

Sustaining Nutritional Needs for At-Risk Individuals

This product aims to inform federal agencies and state, local, tribal and territorial (SLTT) governments of tools to sustain and expand home delivered meals and other nutrition programs during the COVID-19 pandemic, especially for at-risk individuals. For **questions about this document**, please contact HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) Division for At-Risk Individuals, Behavioral Health & Community Resilience at abc.info@hhs.gov.

Background

Millions of Americans rely on a range of at-home and community-based supports and services provided by many government and non-profit organizations to maintain their health and meet their daily nutritional needs. When disasters occur, the critical services that support these communities, which include older adults, individuals with disabilities, individuals with acute and chronic health needs, and low-income children and families, are more important than ever. One of these critical services is nutritional programs that provide meals and groceries for all demographics to include infants and young children, and older adults. Normally, nutritional programs take many forms including free and reduced-price school meals, soup kitchens, food pantries, congregate meals at senior centers, subsidies for groceries, as well as home delivered groceries and meals. Due to community mitigation measures currently in place to slow the spread of 2019 novel coronavirus (COVID-19), many of these community-based and congregate nutritional programs are no longer an option as Americans comply with stay home and self-isolation requirements to protect themselves and others. Additionally, COVID-19 is an infectious disease with particularly severe outcomes for older adults and individuals with certain chronic health conditions.

Due to the conditions of COVID-19, demand for meal-delivery and pick-up has increased significantly. To the extent possible, local nutritional programs have adapted their approach to exceed their normal operating capacity for providing grab-and-go or delivery options. This document provides information to close potential gaps to address unmet nutritional requirements for at-risk individuals by outlining creative practices, possible resources, and potential partners for sustaining nutritional needs of at-risk individuals.

Approach

Expanding capacity to provide nutritional services is a critical activity in maintaining the health of at-risk individuals and avoiding unnecessary pressure on the healthcare sector during the COVID-19 response. It is important to include whole-community partnerships in the development and execution of support strategies, to meet the increased demand among at-risk individuals for nutritional services, and to sustain services for individuals who regularly rely on nutritional programs. This strength-based approach involves maintaining and supporting existing capabilities by implementing effective practices that build on steady-state relationships, programs, and policies to expand local capacity to meet the needs of at-risk populations and ensure their nutritional needs are met. The steps are as follows: 1) use whole-community partnerships to identify current need and existing capability among local nutritional services programs; 2) build capabilities for expanding existing local capabilities; 3) engage partner networks to create additional capacity; and 4) creatively explore possible solutions to close gaps. Additionally, refer to the table beginning on page 6 for a comprehensive list of federal programs that support nutritional services.

Identify Need: Understanding the Situation

- Work with stakeholder public, private, and non-governmental organizations to assess current demand and capacity and the capability to increase capacity to meet projected emerging needs as social distancing and sheltering practices continue and expand.
- Identify at-risk populations emerging because of COVID-19, such as students who received free or reduced lunches from schools, full-time caregivers without respite who cannot access the grocery store, older adults and people with disabilities who formerly attended adult day programs, or individuals who use independent living center services.
- Use data sources to provide demographic information to aid in understanding and projecting the home-delivered meals requirements. Some public sources include US census [American Community Survey](#), [Aging, Disability, and Independence Program Data Portal](#), and the [Healthy People](#) site from the Office of Disease Prevention and Health Promotion.

Build Capabilities: Leveraging Expansion Resources

- Based on the current and projected capability assessment, look for traditional and non-traditional assets that can be used to provide home delivered meals; these might include National Guard personnel and public-sector workers who are presently designated as non-essential. Explore untapped volunteer pools to assist in meal delivery.
- Look for non- or under-utilized transportation assets, such as jurisdictional vehicles or school busses, that can be used to deliver meals.
- Identify convenient, well-known locations for drive-through or pick-up to reduce the transportation burden on providers.
- Collaborate with employment offices to tap into people who may be recently / temporarily unemployed that could assist in at-home meal preparation and delivery.
- Create a process to properly vet volunteers.



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- Explore food providers outside existing home delivery structure. Potential sources might include grocers and grocery suppliers, farmers markets, food cooperatives, food hubs, catering services, and local restaurants.
- Partner with local restaurants for meal vouchers or free delivery to expand reach of services.
- Partner with other jurisdictions to share resources or assist in closing home-delivered meal service gaps.

