







GREAT PLATES DELIVERED

Data Reporting

To be submitted every Monday and Thursday by Noon to GreatPlates@soc.caloes.ca.gov

Proc	al Administrator Name: gram Start Date: ay's Date:
1.	Cumulative number of approved participants receiving meals:
2.	Cumulative number of meals delivered to participants:
	How many meals a day are you serving each participant?
	Approximate meals served weekly:
3.	How many days a week are you delivering meals to each participant?
4.	Number of participants that are 65 years or older:
5.	Number of participants that are 60-64 years and high-risk (as defined by the
	CDC), positive for COVID-19, or exposed to COVID-19?
6.	How many food providers are you currently working with?
7.	What have your total costs been since starting the program?
8.	Additional questions?

Once again, we thank you for your participation in this program. Please do not hesitate to reach out with any questions or for additional information.

Great Plates Delivered Program Team

Website: https://covid19.ca.gov/restaurants-deliver-home-meals-for-seniors/