may result in discontinued services based on ineligibility for the meal program. I understand I understand that GLWD will not deliver meals to any household or building where a GLWD representative may be endangered. This includes physical and verbal abuse and substance use by the client or anyone in the client's household or building. This may include other situations deemed dangerous to GLWD.

DAILY RESPONSIBILITIES

- I understand that I must be home to receive my meals between **8:00 a.m. and 4:00 p.m.** each day that I am scheduled. If I can't be home, someone must be in my home to receive my meals. If no one will be in my home on my delivery day, I understand that I must cancel my meal delivery 24-48 hours in advance by calling (212) 294-8102 or (800) 747-2023 or emailing clientservices@glwd.org.
- I understand that meals **can't** be left with anyone other than me or someone in my home, on the doorknob, porch, front desk or with a neighbor. Neither can delivery return if a delivery is missed.
- I understand that if I miss **3** consecutive deliveries (without calling in advance to cancel), I may be suspended from the meal program for two weeks or more. And if I miss in addition to that period, I may be suspended for a period up to thirty days or more, at the discretion of the Manager of Client Services.
- I understand that if I am not home to receive my meals and have not called in advance to cancel, I will not receive any meal deliveries until I contact GLWD. *It may take up to 48 hours to restart meal delivery.*

Client Signature: _____ Date: _____

Print Name: _____