Engage Networks: Activating Key Partners

- Collaborate with government stakeholders including the [HHS Administration for Community Living \(ACL\)](#), State Units on Aging, Area Agencies on Aging (AAA), regional and local [Housing and Urban Development Public Housing Authority \(HUD/PHA\)](#), and [US Department of Agriculture Food and Nutrition Service](#) to understand what they are doing to address these needs and communicate assistance requirements.
- Collaborate with non-governmental organizations including volunteer organizations, senior centers and adult day care, and service/volunteer organizations including [Meals on Wheels](#), the [Salvation Army](#), the American Red Cross, faith-based communities, and other organizations. Identify what resources that might be applied or redirected to close gaps.
- Collaborate with private sector retail partners to help mitigate the depletion of high demand nutritional items such as infant formula/specialized formula and nutritional drinks for older adults – this may be done by limiting the quantity of supplies that can be purchased at one time.

Create Solutions: Addressing Unmet Need

- Create flexibilities in existing programs that allow for telephonic or online applications rather than in-person only.
- Integrate existing networks and structures with new public, private, and non-governmental partners and resources.
- Apply national leading practices other jurisdictions have taken to address the increased need and build the volunteer/employee workforce (some listed below).
- Expand use of home delivered and drive-through options that would limit contact and reduce risk to providers and recipients.
- Develop and employ provider and recipient safety practices to prevent COVID-19 exposure.
- Explore technology solutions that link providers to delivery sources and to recipients through web-based or phone-based applications and systems.
- Develop an accessible communications plan to reach all providers, recipients, caregivers, and potential volunteers through print, radio, television, and social media.
- Plan for sustaining an increased capacity long-term as protective measures remain in place. Strategies should have flexibilities to evolve as the situation changes.



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- Explore delivery options to reduce delivery frequency that would limit provider and recipient possibility of exposure.
- Ensure that meal providers and drivers use the appropriate level of PPE

Leading Practices

- *Verifying that orders restricting movement/travel do not interfere with delivering at-home nutritional services.*
- *Developing an accessible call-number or website to request home meal delivery.*
- *Remembering the PPE needs of at-home meal providers in supply requests and distribution.*
- *Jurisdictions supporting local restaurants and their staff by using them as sources for at-home meal delivery or meal preparation.*
- *Engaging veterans' organizations or other private partners who have equipment to prepare large numbers of meals per day.*
- *Adjusting congregate meal distribution practices to provide curbside pickup or delivery.*
- *Conserving and preserving volunteer capacity by reducing the frequency of deliveries and providing meals for multiple days.*
- *Contacting local farmers / farmers market vendors to sell or donate a wide range of products or food bundles.*
- *Engaging local college and professional sports organizations to use arena facilities to receive, prepare, and package food.*
- *Using the delivery of meals as an opportunity to connect with and check on the health, safety, and welfare of at-risk populations.*
- *Using meal delivery as an opportunity to create positive outreach and community engagement.*
- *Collaborating with other jurisdictions to develop innovative solutions and coordinate resources.*
- *Encouraging use of SNAP and EBT cards for grocery delivery; and allowing care agencies to pick up SNAP eligible individual EBT cards with shopping lists and shopping for at-home sheltering population with no delivery fee.*
- *Leveraging existing school-based food and summer feeding distribution systems.*
- *Looking at existing food service delivery models and adapt, modify, and request additional support if necessary.*

Information on Programs that Provide Nutrition Needs of At-Risk Individuals and Related Needs

Org	Program Name	Populations Served	Services Provided	Funding and operating mechanisms
ACL	ACL Nutrition Program <i>(see next three rows for additional details)</i>	Older Americans	Through the Older Americans Act (OAA) Nutrition Program, ACL's Administration on Aging (AoA) provides grants to states, tribes and territories to help support nutrition services for older people throughout the country including the Congregate Nutrition Program and the Home-Delivered Nutrition Program	Families First Act: \$250M emergency funds for OAA nutrition programs ¹ Coronavirus Aid, Relief and Economic Security (CARES) Act : \$480M additional Title III funding (nutrition programs); \$20M additional Title VI funding (services for Native Americans); establishes new waivers that will allow (1) 100% of funds to be transferred between congregate and home-delivered meal programs, (2) individuals who are homebound for social distancing purposes to be eligible for home-delivered meals, regardless of state or local policies, and (3) waiver of dietary guidelines.
ACL	Congregate Nutrition Program (Older Americans Act)	Older adults (60+) at risk of losing independence or their ability to remain in the community ²	Grants to States and Territories to provide "health promoting meals" in group settings (e.g. senior centers). Also offer related services such as nutrition screening, assessment, education, and counseling. Provides socialization for participants.	Aside from the Families First Coronavirus Response Act and CARES Act funding listed above, ACL administers awards to state, tribes, and territories each fiscal year for a nationwide total of roughly \$510M. Funding is disseminated through a statutory formula based on state/territory's relative share of 60+ population. States must normally provide matching share of 15% ² ; however, match for the funding appropriated through the Families First Coronavirus Response Act and CARES Act has been waived.



