

Authorization

Overview

To order meal service for a member, use your organization's authorization form. Send the form using secure email (communitypartners@glwd.org) or fax: (212.294.8189).

All authorizations **MUST** include:

Member Basics

- Name
- DOB
- Complete addresses for delivery purposes
- Phone number

Plan Info

- Name of plan
- Member ID
- Plan contact name and email or phone number (in case we need to confirm authorization details)

Referral Details

- Authorization number
- ICD-10 code
- Services Code for Home-Delivered Meals (S-5170)

Service Details

- Service start date
- Service end date
- Days of the week the member needs meal service (for example, Monday-Sunday, or Monday, Wednesday, Friday, and so on)
- Number and type of meals the member needs each day: breakfast, lunch, dinner, or any combination of those (such as "lunch and dinner")
- Health-related dietary restrictions (renal, diabetic, and so on)

Other

- Other details we should know (for example, client is deaf, client speaks Spanish only, and so on)