



Dear Project Chicken Soup Client,

Thank you for inquiring about Project Chicken Soup home kosher meal deliveries for people living with HIV and AIDS. Enclosed you will find two forms which we must have for our records, in addition to proof of HIV diagnosis, in order to begin your delivery.

These forms are for our records only. Information provided will not exclude anyone from the program. Currently, our requirements to become a client are a diagnosis of HIV disease and residence in our service area.

We require documentation from the clients whom we serve in order to apply for funding and to maintain our non-profit 501-c-3 status. In addition, it will also be very helpful for us to know more about all our clients in order to help us plan future service delivery. Toward this end, we ask you to complete the **Client Intake Form**.

We also find that, on occasion, we encounter problems with deliveries to clients who do not understand that we are a volunteer organization, and we work efficiently only when we can count on our clients to be serious about our schedule. Consequently, we are asking that everyone sign the enclosed **Service Delivery Agreement**.

Please provide written proof of diagnosis of HIV disease by means of *one* of the following: PCS diagnosis form; a copy of a diagnosis form from another AIDS service organization; a lab report; or, a doctor's signed note on official letterhead.

Please complete the two forms enclosed and return them to us in the envelope provided. These forms, and proof of your HIV diagnosis, are required to become a Project Chicken Soup client.

If you have any questions, please feel free to call us at 323-933-5402.

Thank you.

Cordially,

Paul Chitlik, President
Board of Directors

