GOD'S LOVE
WE DELIVER®

God's Love We Deliver –

Addressing Health Related Social Needs

A medically-tailored home delivery meal service for individuals living with a serious and/or chronic illness who are unable to shop or cook for themselves.

MAKENNA KOGER, HEALTH EDUCATOR & RDN

2025

MISSION STATEMENT

Food is Medicine.
Food is Love.

The mission of God's Love We Deliver is to improve the health and well-being of men, women and children living with HIV/AIDS, cancer, and other serious illnesses by alleviating hunger and malnutrition.



GOD'S LOVE WE DELIVER®

What We Do

- ✓ Lead the NY metro area in delivering life-sustaining meals and nutritional counseling for people living with severe and chronic illnesses
- ✓ Alleviate hunger and malnutrition
- ✓ Problem-solve for individuals unable to shop or cook meals for themselves
- ✓ Provide illness-specific nutrition education and counseling to clients
- ✓ Tailor meals for each client by one of our Registered Dietitian Nutritionists (RDN)
- ✓ Deliver to each client's doorstep

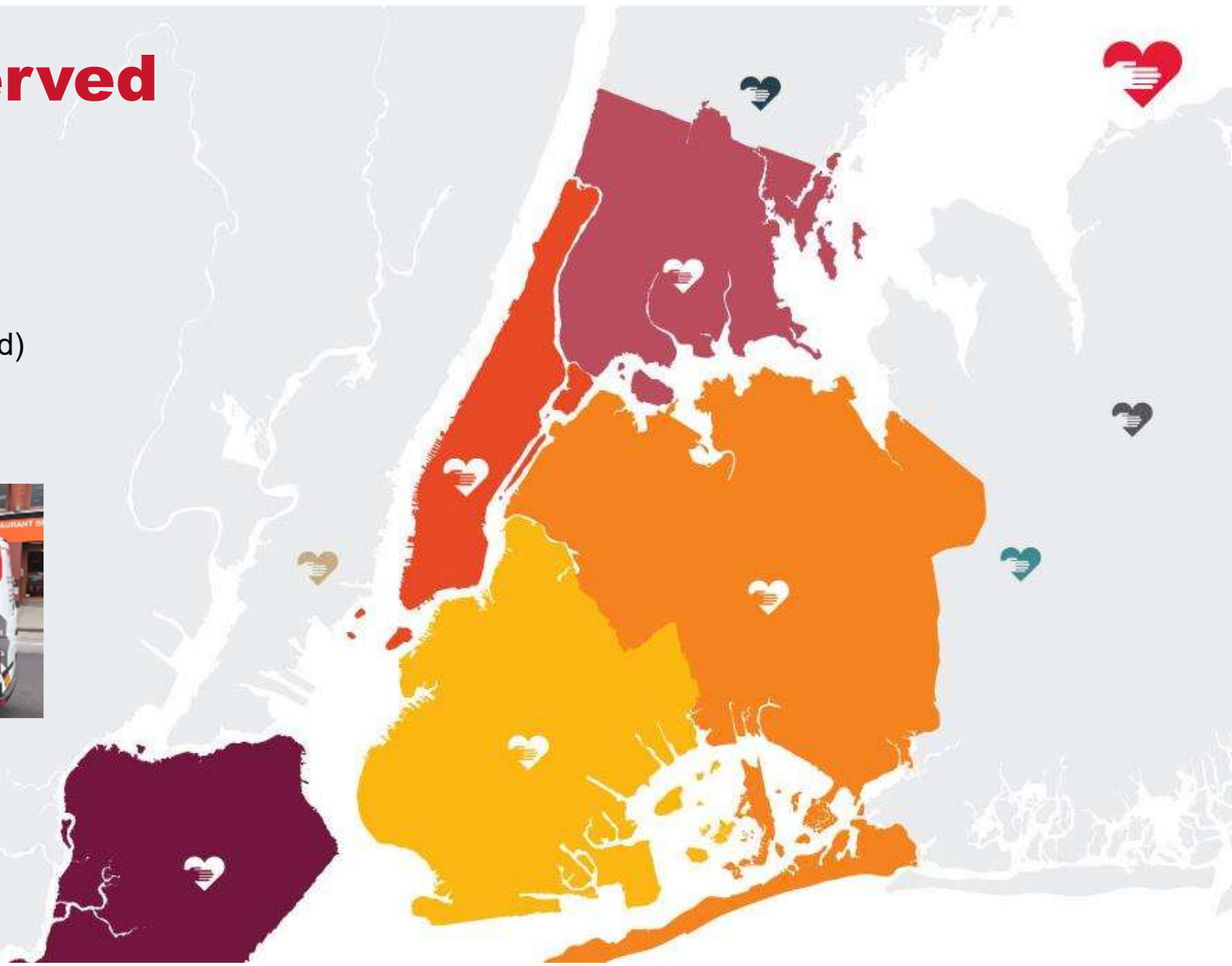


GOD'S LOVE WE DELIVER.

Counties Served

- Bronx
- Brooklyn
- Queens
- Manhattan
- Richmond (Staten Island)
- Hudson County, NJ





GOD'S LOVE WE DELIVER®

Our Signature Difference – Medically Tailored Meal Intervention

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What are Medically Tailored Meals?

MTMs are an evidence-based intervention designed for individuals living with severe, chronic illness.



Registered Dietitian Nutritionist-Designed Meals

- Meals are designed by our team of Registered Dietitian Nutritionists (RDNs)
- Meals are tailored to client's medical history, allergies, preferences, medications, etc.
- At baseline, all meals are low-sodium/heart healthy & diabetes-friendly and refined further from there

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Access to Registered Dietitian Nutritionist

- Ongoing counseling + education from our team of Registered Dietitian Nutritionists
- Nutrition education materials available for different health conditions in various languages

Meal Modifications

CONDITION-SPECIFIC

- **HIGH FIBER/LOW FAT & LOW SODIUM**
  (Heart disease)
- **LOW FLUID**
  (Congestive heart failure or on dialysis)
- **LOW SUGAR**
  (Diabetes)
- **MILD-GI**
  (Gastrointestinal concerns)

PREFERENCE

- **VEGETARIAN**
- **PESCATARIAN**
- **NO BEEF, NO PORK, NO CHICKEN AND/OR NO FISH**

ALLERGENS/ RESTRICTIONS

- **NO DAIRY**
- **NO SHELLFISH, NO NUTS**
- **CHILDREN'S WELLNESS**
- **SOFT, MINCED, PUREED**
  (Difficulty chewing/swallowing)

Medically Tailored Meal Intervention



REFERRAL

Clients are referred by medical personnel / health plans

ASSESSMENT

Nutrition assessments are conducted by our team of Registered Dietitian Nutritionists (RDNs)

MEAL PLAN

Meal plans are individually tailored for medical circumstances and cooked from scratch in our kitchen

DELIVERY

Meals are cooked and flash frozen, then home delivered in our refrigerated vans

SUPPORT

Clients enjoy healthy, great tasting meals, and the support of our staff and community

ONGOING NUTRITION EDUCATION AND COUNSELING

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Philanthropic Program Offerings





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Children's Program

- Dependents under the age of 19 are eligible for meals

At-Home Caregivers

- Client's caregivers are eligible for meals, regardless of age or health status

Programmatic Innovations





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Healthy Starts Program

Medically tailored meals for the expectant parent and a robust nutrition education program

Connected Program

Providing former U.S. Military Members with comprehensive food and nutrition treatment

Sickle Cell Disease

Well-balanced, antioxidant-rich meals to reduce oxidative stress and ease the nutritional deficiencies

Going the extra mile... and more!



BIRTHDAY CAKES



SPECIAL HOLIDAY MEALS



EMERGENCY MEALS

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Eligibility Criteria & Referral Process

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God's Love We Deliver Accepted Diagnoses & ICD Codes

