

## ROUND 2

### **Isolated Persons Emergency Food Voucher Grant Program**

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- Chronic lung disease or moderate to severe asthma
- Serious heart conditions
- High blood pressure or hypertension
- People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- Severe obesity (body mass index [BMI] of 30 or higher)
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver disease
- Sickle cell disease
- Cystic fibrosis
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Thalassemia (a type of blood disorder)
- Neurologic conditions, such as dementia
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- COPD
- Pregnancy

This grant is meant to give relief to those in a high-risk category who are isolating at home and unable to go to a grocery store for food and basic cleaning supplies.

The City of Saxman can provide a voucher for groceries and cleaning supplies up to \$100.00. This allows residents who are in the high-risk category to call in and place an order to be delivered by Alaska and Proud. Tobacco and alcohol are not eligible products to be purchased with the voucher.

In order to qualify, residents should fill out the application. Completed applications may be scanned and submitted by email to: [grantsaa@kpunet.net](mailto:grantsaa@kpunet.net) or mailed to: The City of Saxman, Rt. 2 Box 1, Ketchikan, AK 99901 or hand-delivered to: 2841 S. Tongass Highway.

Once verified, the applicant will be notified that the voucher is ready for redemption.

If you have any questions, please call City Hall at 907-225-4166.

## ROUND 2

### **Isolated Persons Emergency Food Voucher Grant Program - Application**

Name:	Age:
Address:	Phone:

Please check ALL the boxes below in order to qualify the Grocery Voucher Program:

- Participant is a City of Saxman resident or works in, or recently worked in the City of Saxman.
- Participant has experienced income loss or hardship associated with the COVID-19 Pandemic.
- Participant has been informed that the Grocery Voucher Program is provided by the City of Saxman.
- Participant has been informed of the City of Saxman's obligation to comply with the Alaska State Public Records Act and the City of Saxman's Privacy Program.
- Participant has been informed of, and consented to, the collection of their Data by the City of Saxman for purposes of enrollment in the grocery voucher program and receiving a grocery voucher for Safeway.

List other household members:	Age:
1.	
2.	
3.	
4.	
5.	
6.	

Please check the box if you meet ANY of the following qualifying conditions that cause you or a member of your household to isolate at home:

- Over 65
- Pregnant
- Immunocompromised
- Moderate to severe Asthma
- Serious heart condition
- Severe Obesity (BMI greater than 30)
- Diabetes
- Resident of a long-term care facility
- High blood pressure
- Neurologic condition
- Sickle cell disease
- Cystic fibrosis
- Smoke
- COPD
- Chronic lung disease
- Pulmonary fibrosis
- Liver disease
- Cerebrovascular Disease
- Chronic kidney disease with dialysis
- Thalassemia blood disorder

By signing below, you affirm that everything documented on this form is true and accurate. You also affirm that the current hardship is specifically because of the current COVID19 emergency occurring after March 11. You are submitting this form as a request to the City of Saxman to provide you with relief from difficulties caused from the stay at home order and the directive to self-isolate due to a high-risk health condition in your household.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Approval

\_\_\_\_\_  
Date