

# Great Plates Delivered: Home Meals For Seniors.

## Participant Eligibility Criteria

<p>1. Are you 65 or older?</p>	<p><b>No</b> – Go to #2 <b>Yes</b> – Go to #3</p>
<p>2. If under 65, are you in one of the following high-risk categories:</p> <ul style="list-style-type: none"> <li>a. Chronic lung disease or moderate to severe asthma</li> <li>b. Serious heart conditions</li> <li>c. Immunocompromised (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)</li> <li>d. Severe obesity</li> <li>e. Diabetes</li> <li>f. Chronic kidney disease undergoing dialysis</li> <li>g. Liver disease</li> <li>h. Been diagnosed COVID-19 positive</li> <li>i. Been documented to have been exposed to COVID-19 by a public health official or medical professional</li> </ul>	<p><b>No high-risk condition</b> = <b>NOT ELIGIBLE</b></p> <p><b>Yes, high-risk condition</b> Go to #3</p>
<p>3. Are you currently receiving assistance from Cal-Fresh, Home Delivered Meals, Meals on Wheels?</p>	<p><b>Yes</b> = <b>NOT ELIGIBLE</b></p> <p><b>No</b> – Go to #4</p>
<p>4. Do you live alone?</p>	<p><b>Alone</b> – Go to #6 <b>Not Alone</b> – Go to #5</p>
<p>5. Is the other adult eligible for the program under the criteria (#1, 2, 3) above?</p>	<p><b>No</b> = <b>NOT ELIGIBLE</b> <b>Yes</b> – Go to #6</p>
<p>6. What is your current income?</p> <ul style="list-style-type: none"> <li>a. 1 in household must be <u>below</u> \$74,940 per year</li> <li>b. 2 in household must be <u>below</u> \$101,460</li> </ul>	<p>Below \$ - Go to #7 Above \$ threshold = <b>NOT ELIGIBLE</b></p>
<p>7. Are you able to prepare or obtain meals on your own?</p>	<p><b>Yes</b> = <b>NOT ELIGIBLE</b> <b>Not Able</b> – Go to #8, 9</p>
<p>8. Do you have any special dietary needs?      &lt; Eligible &gt;</p>	
<p>9. Special Delivery Instructions (e.g., gate code)      &lt; Eligible &gt;</p>	