Food Pantry Shopping List

Name:

Date:

Please check the items that your family needs and will use and enjoy the most.

We will do our best to provide items based on your choices and your household size.

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| --- | --- | --- |
| **Canned Vegetables** Corn Peas Green Beans Carrots Mixed Veggies Beets | **Canned Fruits** Fruit Cocktail Pineapple Peaches Pears Apple Sauce Mandarin Oranges | **Grains** Hot Cereal  Cold Cereal Brown Rice  White Rice Pasta/Noodles Macaroni & Cheese |
| **Canned Protein** Canned Tuna Canned Chicken Black Beans Pinto Beans Kidney Beans Peanut Butter | **Canned Soups/Box Meals** Canned Soup Canned Chili Canned Pork and Beans Hamburger Helper Tuna Helper Other Boxed Meals | **Dairy (Circle Variety of Choice)** Shelf Stable Milk(White) (Choc) (Soy)(Lactose Free) (Other: \_\_\_\_\_\_\_) |
| **Condiments/Sauces** Pasta Sauce Jelly or Jam Cooking Oil Spices Cooking/Baking Items | **Other Frozen Products (Circle Variety of Choice)** Fruits Bread (White) (Wheat) Vegetables Microwave Meals |
| **Frozen Meats** Beef Chicken Pork | **Favorite Products\*** |

\*Tell us what brands or foods not listed above that your household enjoys most. We will do our best to include these products, but please remember everything is subject to availability.

**Food Allergies and Special Diets:**

Does anyone in your household have any food allergies? Y / N

If yes, please explain:

Does anyone in your household have any special dietary needs? Y / N

If yes, please explain: