**Neighborhood House Curbside Food Order**

***Next Shopping Date After* \_\_\_\_\_\_\_\_\_\_\_\_\_ *Next Quarterly Date After*\_\_\_\_\_\_\_\_\_\_\_**

**Type/Color of Car: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pounds Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shopping Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed by Neighborhood House Staff**

**Client ID: \_\_\_\_\_\_\_\_ # in Family: \_\_\_\_\_\_\_ 0-17:\_\_\_\_\_\_\_ 18-64:\_\_\_\_\_\_\_ 65:\_\_\_\_\_\_\_**

**Special Dietary Needs: ☐ Restrictions/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*To help us meet your needs, please only check items needed. Some items may not be available.**

|  |  |
| --- | --- |
| **Fresh Produce**  **☐ Onions**  **☐ Potatoes**  **☐ Fruits – List Favorites**  **☐ Veggies – List Favorites**  **☐ Breads and Rolls** | **Quarterly Condiments**  **Every 3 months**  **☐ Ketchup**  **☐ Mustard**  **☐ Mayo**  **☐ Sugar**  **☐ Flour** |

|  |  |
| --- | --- |
| **Staples**  **☐Cereal ☐ Sugar ☐ No sugar**  **☐Oatmeal ☐ Instant Oatmeal**  **☐Juice (Circle One) Orange or Apple**  **☐Coffee ☐ Regular ☐ Decaf**  **☐Tea ☐ Regular ☐ Decaf**  **☐Cooking Oil**  **Veggies Pick Top 4**  **☐ Peas ☐ Mushrooms**  **☐ Carrots ☐ Olives**  **☐ Green Beans ☐ Potatoes**  **☐ Corn** | **More Staples**  **☐ Gluten Free Foods**  **☐ Peanut Butter ☐ Smooth ☐ Crunchy**  **☐ Jelly ☐ Grape ☐ Strawberry**  **☐ Rice ☐ White ☐Brown**  **☐ Pasta (Dry)**  **Tomato Products Pick Top 3**  **☐ Diced**  **☐ Tomato Sauce**  **☐ Whole**  **☐ Paste**  **☐ Pasta/Spaghetti Sauce** |

|  |  |
| --- | --- |
| **Other**  **☐ Ramen**  **# Beef \_\_\_\_\_ # Chicken \_\_\_\_\_**  **☐ Mac and Cheese**  **☐ Pork & Beans / Baked Beans**  **☐ Refried Beans**  **☐ Sloppy Joe**  **☐ Canned Pasta** | **Soups Pick Top 3**  **☐ Tomato**  **☐ Chicken Broth ☐ Beef Broth**  **☐ Cream of Mushroom**  **☐ Cream of Chicken**  **☐ Vegetable ☐ Chicken Noodle**  **☐ Chicken Variety ☐ Beef Variety** |

|  |  |
| --- | --- |
| **Canned Protein Pick Top 3**  **☐ Tuna ☐ Beef Stew**  **☐ Chicken ☐ Salmon**  **Canned Beans Pick Top 3**  **☐ Pinto Beans ☐ White Beans**  **☐ Kidney / Red Beans ☐ Garbanzo Beans**  **☐ Black Beans ☐ Chili Beans**  **Canned Fruit Pick Top 3**  **☐ Oranges ☐ Pineapple**  **☐ Fruit Cocktail ☐ Pears**  **☐ Peaches ☐ Applesauce** | **Quarterly Household items**  **Every 3 Months**  **☐ Bar Soap**  **☐ Shampoo**  **☐ Conditioner**  **☐ Deodorant #Male \_\_\_\_ #Female\_\_\_\_**  **☐ Razors #\_\_\_\_\_\_\_ One per family member**  **☐ Toothbrush #\_\_\_\_\_\_\_ One per family member**  **☐ Toothpaste**  **☐ Laundry Soap**  **☐ Dish Soap** |

|  |  |
| --- | --- |
| **Frozen/Refrigerator Items**  **☐ Bread \_\_\_\_\_\_ White \_\_\_\_\_\_Wheat**  **☐ Ground Beef**  **☐ Chicken**  **☐ Milk**  **☐ Eggs**  **☐ Cheese** | **Other Each Month**  **☐ Toilet Paper Max is two per family member**    **Feminine Needs Please specify number of women in family needing each type**  **☐ Pads #\_\_\_\_\_\_ ☐ Tampons #\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **Birthday This Month**  **☐ Cake \_\_\_\_ Chocolate \_\_\_\_Vanilla \_\_\_\_White**  **☐ Frosting \_\_\_\_ Chocolate \_\_\_\_ Vanilla** | **Pet Food 3 Bags Total**  **☐ Pet Food # Dogs \_\_\_\_\_\_ # Cats \_\_\_\_\_\_\_** |