Diagnosis	Accepted ICD 10 Code Range	Diagnosis	Accepted ICD 10 Code Range
Hepatitis C	B18.2	Pulmonary embolism with acute cor pulmonale	I26.0
	B19.2 - B19.21	Pulmonary hypertension	I27.20
HIV	B20	Cardiomyopathy	I42.0-I42.9
Cancer/Neoplasms	C00-C96	Congestive Heart Failure (CHF)	I50.1-I50.9
	D00-D09	Cerebral Infarction	I63.0-I63.9
	D37-D48	Sequelae of Cerebrovascular Disease	I69.30-I69.39
	D49-D49.9	Atherosclerosis	I70.0, I70.1
Pulmonary Sarcoidosis	D86.0	Peripheral Vascular Disease	I73.9
Sickle Cell Disease	D57.0-D57.818	Emphysema	J43.0-J43.9
Diabetes with complications	E08.0-E08.8	Chronic Pulmonary Obstructive Disease (COPD)	J44.0-J44.9
	E10.1-E10.8	Pulmonary fibrosis	J84.10
	E11.0-E11.8	Interstitial lung disease	J84.9
	E13.0-E13.9	Other specified interstitial pulmonary diseases	J84.89
Malnutrition	E41, E44 - E44.1, E43		
Vascular dementia	F01.5-F01.54	Chronic Respiratory Failure	J96.1-J26.92
	F01.B0-F01.B4	Alcoholic Hepatitis	K70.1-K70.11
	F01.C0-F01.C4	Alcoholic cirrhosis of liver with ascites	K70.31
ALS, PLS	G12.21, G12.23	Hepatic Failure	K70.40-K70.41
Parkinson's disease	G20		K72.0-K72.91
Alzheimer's Disease	G30.0, G30.1, G30.8, G30.9	Chronic Hepatitis	K73.0-K73.9
Multiple Sclerosis	G35	Cirrhosis of the liver	K74.3-K74.69
Acute Disseminated Demyelination	G36.0, G36.1, G36.8, G36.9	Autoimmune Hepatitis	K75.4
Other Demyelinating diseases of central nervous system	G37.0-G37.9	Lupus	L93.0-L93.2
Inflammatory Polyneuropathy	G61.9-G61.9	Rheumatoid Arthritis	M05.0-M05.9
Hypertensive Heart Disease with Heart Failure	I11.0		M06.0-M06.9
Hypertensive Heart and Chronic Kidney Disease	I13.0-I13.2	Chronic Kidney Disease, Stage 5(ESRD) on dialysis	N18.5-N18.6
Chronic Ischemic Heart Disease	I25.1-I25.119	Gestational Diabetes Mellitus	O24.4-O24.429

Identify people who qualify:

Eligibility



Clients who live with a serious illness, in the five boroughs of downstate NY



Who have difficulty shopping or cooking for themselves



Who visit a healthcare provider that will verify the client's illness and restricted Activities of Daily Living (ADL's)



Who do not have one or more of these allergies or restrictions:

Kosher
Halal
Beans
Bell Peppers
Carrot
Celery
Garlic
Ginger
Gluten
Honey
Onions
Soy
Tomatoes
Wheat
Dried Spices

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Does the client have the resources to receive meals?



Do they have a refrigerator **and** freezer to safely store meals?



Do they have an oven, stove, **or** microwave to reheat meals?



Can they be home at regular times for delivery? (Delivery is 1-2 days/week, between the hours of 8:00 am and 4:00 pm)



Do they have a working phone, so that we can contact them?

