

FISH of McHenry Guest Information:

X _____ / /

Name (First) (Last) Birthdate:

X _____

Address City, State Zip Code

Adults in Household: _____

Children in Household: _____

SNAP Recipient? Yes No

Pantry Shopping List

X _____

Name (First & Last)

Check each item you would like on list. *** Items may not be available all of the time.

Canned Goods	Quantity
Applesauce	1 <input type="checkbox"/>
Canned Fruit	1 <input type="checkbox"/>
Green Beans	1 <input type="checkbox"/>
Kernel Corn	1 <input type="checkbox"/>
Peas	1 <input type="checkbox"/>
Diced Tomatoes	1 <input type="checkbox"/>
Canned Beans	1 <input type="checkbox"/>
Baked/Pork & Beans	1 <input type="checkbox"/>
Spaghetti Sauce	1 <input type="checkbox"/>
Ravioli/Spaghetti's	1 <input type="checkbox"/>
Canned Chicken	1 <input type="checkbox"/>
Canned Tuna	1 <input type="checkbox"/>

Dry Goods	Quantity
Oatmeal	1 <input type="checkbox"/>
Pancake Mix	1 <input type="checkbox"/>
Mac & Cheese	1 <input type="checkbox"/>
Rice	1 <input type="checkbox"/>
Pasta Noodles	1 <input type="checkbox"/>
Instant Potatoes	1 <input type="checkbox"/>

Personal Care	Quantity
Bar/Hand Soap	1 <input type="checkbox"/>
Toothpaste	1 <input type="checkbox"/>
<i>Choose Only 1 of Next 2 Items</i>	
Feminine Pads or	1 <input type="checkbox"/> or
Tampons	1 <input type="checkbox"/>

Broth & Soups	Quantity
Chicken Broth	1 <input type="checkbox"/>
Chicken Noodle	1 <input type="checkbox"/>
Cream Soup	1 <input type="checkbox"/>
Tomato Soup	1 <input type="checkbox"/>

Household Items	Quantity
Facial Tissue	1 <input type="checkbox"/>
Toilet Tissue (pkg.)	1 <input type="checkbox"/>
Laundry Soap	1 <input type="checkbox"/>

Condiments	Quantity
Jelly	1 <input type="checkbox"/>
Peanut Butter	1 <input type="checkbox"/>
Cooking Oil	1 <input type="checkbox"/>

Dairy Products	Quantity
1% Milk (Fresh Gallon)	1 <input type="checkbox"/>
1 dozen Fresh Eggs	1 <input type="checkbox"/>

Beverages	Quantity
Shelf Stable Milk	1 <input type="checkbox"/>
Apple Juice	1 <input type="checkbox"/>

Miscellaneous	Quantity
Asst. Frozen Meats	1 <input type="checkbox"/> Bag
Frozen Products	1 <input type="checkbox"/> Bag
<i>Frozen products may include items such as meals, pizza, breakfast sandwiches, appetizers, vegetables, fruits, hotdogs, sausage, bacon, specialty meats, etc....</i>	

X _____

Name (First & Last)

Fresh Produce	Quantity
Carrots	1 <input type="checkbox"/>
Celery	1 <input type="checkbox"/>
Cucumber	1 <input type="checkbox"/>
Bell Pepper	1 <input type="checkbox"/>
Tomatoes	1 <input type="checkbox"/>
Lettuce	1 <input type="checkbox"/>
<i>If available:</i>	
Apples	1 <input type="checkbox"/>
Onions	1 <input type="checkbox"/>
Potatoes	1 <input type="checkbox"/>

Additional Dairy	Quantity
Butter/Margarine	1 <input type="checkbox"/>
Yogurt	1 <input type="checkbox"/>

Bakery	Quantity
Breads/Pastries	1 <input type="checkbox"/> Box