Org	Program Name	Populations Served	Services Provided	Funding and operating mechanisms
ACL	Home-Delivered Nutrition Program (Older Americans Act)	Older adults (60+) at risk of losing independence or their ability to remain in the community ²	Grants to States and Territories to provide meals and related nutrition services in the home to older individuals who are homebound. May include a wellness check.	Aside from the Families First Coronavirus Response Act and CARES Act funding listed above, ACL administers awards to state, tribes, and territories each fiscal year for a nationwide total of roughly \$510M. Funding is disseminated through a statutory formula based on state/territory’s relative share of 60+ population. States must normally provide matching share of 15% ² ; however, match for the funding appropriated through the Families First Coronavirus Response Act and CARES Act has been waived.
ACL	Nutrition Services Incentive Program of the OAA	States, US territories, and Tribal organizations providing Congregate or Home-Delivered Nutrition Programs ²	Grants to states, territories, and Tribal organizations to support Congregate and Home-Delivered Nutrition Programs. Grantees may receive their grants as cash, commodities (food), or a combination. ¹	ACL administers awards for roughly \$160M in funding each year through this program. No COVID-19 specific funding has been made available for this program.
ACL	Services to Native Americans (Older Americans Act § 613 and § 623)	Native American, Alaskan Native, and Native Hawaiian elders	Grants to federally, recognized Tribes to provide “health promoting” meals in group settings (e.g., senior centers) or in the homes for elders who are homebound. The program may also provide supportive services to elders.	Aside from the Families First Coronavirus Response Act (\$10 million) and CARES Act (\$20 million) funding mentioned above, ACL administers awards to Tribes each fiscal year for a nationwide total of roughly \$34 million. Funding is disseminated through a statutory formula based on the share of the American Indian, Alaskan Native, and Native Hawaiian population aged 60 and over in a tribal jurisdiction.
ACL	ACL Eldercare Locator	Older Americans	Nationwide service that connects older Americans and their caregivers with trustworthy local support resources for caregivers, support services, housing, health, transportation	This service is administered and funded by the Administration on Aging within the Administration of Community Living. For more information visit: Eldercare Locator website , or use these weblinks: Start an Online Chat Call us 1-800-677-1116 Email



Org	Program Name	Populations Served	Services Provided	Funding and operating mechanisms
ACF	Community Services Block Grant (Community Opportunities, Accountability, and Training and Educational Services Human Services Reauthorization Act of 1998, P.L. 105-285) ³	Individuals and families with low incomes as well as low-income communities. ⁴	States receive funds for a network of local entities including local governments, migrant and seasonal farm worker organizations, and Community Action Agencies	CARES Act: \$1B in additional funding and expanded eligibility to 200% of poverty. ⁴
ACF	Social Service Block Grant (Title XX of the Social Security Act, as amended in 1981.)	Households with low income.	Services and eligibility requirements vary by state. Service categories most frequently supported by SSBG include childcare, child welfare, services for persons with disabilities, case management services, and protective services for adults.	States and territories must submit a plan specifying how grant funds will be used. An annual post-expenditure report is also required. States may provide services directly, or sub-allocate funds to local qualified providers. States may transfer up to 10% of their TANF funds to SSBG. According to the FY 2017 SSBG Report to Congress, a small percentage of SSBG funds were used for home-delivered and congregate meals for vulnerable and elderly adults. ⁵



