

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.)

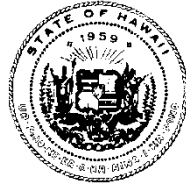
	<u>65+ yrs</u>	<u>Disabled/Underlying Medical Risk</u>	<u>COVID-19 exposed/positive</u>
Name: _____	( )	( )	( )
Name: _____	( )	( )	( )
Name: _____	( )	( )	( )
Name: _____	( )	( )	( )

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.*

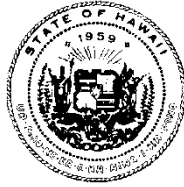
Print Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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](mailto: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](http://www.hphaishereforyou.org)*