

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. 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

Ex. Project Vision, Waianae
Comp, DOH Contact Tracer

Name of individual filling out form

Referral Source

Referral Source Organization or Agency *	Referral Source Name: *
<input type="text"/>	<input type="text"/>
Referral Source Phone Number *	Referral Source Email *
<input type="text"/>	<input type="text"/>

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 *
<input type="text"/>	Please select... ▼
Secondary Contact Phone	Secondary Phone Type
<input type="text"/>	Please select... ▼

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.

Accept Text Messages? *

Please select... ▼

Street Address / Encampment Location *

City *

State *

Hawaii ▼

Zip Code *

Email

Is translation services needed? *

Please select... ▼

Does anyone in the household/encampment have any food allergies (i.e. peanut, etc.) or dietary restrictions? *

Please select... ▼

Total # (adults and child(ren)) in the Household / Encampment *

of Adults in the Household / Encampment (18+)

*

of Child(ren) in the Household /

Encampment *

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

Add an Adult

First Name (of Adult)

Last Name (of Adult)

Add adults or children, as needed.
Please match the numbers of
adults and children entered above.

[Add Another Adult](#)

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

Add a Child

First Name (of Child)

Last Name (of Child)

Age

[Add Another Child](#)

Additional Information

Have you or anyone in your household tested positive for COVID-19? *

Are you or anyone in your household high-risk individuals, such as people over 65 or with certain underlying health conditions? *

Is anyone in the household employed/working? *

Is anyone in the household receiving public assistance (EBT/SNAP, SSI, Quest, Section 8, TANF, WIC)? *

Has anyone in the household been impacted by COVID-19 (unemployed/furloughed, reduced hours, working remotely, homeschooling children, missed medical appointments, etc.)? *

Have you or anyone in your household served in the Armed Forces? *

Comments / Notes

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.



Submit