

Household Size 4-5

*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

Whole Vegetables: potatoes, onions, beets, carrots _____
10 pounds 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 3)
___ Green Beans
___ Corn
___ Peas

Canned Tomatoes (Choose 2)
___ Tomato/Pasta Sauce
___ Diced Tomatoes

Beans (Choose 3)
___ Black Beans ___ Lentils
___ Garbanzo Beans ___ Dry Beans
___ Kidney Beans

Canned Protein (Choose 3)
___ Peanut Butter ___ Tuna
___ Chicken ___ Sardines

Hygiene/Baby Items
As available Limit 1 per person who needs it

Personal Care Item (1 Choice)
As Available
___ Paper Towels _____ Other

Toilet Paper 4 or 5

Refrigerated (Close Dated, Limited Options))
1 dozen Eggs Pre-cut Veggies/Fruit
___ 1% Milk Deli Salad _____
Sandwich/Meal ___ Near Expiration Milk
Salad Mix/Greens ___ Margarine
Yogurt _____

Frozen Protein 3 different types
Chicken _____
Beef _____
Pork _____
Plant Based
Other request _____

Frozen Vegetables Choose 1
___ Corn ___ Green Beans

Bread (Variety Changes Daily)
Dinner rolls, hamburger buns, brat buns,
sliced wheat, sliced white, other _____

Grain (choose 2)	
<input type="checkbox"/> Spaghetti/Noodle	
<input type="checkbox"/> Brown/White Rice	
<input type="checkbox"/> Oats	
<input type="checkbox"/> Cereal	
Baking Staples (Choose 1)	
<input type="checkbox"/> Oil	
<input type="checkbox"/> Flour	
Cooking/Baking (Choose 2)	
<input type="checkbox"/> Salad Dressing	<input type="checkbox"/> Pancake Mix
<input type="checkbox"/> _____	<input type="checkbox"/> Pancake Syrup
<input type="checkbox"/> Jelly	<input type="checkbox"/> Broth
Soups/Quick Meals (Choose 3)	
<input type="checkbox"/> Condensed Soup (Chicken Noodle, Cream of _____)	
<input type="checkbox"/> Ready to eat (ie: Ravioli, soup)	
<input type="checkbox"/> _____	
<input type="checkbox"/> Refried Beans	
Meal Sides (Choose 2)	
<input type="checkbox"/> Mac & Cheese	
<input type="checkbox"/> Rice Side/Pasta Side	
<input type="checkbox"/> Ramen	
<input type="checkbox"/> Instant Potatoes	

Baked Goods - As Available Yes or No? (What do you prefer?) _____
Beverage Yes or No? (What do you prefer?) _____
Snack 1 choice Salty or Sweet? _____
Would you like close dated refrigerator food as available? (Such as deli items/precut veggies) Yes or No? _____ Something not listed? _____

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