Org	Program Name	Populations Served	Services Provided	Funding and operating mechanisms
ACF	Head Start (Head Start Act 42 USC 9801 et seq.)	Children from birth to age five who are from families with incomes below the poverty guidelines are eligible for Head Start and Early Head Start services. Children from homeless families, and families receiving public assistance such as TANF or SSI are also eligible. Foster children are eligible regardless of their foster family's income. Sec. 645 of the Head Start Act.	Head Start provides comprehensive services to program participants including nutrition services. According to the Head Start Performance Standards: 1302.44 Child nutrition. A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in §1302.31 (e)(2).	The Coronavirus Aid, Relief, and Economic Security (CARES) Act included \$750M for Head Start, which includes up to \$500M for summer Head Start programs and the balance to be distributed to Head Start programs to help them respond to coronavirus-related needs of children and families. Jurisdictions must use funds from USDA Food, Nutrition, and Consumer Services child nutrition programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.
CDC	Interim Guidance for Home Care of People Not Requiring COVID-19 Hospitalization	Home care coordinators	This interim guidance is for staff at local and state health departments, infection prevention and control professionals, and healthcare personnel who are coordinating the home care and isolation ¹ of people with confirmed or suspected COVID-19 infection, including persons under investigation (see Criteria to Guide Evaluation of Persons Under Investigation (PUI) for COVID-19).	



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FEMA	Emergency Food and Shelter Program (EFSP)	Local non-profit and governmental social service organization	<i>Federally funded program to provide funding to supplement and expand the ongoing work of local social service organizations, both non-profit and governmental, to provide shelter, food and supportive services to individuals and families who have economic emergencies.</i>	Competitive grants to public and private organizations
FEMA	COVID-19 Pandemic: Purchase and Distribution of Food Eligible for Public Assistance	State/Local public and non-profit organizations	Under the President’s March 13, 2020 COVID-19 emergency declaration and subsequent major disaster declarations for COVID-19, SLTT government entities and certain private non-profit (PNP) organizations are eligible to apply for assistance under the FEMA Public Assistance (PA) Program. Applicable to eligible PA applicants only and is exclusive to emergency and major disaster declarations for the COVID- 19 pandemic.	<p>Additional COVID-19 related FEMA procurement guidance:</p> <p>Procurement Under Grants Conducted Under Emergency or Exigent Circumstances for COVID-19 Memo</p> <p>COVID-19 Guidance Fact Sheet: Procurements Under Grants During Periods of Exigent or Emergency Circumstances</p> <p>Legally responsible SLTT governments may enter into formal agreements or contracts with private organizations, including PNP organizations such as food banks, to purchase and distribute food when necessary as an emergency protective measure in response to the COVID-19 Public Health Emergency. In these cases, PA funding is provided to the legally responsible government entity, which would then reimburse the private organization for the cost of providing those services under the agreement or contract.</p>



Org	Program Name	Populations Served	Services Provided	Funding and operating mechanisms
USDA	Supplemental Nutrition Assistance Program (SNAP)	State and local SNAP managers, retail food providers, and eligible Americans	<p>SNAP provides nutrition benefits on an EBT card to supplement the food budget of families in need to purchase healthy food and move toward self-sufficiency.</p> <p>Benefits are 100 percent Federally funded; and Administrative costs are shared 50/50 with the States operating SNAP.</p> <p>In addition, the SNAP online pilot is currently operational in Alabama, Iowa, Nebraska, New York, Oregon, Washington State, Nebraska, California and Arizona. SNAP Online Purchasing Pilot FAQ</p>	<p>FNS COVID-19 Updates and Waivers</p> <p>Families First Coronavirus Response Act Updates: Section 1101 creates P-SNAP option for States to apply to participate State Guidance on Coronavirus Pandemic EBT (P-EBT); Section 2301 waives ABAWD proposed rule; Section 2302 SNAP emergency allotments, (b) webpage updates on SNAP waivers and (c) report to congress.</p> <p>CARES Act Updates: For an additional amount for “Supplemental Nutrition Assistance Program”, \$15,810,000,000, to remain available until September30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.</p> <p><i>Provided, That of the amount provided under this heading in this Act, \$15,510,000,000 shall be placed in a contingency reserve to be allocated, as the Secretary deems necessary to support participation should cost or participation exceed budget estimates to prevent, prepare for, and respond to coronavirus.</i></p>

