

Please note that due to the high volume of responses, you may receive fewer deliveries than described in order to assist as many households as possible within the funds available.

STATE OF HAWAII
HAWAII PUBLIC HOUSING AUTHORITY
1002 NORTH SCHOOL STREET
POST OFFICE BOX 17907
HONOLULU, HAWAII 96817

IN REPLY PLEASE REFER TO:
20:ACEFP:Community

Name: _____ Date: _____

Address: _____ Phone _____

Aloha Nui Loa,

The Hawaii Public Housing Authority plans to operate a short-term meal program for individuals who are: 1) 65 years or older; 2) disabled individuals; or 3) individuals who recently tested COVID-19 positive or have been exposed to COVID-19 and are in quarantine. Further, you must not be participating in any other meal assistance program, such as receiving EBT or SNAP benefits. This will help to ensure that as a community we are assisting as many eligible individuals as possible. (Please check all eligibility criteria that applies to anyone in your household.)

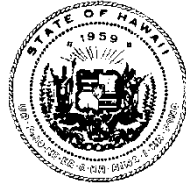
	<u>65+ yrs</u>	<u>Disabled/Underlying Medical Risk</u>	<u>COVID-19 exposed/positive</u>
Name: _____	()	()	()
Name: _____	()	()	()
Name: _____	()	()	()
Name: _____	()	()	()

Please tell us your preference for a box of groceries or prepared meals and we will do our best to provide your preferred method of meal assistance:

- I prefer to receive a weekly food box and I am not currently receiving meal assistance through another program, such as EBT, food stamps, or SNAP.
- I prefer to receive two (2) prepared meals a day and I am not currently receiving meal assistance through another program, such as EBT, food stamps, or SNAP.

By my signature below, I authorize the HPHA to release information on my name, address, and eligible household participants to FEMA and HI-EMA for reporting purposes and to the food provider/distributor for the purposes of reporting, preparing, and delivering a food or meals to my household. I certify that the individual(s) listed above meet the eligibility criteria stated in the attached certification form(s).

Signature: _____ Date _____



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Certification Form

I, _____ certify that:
[Print Full Name]

- I meet one or more of the population requirements:
 - age 65 or older
 - am/was COVID-19 positive or am/was exposed to COVID-19 and am in quarantine as can be verified by my physician.
 - Disabled/Underlying medical risk:
 - * Asthma (moderate-to-severe)
 - * Chronic kidney disease undergoing dialysis
 - * Chronic lung disease
 - * Diabetes
 - * Hemoglobin Disorders
 - * Immunocompromised (cancer, bone marrow or organ transplant, immune deficiencies, HIV, prolonged use of corticosteroids or other immune weakening medications)
 - * Liver Disease
 - * Serious heart condition
 - * Severe obesity
- I receive one (1) meal five (5) days a week from Meals on Wheels. OR I do not receive assistance from Meals on Wheels
- I do not receive federal nutrition program benefits from any other federally funded source or through a City or County funded program.
- I do not receive any Supplemental Nutrition Assistance Program (SNAP) benefits, food stamps, or other U.S. Department of Agriculture nutrition program benefits.

I certify under penalty of perjury that the foregoing certification is true and correct, as executed by my signature on the date set forth below.

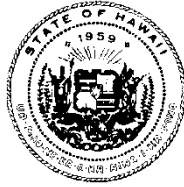
Print Full Name: _____ Phone: _____

Address: _____

Signature _____ Date _____

(Submit a certification for every individual 18 or older as listed on page 1.)

The information collected on this document falls under the Privacy Act of 1974, as amended (5 U.S.C. 552a) and the HIPAA Privacy Rule's restrictions on disclosures of protected health information.



RETURN SIGNED FORMS TO:

HPHA Meal Program

Fax to (808) 832-4679 or scan and submit via email to: HPHACovid@hawaii.gov

For questions, please call HPHA at (808) 832-4696.

This program is funded by a grant from the Federal Emergency Management Agency through the Hawaii Emergency Management Agency. Please note that the drivers and food delivery persons are funded through a government contract, as such no tips or gifts should be given to them. Alternatively, we encourage a hearty "Thank you" or shaka for their efforts.

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For more information on the HPHA's response to COVID-19 in our public housing communities, please visit our website: www.hphaishereforyou.org