Background pattern

Description automatically generatedFood 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.

|  |  |  |
| --- | --- | --- |
| **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: