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 not 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](http://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.

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.

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

**Referral Source**
- Referral Source Organization or Agency *
- Referral Source Name *
- Referral Source Phone Number *
- Referral Source Email *

**Organization phone number in case follow-up is needed**

**Organization email in case follow-up is needed**

**Household / Encampment Information**
- Household Last Name / Encampment Name *
- Select "Household" or "Encampment" for all referrals *
  - Household
  - Encampment
- Primary Contact Person / Point of Contact *
- Preferred Contact Phone *
- Preferred Phone Type *
- Secondary Contact Phone
- Secondary Phone Type

If no encampment name, please put outreach worker name.

For encampments, put outreach worker name and phone. For households, put the household contact name and phone number.
Add adults or children, as needed. Please match the numbers of adults and children entered above.

Add an Adult
First Name (of Adult) Last Name (of Adult)

Add Another Adult

Please enter the names of all Adults in the Household or Encampment below.

Add a Child
First Name (of Child) Last Name (of Child) Age

Add Another Child
Please list any special accommodations the household may need. They are not guaranteed but will be provided, if available. Examples include, but are not limited to, OTC medications, feminine hygiene products, pet food, baby food, diapers, etc.