Org	Program Name	Populations Served	Services Provided	Funding and operating mechanisms
USDA	The Emergency Food Assistance Program (TEFAP)	Eligible Americans	The Emergency Food Assistance Program (TEFAP) is a federal program that helps supplement the diets of low-income Americans by providing them with emergency food assistance at no cost. USDA provides 100% American-grown USDA Foods and administrative funds to states to operate TEFAP. TEFAP Fact Sheet	FNS COVID-19 Updates and Waivers Families First Coronavirus Response Act Updates: \$400 million for the “Commodity Assistance Program” for the emergency food assistance program to remain available through September 30, 2021. Of the funds made available, the Secretary may use up to \$100 million for costs associated with the distribution of commodities CARES Act Updates: \$450 million additional amount for “Commodity Assistance Program” to remain available through September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally, for the emergency food assistance program. Of the funds made available, the Secretary may use up to \$150 million for costs associated with the distribution of commodities.
USDA	Commodity Supplemental Food Program (CSFP) :	Eligible Americans 60 years of age or older	The CSFP is designed to improve the health of eligible persons at least 60 years of age by supplementing their diets with nutritious USDA Foods. USDA distributes both food and administrative funds to participating states and Indian Tribal Organizations to operate CSFP.	FNS COVID-19 Updates and Waivers Families First Coronavirus Response Act Updates: There was no language in the legislation on CSFP. CARES Act Updates: There was no language in the legislation on CSFP.
USDA	Coronavirus Food Assistance Program (CFAP)	Agriculture Producers, Distributors, Wholesalers	This new U.S. Department of Agriculture (USDA) program will take several actions to assist farmers, ranchers, and consumers in response to the COVID-19 national emergency. This program will not only provide immediate relief for our farmers and ranchers, but it will also allow for the purchase and distribution of our agricultural abundance to help our fellow Americans in need. USDA Food Box Distribution Program	\$3 Billion to get food to the Food Banks - USDA will partner with regional and local distributors, whose workforce has been significantly impacted by the closure of many restaurants, hotels, and other food service entities, to purchase fresh produce, dairy, and meat.



Org	Program Name	Populations Served	Services Provided	Funding and operating mechanisms
USDA	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) :	State WIC Program Managers, Eligible Americans	<i>The WIC program that provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.</i>	FNS COVID-19 Updates and Waivers Families First Coronavirus Response Act Updates: Section 2203 waives Physical Presence requirements and Section 2204 provides Administrative Waivers. The bill also provided an additional \$500,000,000 to be available until September 2021. CARES Act Updates: No additional funding was provided for WIC.
USDA	Child Nutrition: National School Lunch Program (NSLP) , School Breakfast Program (SBP) , Child and Adult Care Food Program (CACFP)	School Food Directors and Eligible Americans	National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential childcare institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. School Breakfast Program (SBP) provides reimbursement to states to operate nonprofit breakfast programs in schools and residential childcare institutions. Child and Adult Care Food Program (CACFP) is a federal program that provides reimbursements for nutritious meals and snacks to eligible children and adults who are enrolled for care at participating childcare centers, day care homes, and adult day care centers. CACFP also provides reimbursements for meals served to children and youth participating in afterschool care programs, children residing in emergency shelters, and adults over the age of 60 or living with a disability and enrolled in day care.	CARES Act: provides an additional \$8.8 billion for child nutrition programs Families First Coronavirus Response Act: Pandemic EBT – supplemental EBT allotments for the value of school meals for each eligible child in the household. State Guidance on Coronavirus Pandemic EBT (P-EBT)

Org	Program Name	Populations Served	Services Provided	Funding and operating mechanisms
USDA	Nutrition Assistance Program (NAP)	US Territory governments of Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands	The NAP provides food assistance to eligible households in the U.S. Territories of the Commonwealth of Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands. The NAP funds are provided in the form of an annual block grant. With the authority granted them via the block grants, the U.S. territories establish eligibility and benefit levels for their nutrition assistance programs.	<p>FNS COVID-19 Updates and Waivers</p> <p>Families First Coronavirus Response Act Updates: Section 1102: Provides funding (\$100,000,000) to the US Territories of Puerto Rico, American Samoa and the Commonwealth of the Northern Marianas for nutrition assistance.</p> <p>CARES Act Updates: amount provided under this heading in this Act, \$200,000,000 to remain available through September 30, 2021, shall be available for the Secretary of Agriculture to provide grants to the Commonwealth of the Northern Mariana Islands, Puerto Rico, and American Samoa for nutrition assistance to prevent, prepare for, and respond to coronavirus, domestically or internationally.</p>
USDA / ACL	<p>USDA: The Food Distribution Program on Indian Reservations (FDPIR)</p> <p>ACL: OAA Title VI</p>	Tribal Nations and Members	USDA: The (FDPIR) provides USDA Foods to income-eligible households living on Indian reservations and to Native American households residing in designated areas near reservations or in Oklahoma. ACL: Services for Native Americans (OAA Title VI) ACL funds programs that support American Indians, Alaska Natives and Native Americans in the areas of nutrition, supportive services for older adults, and caregiver services. The nutrition and supportive services grants include congregate and home-delivered meals, and other supportive services.	<p>Families First Coronavirus Response Act: ACL - \$10M through Nutrition Services for Native Americans</p> <p>CARES Act: USDA - \$100M for food distribution on Indian reservations:</p> <ul style="list-style-type: none"> • \$50M for facility improvements • \$50M for additional food purchases <p>ACL: \$20M for nutrition services for Native Americans</p> <p>USDA distributes both food and administrative funds to participating Indian Tribal Organizations and state agencies to operate FDPIR. Note that an individual cannot receive benefits from SNAP and FDPIR at the same time.</p>



