**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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| **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** |

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| **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** |

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| **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** |

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| **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 #\_\_\_\_\_\_** |

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