



Great Plates Delivered

Last Name				Address				Phone Type:	Phone Number:	
First Name				City						
MI				State		Zip				
DOB		Age		E-mail Address:						

1. Is individual 65 Years of age or older? OR	No		Yes	
1a. Is individual 60-64 and at high risk? (See High Risk Categories Below)	No		Yes	
High Risk reason for serious illness from COVID-19 (Required)				
High Risk Categories People of all ages with underlying medical conditions, particularly if not well controlled, including: <ul style="list-style-type: none"> - People with chronic lung disease or moderate to severe asthma - People who have serious heart conditions - People who are immunocompromised <ul style="list-style-type: none"> o Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. - People with severe obesity (body mass index [BMI] of 40 or higher) - People with diabetes - People with chronic kidney disease undergoing dialysis People with liver disease				
1b. Is individual COVID-19 positive? (As documented by a state/local public health official or medical health professional.)	No		Yes	
1c. Has individual been exposed to COVID-19? (As documented by a state/local public health official or medical professional.)	No		Yes	
If question 1b or 1c is YES, request that they submit their documentation from a public health official or medical health professional	Documentation requested:		Yes	
2. Is individual able to prepare their own meals or independently purchase meals that could be delivered to them for delivery?	No		Yes	
3. Does individual live alone, with an individual 65+ years of age, or a high-risk adult eligible for this program between 60-64?	No		Yes	
4. Is individual receiving assistance from other State or Federal Nutrition Assistance Programs over the last 30 days? (See Food Nutrition Assistance Programs below)	No		Yes	
Federal Nutrition Assistance Programs <ul style="list-style-type: none"> - CalFresh - Senior food programs operated by Passages - Meals on Wheels 				

5. Individual's annual household income.	
The individual is eligible for the program if the annual income is within the following income range: \$24,981 - \$74,940 (single household) or \$33,821 - \$101,460 (two person household)	
If the annual income is below: \$24,980 (single household) or \$33,820 (two person household) The individual is not eligible for the program, but may be eligible for the following resources below: 1. CalFresh/SNAP Benefits: 1 (877) 847-3663 2. Older Americans Act Home Delivered & Congregate Meals: 1 (800) 677-1116	
If the annual income is above: \$74,940 (single household) \$101,460 (two person household) The individual is not eligible for the program	

Special Dietary Needs:	None		Vegetarian		Vegan	
Gluten free		Diabetic		Cultural/Religious Diet		Food Allergies
Cultural/Religious Diet or Food Allergies (If any)						

For assistance, please call 2-1-1 or send an e-mail to: greatplates@buttecounty.net