

St. Joseph's Food Pantry

Date: _____

Form must be completely filled in.

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone: _____

Referred to by: _____

Are you getting any other food assistance _____ Are you eligible for Food Stamps _____

Reason for Assistance: _____

Adults living in household names and relationship, please check if 65 or older or disabled

_____ Relationship _____ 65+ ___ Disabled ___

_____ Relationship _____ 65+ ___ Disabled ___

_____ Relationship _____ 65+ ___ Disabled ___

Children living in household names and must include ages:

_____ Age _____ Male/Female _____

_____ Age _____ Male/Female _____

_____ Age _____ Male/Female _____

_____ Age _____ Male/Female _____

_____ Age _____ Male/Female _____

Does your family have any dietary restrictions?

Sugar Free _____ Salt Free _____

Allergies/Other _____

We do our best to provide you with what you use most; please provide us with your likes and dislikes, by checking off and filling in the blanks.

Soups:

_____ Canned: (Types Preferred) _____

_____ Packaged: (Types Preferred) _____

Canned Meats/Fish

- _____ Tuna
- _____ Canned Chicken
- _____ Beef Stew
- _____ Salmon
- _____ Sardines
- _____ Chili
- _____ Spam
- _____ Canned Corn Beef

Other Items: (Based upon availability)

- _____ Cake/Frosting Mixes
- _____ Muffin Mix
- _____ Pudding
- _____ Jell-O
- _____ Saltines
- _____ Canned/Pkg. Gravy
- _____ Ketchup
- _____ Mustard
- _____ Mayonnaise
- _____ Salad Dressings
- _____ Cranberry Sauce
- _____ BBQ Sauce
- _____ Pancake Mix & Syrup
- _____ Olives, Pickles, Relish
- _____ Peanut Butter
- _____ Jelly
- _____ Canned/Packaged Milk
- _____ Cooking Oil

Canned Fruit:

- _____ Apple Sauce
- _____ Fruit Cocktail
- _____ Peaches
- _____ Pears
- _____ Pineapple
- _____ Prunes, Raisins

Assorted Canned Items:

_____ Assorted Beans: What type _____
 _____ Canned Pasta _____ Pork & Beans _____ Sloppy Joe

Pasta and Sauce

_____ Pasta _____ Jars of Spaghetti Sauce
 _____ Tomato Sauce _____ Tomato Puree _____ Crushed/Whole Tomatoes

Cereals:

Please list your favorite cold cereals:

Plain: _____

Sweeten: _____

_____ Instant Oatmeal (plain and flavored) _____ Quaker Oats _____ Farina

Canned Veggies:

_____ Corn _____ Peas _____ Green Beans
 _____ Mixed Veggies _____ Beets _____ Carrots
 _____ Yams

Snack Foods:

Beverages:

_____ Coffee _____ Tea _____ Hot Cocoa
 _____ Decaf Coffee _____ Decaf Tea _____ Soda
 _____ Inst. Coffee _____ Ice Tea Mix
 _____ Apple Juice _____ Grape Juice _____ Juice boxes

Packaged Mixes

_____ Instant Mashed Potatoes _____ Plain Rice _____ Stuffing Mixes
 _____ Potatoes Mixes _____ Flavored Rice _____ Mac & Cheese
 _____ Canned Potatoes _____ Pasta Mixes _____ Tuna/Chicken Helpers

Meats: At times we may be able to provide you with meats please check off what you eat.

_____ Turkey _____ Pork _____ Chicken
 _____ Ham _____ Hot Dogs _____ Beef

Based on our donations we will provide you with paper products, toothpaste, soaps, shampoos, cleaning items etc.

Office Use Only

Date Prepared	Date Prepared	Date Prepared	Date Prepared