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Senior Restaurant Eligibility Form

+ Expand : Contact Us

Applicant Information

First Name: *

Last Name: *

Middle Initial:

Street Address: *

Unit:

City: *

State: *

Zip Code: *

Telephone: *

Ext:

Special Delivery Instructions (e.g., gate code):

Eligibility

Do you live alone? *

I live ALONE and my annual income is less than \$74,940.

I live with one other person and our combined annual household income is less than \$101,460. **The second person will also complete this form to ensure eligibility and delivery.**

None of the above apply.

Note, if there are more than 2 adults living in your home, e-mail the Office on Aging at <mailto:%20rcAging@rivco.org> so we may assist you with this application.

Annual Household Income: *

Birthdate: *

If you are younger than age 65: Do you have at least one of the conditions below?

- COVID-19 + Exposed
- Undergoing Cancer Tx
- Kidney Disease Undergoing Dialysis
- Severe Obesity
- Serious Heart Condition
- Lung Disease
- Severe Asthma
- Diabetes
- Liver disease
- Other Immune disease

Are you able to prepare your own meals? *

Yes No

Do you have any support person/caregiver who prepares your meal? *

Yes No

Do you receive Food Stamps (EBT), CalFresh or Meals On Wheels? *

Yes No

Do you have any cultural meal preferences or dietary restrictions?

I hereby affirm that I am 65 years of age or older or otherwise high risk as indicated by my stated medical condition; I Live alone or with another program eligible adult; I am unable to prepare meals or access additional food resources as a result of the self-isolation period and in abidance of EO N-33-20; I do not currently receive any assistance from a federal nutrition program and do not exceed stated annual income of \$74,940 as a single individual or \$101,460 in a household of 2 under penalty of perjury.

I hereby affirm that the above information is true and accurate to the best of my knowledge and I agree to release of information to complete appropriate referral to obtain restaurant meals: *

Yes No, Unable to complete referral

Date and Time: *

Please note that this program is subject to a limited time period and available funding. This program provides one meal daily delivered to your home. You will be contacted by the restaurant that is participating in your local area. They will discuss with you the meals available and anticipated time frame to be able to deliver to your home.

To receive a copy of your submission, please fill out your email address below and submit.

Email Address:

Please complete required fields (*)