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Making a Referral

FormDr or Referral Packet

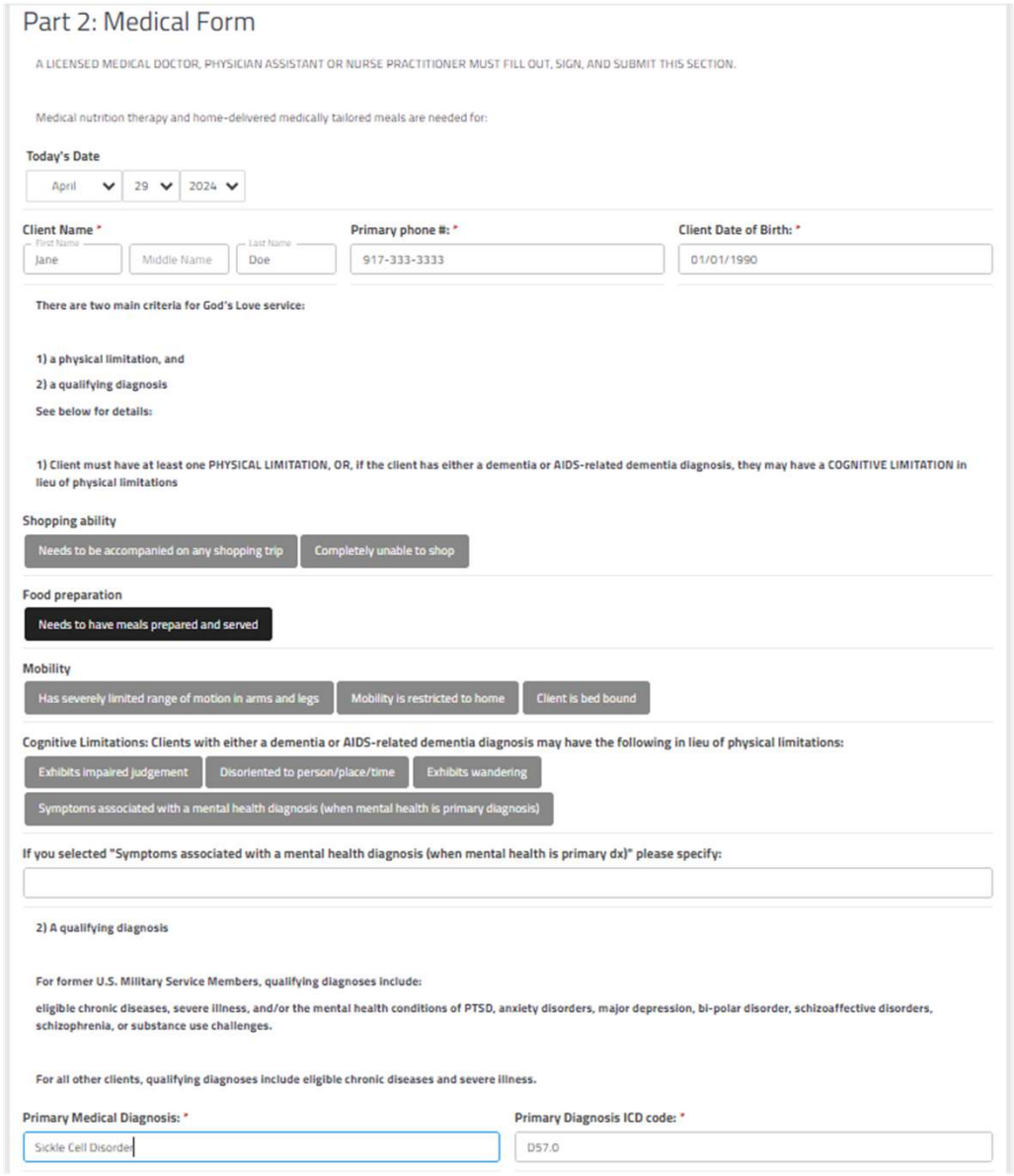
Making a Referral

- Access all our forms electronically using FormDr
- Download our Referral Packet PDF

Additional Information

- Language(s) Spoken
- Healthcare Proxy
- Recurring Medical Appointments

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Part 2: Medical Form

A LICENSED MEDICAL DOCTOR, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER MUST FILL OUT, SIGN, AND SUBMIT THIS SECTION.

Medical nutrition therapy and home-delivered medically tailored meals are needed for:

Today's Date

April 29 2024

Client Name * First Name: Jane Middle Name Last Name: Doe

Primary phone #: * 917-333-3333

Client Date of Birth: * 01/01/1990

There are two main criteria for God's Love service:

1) a physical limitation, and

2) a qualifying diagnosis

See below for details:

1) Client must have at least one PHYSICAL LIMITATION, OR, if the client has either a dementia or AIDS-related dementia diagnosis, they may have a COGNITIVE LIMITATION in lieu of physical limitations

Shopping ability

Needs to be accompanied on any shopping trip | Completely unable to shop

Food preparation

Needs to have meals prepared and served

Mobility

Has severely limited range of motion in arms and legs | Mobility is restricted to home | Client is bed bound

Cognitive Limitations: Clients with either a dementia or AIDS-related dementia diagnosis may have the following in lieu of physical limitations:

Exhibits impaired judgement | Disoriented to person/place/time | Exhibits wandering

Symptoms associated with a mental health diagnosis (when mental health is primary diagnosis)

If you selected "Symptoms associated with a mental health diagnosis (when mental health is primary dx)" please specify:

2) A qualifying diagnosis

For former U.S. Military Service Members, qualifying diagnoses include:

eligible chronic diseases, severe illness, and/or the mental health conditions of PTSD, anxiety disorders, major depression, bi-polar disorder, schizoaffective disorders, schizophrenia, or substance use challenges.

For all other clients, qualifying diagnoses include eligible chronic diseases and severe illness.

Primary Medical Diagnosis: * Sickle Cell Disorder

Primary Diagnosis ICD code: * D57.0







ACCREDITED AGENCY

FOOD IS MEDICINE™ COALITION





Why God's Love?

- Providing services for 40+ years
- Experience working with both providers and payors
- Delivering high-quality, delicious meals
- Better health outcomes and impressive cost savings
- Mission-focused, service –oriented, for providers and members

Contacts

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GOD'S LOVE WE DELIVER.

Thank You!



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