Home Isolation and Quarantine (Iso/Q) Food Services

What?

The Home Iso/Q Food and Services Program will provide wrap-around services to those in isolation or quarantine at home on the Island of Oahu. Each individual or household will be in the program for 14 days, from their time of intake. Each individual or household will be offered the following:

- Initial intake with St. Francis call center
- Weekly food boxes (two distributions total)
- Weekly household supply boxes (two distributions total)
- Weekly wellness checks
- Telehealth services (medical, mental health, counseling, etc.), as needed
- COVID-19 vaccine and testing, as needed
- Referrals to other community programs and services, as needed

Who?

Patients who have tested positive or have been exposed to COVID-19 and who will have difficulty obtaining food and supplies during their isolation or quarantine may be referred by:

- Federally Qualified Healthcare Centers (FQHCs)
- Homeless providers
- State of Hawaii contract tracers

At this time, the program is <u>not</u> open to the general public, patients must be referred by the sources listed above.

How?

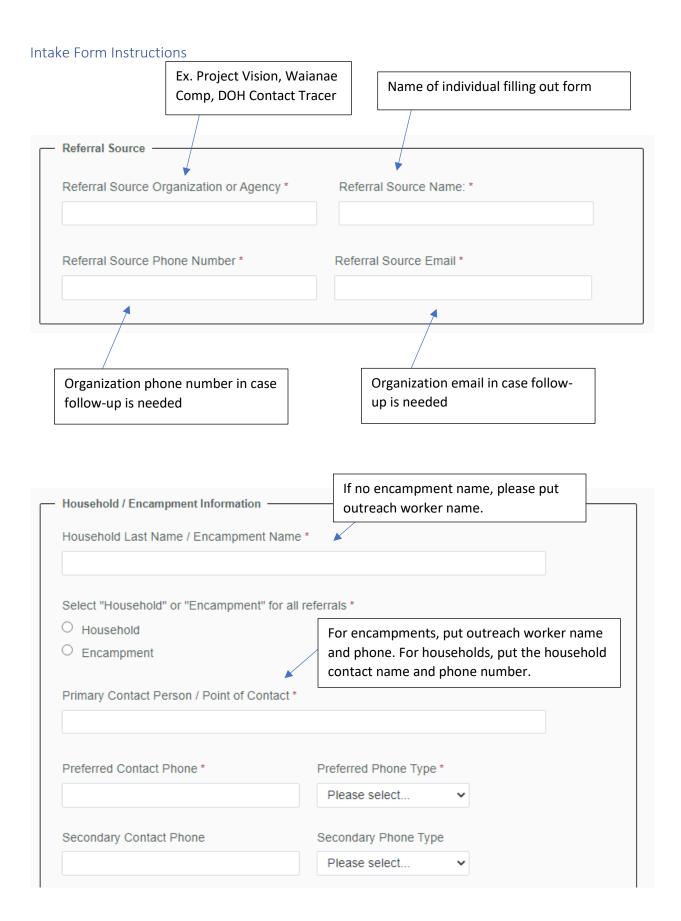
The FQHC, homeless provider, or contact tracer, will use the following link to provide initial intake information to St. Francis: www.tfaforms.com/4939025. Please see notes on the intake form on the following pages.

St. Francis will follow up with the household contact or outreach worker within 24 hours of receiving the intake form.

Use the link or scan the QR code to reach the intake form.

When?

This program is now in effect through December 31st, 2021. The deadline may be extended based on demand or COVID-19 rates in the City and County of Honolulu.



Accept Text Messages	?*				
Please select	~				
Street Address / Encar	npment Location *				
City *	State *		o Code *		
	Hawaii	~			
Email					
Is translation services	needed?*				
Please select	~				
Does anyone in the ho restrictions? *	usehold/encampment have	any food allergies (i.e. p	peanut, etc.) or o	dietary	
Please select	~				
# of Adults in the Hous	ehold / Encampment (18+)	# of Child(ren) in the Encampment *	e Household /		
	s of all Adults in the Househ		Please mat	tch the numbers c	of
			adults and	children entered	above
First Name (of Adu	It) Last	Name (of Adult)			
	s of all Children in the House			Another Adult	
— Add a Child —					
First Name (of Chil	d) Last Name (of Child)	Age		
			Add	Another Child	

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