

Household Size 1

*Keep this list available at order time. April 2024



Phone order day of delivery 9-10 am. Food delivery noon-2pm.

Dietary restrictions/preferences/allergies

5 pounds Whole Vegetables: potatoes, onions, beets, carrots, _____

Whole Fruits: apples, oranges, pears _____

Pet Food limited availability, up to 2 pets
Cat: Dry or Wet Dog: Dry or Wet

Canned Fruit (Choose 2)
___ Peaches ___ Pears

Canned Vegetables (Choose 2)

- ___ Green Beans
- ___ Corn
- ___ Peas

Canned Tomatoes (Choose 1)

- ___ Tomato/Pasta Sauce
- ___ Diced Tomatoes

Beans (Choose 2)

- ___ Black Beans ___ Lentils
- ___ Garbanzo Beans ___ Dry Beans
- ___ Kidney Beans

Shelf Stable Protein (Choose 2)

- ___ Peanut Butter ___ Tuna
- ___ Chicken ___ Sardines

Hygiene Items

As available Limit 1 per person who needs it

Personal Care Item (Choose 1)

___ Paper Towels _____ Other

Toilet Paper 1

Refrigerated (Close Dated, Limited Options)

- 1 dozen Eggs
- 1/2 gallon Milk
- Sandwich/Meal
- Salad Mix/Greens
- Pre-cut Veggies/Fruit
- Deli Salad _____
- ___ Near Expiration Milk
- ___ Margarine
- Yogurt _____

Frozen Vegetables (Choose 1)

- ___ Corn
- ___ Green Beans

Frozen Protein 2 different choices

- Chicken _____
- Beef _____
- Pork _____
- Plant Based
- Other request _____

Bread (Variety Changes Daily)

Dinner rolls, hamburger buns, brat buns, sliced wheat, sliced white, other

<p style="text-align: center;">Grain (choose 1)</p> <p><input type="checkbox"/> Spaghetti/Noodle</p> <p><input type="checkbox"/> Brown/White Rice</p> <p><input type="checkbox"/> Oats</p> <p><input type="checkbox"/> Cereal</p>
<p style="text-align: center;">Baking Staple (Choose 1)</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Flour</p>
<p style="text-align: center;">Cooking/Baking (Choose 2)</p> <p><input type="checkbox"/> Salad Dressing <input type="checkbox"/> Pancake Mix</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> Pancake Syrup</p> <p><input type="checkbox"/> Jelly <input type="checkbox"/> Broth</p>
<p style="text-align: center;">Soups/M meal Sides (Choose 2)</p> <p><input type="checkbox"/> Condensed Soup (Chicken Noodle, Cream of _____)</p> <p><input type="checkbox"/> Ready to eat (ie: Ravioli, soup)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> Refried Beans</p>
<p style="text-align: center;">Meal Sides (Choose 2)</p> <p><input type="checkbox"/> Mac & Cheese</p> <p><input type="checkbox"/> Rice Side</p> <p><input type="checkbox"/> Instant Potatoes</p>

<p style="text-align: center;">Baked Goods - As Available</p> <p style="text-align: center;">Yes or No? (What do you prefer?)</p> <p style="text-align: center;">_____</p>
<p style="text-align: center;">Beverage 1 choice</p> <p style="text-align: center;">Yes or No?</p> <p style="text-align: center;">(What do you prefer?)</p> <p style="text-align: center;">_____</p>
<p style="text-align: center;">Snack 1 choice</p> <p style="text-align: center;">Salty or Sweet?</p> <p style="text-align: center;">_____</p>
<p style="text-align: center;">Would you like close dated refrigerator food as available? (Such as deli items/precut veggies)</p> <p style="text-align: center;">Yes or No?</p> <p style="text-align: center;">Special Requests: Something not listed?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>

Keep this to help place your phone order (9-10am day of delivery)

Day/Date: _____

Name: _____ Phone Number _____

Address _____

Can you meet in the lobby/at door and carry your own groceries? Yes/No