Org	Program Name	Populations Served	Services Provided	Funding and operating mechanisms
HUD	Congregate Housing Services Program (CHSP)	Older Americans, Residents with Disabilities in federal subsidized housing	Program offers grants to States, units of general local government, public housing authorities (PHAs), tribally designated housing entities (TDHES), and local nonprofit housing sponsors to provide meals and other supportive services needed by frail older residents and residents with disabilities in federally subsidized housing. It is a project-based-rather than a tenant-based-program.	<p>Assistance is in the form of grants to provide at least one hot meal per day in a group setting, 7 days per week, plus other supportive services necessary for independent living. Projects may not duplicate services that are already available at affordable rates. HUD administers this program in coordination with the Rural Housing Service of the U.S. Department of Agriculture.</p> <p>A State agency or unit of local government may apply on behalf of a nonprofit or for-profit owner of eligible housing. Applicants must have an accessible dining facility, a need for the program, a demonstrated record of satisfactory management in housing or services for elderly or nonelderly persons with disabilities, and a satisfactory record of equal opportunity.</p>
HUD	Food Pantry Finder	Low-income populations	Searchable database application that provides local food pantries and their addresses.	
CISA	Critical Workforce Designation	SLTT Jurisdictions	Advisory document that recommends designation “Government, private, and non-governmental organizations’ workers essential for food assistance programs (including school lunch programs)” in the Food and Agriculture sector.	Link to Guidance: CISA Guidance on the Essential Critical Infrastructure Workforce



Non-Governmental Organizations

DISCLAIMER: This table contains links to non-federal websites. Linking to a non-federal website does not constitute an endorsement by the U.S. government, or any of its employees, of the information and/or products presented on that site.

Meals on Wheels	Meals on Wheels Finder	Older Americans or people with disabilities	Website for individuals to locate home delivered meal providers including links to local providers, their addresses, and phone numbers. Medicare Advantage plans can offer meal delivery services.	Funded through partnership with Administration for Community Living (ACL)
Feeding America	Feeding America Website	People experiencing homelessness along with a serious mental illness, serious emotional disturbance, or co-occurring disorders	The Feeding America network is the nation’s largest domestic hunger-relief organization. They work to get nourishing food from farmers, manufacturers, and retailers to distribute to people in need. At the same time, they help the people we serve build a path to a brighter, food-secure future.	
Free Food Org	Free Food Organization Website	People who need local food pantry services	<i>Website for users to find and add free food resources locally and nationwide. Provides a searchable interactive map by state to find free food in local areas.</i>	
TRIO Community Meals	TRIO Community Meals Website	Congregate Sites and Home Delivered Meal Programs	Reducing hunger and food insecurity among older adults and supports congregate programs in alignment with the Older American Act (OAA). With agency and community partners, enhance the health and well-being of older adults by providing healthy meals, nutrition education and greater social engagement for congregate sites and home delivery locations. Customize congregate and home delivered programs for each client based on three core elements: Menu Development, Meal Production and Logistics	

Community-Based Nutritional Needs Assessment Guide

This guide is designed to support local jurisdictions to determine and build capability to meet the nutritional needs of at-risk individuals in their communities. It includes considerations for sustaining current programs as well as options for building expanded capacity to meet emerging needs as demand for home-delivered meals increases as a result of social distancing and sheltering activities.

