

Client Choice Pantry “Shopping List”

CONFIDENTIAL

Date: _____

Have you filled out the Participant In-Take Form? Y / N

Please mark the items that your family needs and will use and enjoy the most.
Your food box will be built based on your choices and your household size.

Canned Vegetables <input type="checkbox"/> Corn <input type="checkbox"/> Peas <input type="checkbox"/> Green Beans <input type="checkbox"/> Carrots <input type="checkbox"/> Mixed Veggies <input type="checkbox"/> Beets	Canned Fruits <input type="checkbox"/> Fruit Cocktail <input type="checkbox"/> Pineapple <input type="checkbox"/> Peaches <input type="checkbox"/> Pears <input type="checkbox"/> Apple Sauce <input type="checkbox"/> Mandarin Oranges	Grains <input type="checkbox"/> Hot Cereal <input type="checkbox"/> Cold Cereal <input type="checkbox"/> Brown Rice <input type="checkbox"/> White Rice <input type="checkbox"/> Pasta/Noodles <input type="checkbox"/> Macaroni & Cheese
Protein <input type="checkbox"/> Canned Tuna <input type="checkbox"/> Canned Chicken <input type="checkbox"/> Black Beans <input type="checkbox"/> Pinto Beans <input type="checkbox"/> Kidney Beans <input type="checkbox"/> Peanut Butter	Canned Soups/Box Meals <input type="checkbox"/> Canned Soup <input type="checkbox"/> Canned Chili <input type="checkbox"/> Canned Pork and Beans <input type="checkbox"/> Hamburger Helper <input type="checkbox"/> Tuna Helper <input type="checkbox"/> Other Boxed Meals	Dairy (Circle Variety of Choice) <input type="checkbox"/> Shelf Stable Milk (White) (Choc) (Soy) (Lactose Free)
Condiments/Sauces/Misc. <input type="checkbox"/> Pasta Sauce <input type="checkbox"/> Jelly or Jam <input type="checkbox"/> Cooking Oil <input type="checkbox"/> Spices <input type="checkbox"/> Cooking/Baking Items	Other Frozen Products (Circle Variety of Choice) <input type="checkbox"/> Fruits <input type="checkbox"/> Bread (White) (Wheat) <input type="checkbox"/> Vegetables <input type="checkbox"/> Microwave Meals <hr/> <hr/>	
Frozen Meats <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Pork	Favorite Product/Other* (Example: Frosted Mini Wheats; Strawberry Jelly; Sweet Corn) <hr/> <hr/> <hr/>	

*Please use this box to list specific brands or varieties that you would like or use most. Also use this box to list items that are not included in the other categories that you would like to have if available. We will do our best to include these products in your food box, but please remember these products are subject to availability.

Other Household Information:

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: _____

Food Box Received: _____
(signature)