**Food Delivery Initiative**

**Project Scope:** Access to food is one of the most common problems, community members are facing during the Covid-19 Pandemic. Many of the patients we have contacted have expressed difficulty having food delivered to their homes. Many of them are elderly, postpartum mothers with no support, or patients with chronic conditions who fear going out and exposing themselves to the virus.

***BCHN is partnering with the Montefiore Food pantry to deliver food to patients/community members.***

**Food Pantry Partnership:**

1. **Bravo (Montefiore Food Pantry)**
   1. Operational hours: Mondays & Fridays 12pm-2pm, Wednesday 10 am – 12 pm
   2. Participant Requirements: Registration which includes head of household name, address and DOB along with family composition.
   3. Quantity of Food: 3 days’ worth of food once per month
   4. Bravo will prepare bags of groceries for BCHN clients
2. **BCHN Role:**
   1. Identification of clients in need of free food delivery
   2. Collection of registration information
   3. Pick up & delivery of food packages

**Patient Identification**:

* CHWs will identify patients/clients with food insecurity and inability to pick up their food at a local food pantry or does not have a food delivery service available to them.
* CHWs will flag them as eligible for BCHN Food delivery. The CHW will complete the referral form and email it to the “Food Delivery Coordinator”.
* The Food Delivery Coordinator will call all patients to confirm the need for food and schedule a drop off day and approximate.

At the end of each week the complete list of confirmed referrals will be submitted to Montefiore’s Food Pantry for package preparation. BCHN will pick up food packages and deliver the following week.

**Eligibility Criteria**:

* Increased medical risk (chronic conditions, elderly) or homebound (disability, new moms);
* No members of the household can go out and get food or you are unable to afford meal delivery or grocery delivery; and
* Do not receive meal assistance from other providers;
  + - Ask about immediate food availability. Do you need emergency food?
    - Do you have enough food to feed your family for the next week?

\*If BCHN cannot make a delivery within 24-48hours, CHW will assist client with connection to an emergency food program and place the BCHN Food Delivery referral for the next scheduled drop off day.

**Referral Form**: Please see [Food Pantry Referral Form](#_FOOD_PANTRY_REFERRAL) below

**Delivery Logistics**: Prior to delivery day, the assigned staff will contact patients to confirm delivery, group the zip codes and map the addresses to ensure an efficient food deliver route. Using the BCHN Outreach Van staff will conduct the food delivery.

**Safety:**

* While participating in the project, staff must have face covering (surgical mask), gloves and hand sanitizer at all times (to be provided by BCHN).
* Social Distancing: The van will transport only 3 team members (Driver & 2 volunteers). Each volunteer will sit separately in each of the two van offices. Volunteers must be seated in the affixed “jump seats” with fastened seat belts, not the office chairs, while the van is in motion. And the driver cab should only be occupied by the driver.
* There will be absolutely no close contact with the patient. All deliveries must be done through a closed door. Volunteers will call when delivery is roughly 5 mins away, place the food in front of the door and call the participant to let them know that the food is there. Once the participant confirms that they will pick up the food, volunteer will return to the van and visually confirm that food was retrieved.

# FOOD PANTRY REFERRAL FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Head of household Name:** | | | **Client Address:** | | |
| **Telephone:** | | | **Head of household D.O.B.:** | | |
| **Total number of people in the home:** | **Number of adults in the home:** | | **Number of seniors in the home:** | | **Number of children (if babies are present in the home, please include their ages):** |
| **Delivery day preference(s) – Please select all that apply:**  Mon Tues Wed Thurs Fri | | | **Time of delivery preferences:**  9am – 12 pm 2pm – 5 pm | | |
| **Date of Request:** | | **Date of Confirmation:** | | **Date of delivery:** | |
| **Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

**Please forward food pantry request to**

**Tynisha Malone**

[**tmalone@montefiore.org**](mailto:tmalone@montefiore.org)

**Outcomes for the first month (May 22, 2020 – June 23, 2020):**

Total No. of households for whom we successfully delivered food = 51

Total # of individuals for whom food was delivered = 111

# of adults =69

# of seniors =9

# of children = 33