Community-Based Services & Supports	Challenges/ Opportunities	Requirement	Jurisdiction Comments:
<p>Identify the at-home meal need</p> <p><i>Current Situation:</i></p> <ul style="list-style-type: none"> ➤ <i>Known population, including chronic conditions, number of those currently receiving home delivered meals</i> ➤ <i>Known daily meal requirement and dietary needs</i> ➤ <i>Current volunteer numbers and status</i> ➤ <i>Current transportation / distribution capacity</i> <p><i>Predicted Need:</i></p> <ul style="list-style-type: none"> ➤ <i>Expanded population of those requiring home-delivered meals</i> ➤ <i>Predicted expanded volunteer requirement</i> ➤ <i>Predicted expanded transportation / distribution capacity</i> 	<p>Challenges:</p> <ul style="list-style-type: none"> ➤ Senior Centers Closures (limiting pick up hours) ➤ Closing congregate meal services ➤ School closures ➤ Volunteer absenteeism ➤ Increased demand on resources and services ➤ Can current home meal delivery services expand to accommodate a 30-50% increase? 100% increase? ➤ Meeting dietary ➤ Lack of PPE <p>Opportunities:</p> <ul style="list-style-type: none"> ➤ Can local restaurants/food providers and their staff support home-delivered meal program? ➤ Can local restaurants/food service deliverers use no-contact delivery to reduce the need for PPE ➤ Are there COVID-19 specific or other Federal, State, Local, Tribal, or Territorial funding sources to meet the need? ➤ What other human resources are available and willing to support? ➤ How has the jurisdiction communicated the need? 	<p>Workforce (e.g., social services, public health)</p> <p>Protection</p> <ul style="list-style-type: none"> • Delivery without in-person contact • Protective eyewear • Gloves • Hand sanitizer • Masks/Face coverings <p>Oversight</p> <ul style="list-style-type: none"> • Culturally competent meal options • Chronic condition sensitive meal options (e.g., allergies, low sodium) • Home delivered meals (fresh and frozen) • Pick up meals • Drive through meal pick up • Water • Volunteer screening / vetting / health screening 	

Community-Based Services & Supports	Challenges/ Opportunities	Requirement	Jurisdiction Comments:
<p>Building the at-home meal delivery capability</p> <ul style="list-style-type: none"> ➤ <i>Can current employees be repurposed to support at-home meal delivery?</i> ➤ <i>Is there an untapped volunteer pool that can be used for delivery?</i> ➤ <i>What private/commercial food providers would be willing to provide additional meals?</i> ➤ <i>Is there an untapped source for providing additional meals?</i> <p>Tap into Existing Networks</p> <ul style="list-style-type: none"> ➤ Identify State/Local agencies ➤ Additional volunteer organization support ➤ Communications and outreach to recruit additional support 	<p>Challenges:</p> <ul style="list-style-type: none"> ➤ PPE shortages for preparation and face-to-face delivery ➤ Increased Social isolation results in health/behavioral health decline ➤ Clients declining services ➤ Staff / volunteer absenteeism <p>Opportunities:</p> <ul style="list-style-type: none"> ➤ Phone/online prescription filling and mail/ at-home delivery without in-person contact (opportunity) ➤ Furloughed or other workers at home could fill volunteer gaps ➤ Economies of scale for transportation (e.g., accessible school busses) 	<p>Workforce (e.g., volunteers, staff)</p> <ul style="list-style-type: none"> ➤ Source control for non-contact delivery <ul style="list-style-type: none"> • Face covering ➤ Protection for face-to-face delivery <ul style="list-style-type: none"> • Protective eyewear • Gloves • Hand sanitizer • Masks • Tyvek suits • Head/hair protection • Accessible/multilingual providers 	

¹ *Families First Coronavirus Response Act*. Public Law 116-127. (2020)

² US Library of Congress, Congressional Research Service, *Older Americans Act: Nutrition Services Program*, Kirsten J Colello. IF10633 (2019).

³ Administration for Children and Families. [CSBG Fact Sheet](https://www.acf.hhs.gov/ocs/resource/csbg-fact-sheet). Last reviewed June 28, 2019. Accessed April 7, 2020. <https://www.acf.hhs.gov/ocs/resource/csbg-fact-sheet>

⁴ Administration for Children and Families. [ACF-COVID-19-Stimulus](https://www.acf.hhs.gov/coronavirus/acf-covid-19-stimulus). N.d. Accessed April 7, 2020. <https://www.acf.hhs.gov/coronavirus/acf-covid-19-stimulus>

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