

TLC Supplemental Groceries & Emergency Food Assistance

CLIENT ONLY

Date _____

First Name: _____ Last Name: _____

Preferred Contact Information (email and/or phone) _____

If TLC Client: HH ID _____ # in HH _____

If D38 Family: # of youth _____ D38 school(s) _____

STAFF ONLY

Date _____

Client Name: _____ HH ID _____ EED _____

CM: Rachael or Paula

Ages of children: _____ # in HH _____

Dietary Restrictions? _____ Supplemental Groceries- Primary or Secondary

Diabetic? _____ Relief _____ lbs

Volunteer Comment: _____ Emergency _____ lbs

Entered into EmpowOr by _____ Emergency- Traveling Food _____ lbs

Instructions: Please **CIRCLE** what you need. (SOME ITEMS MAY NOT BE AVAILABLE)

D38

GRAB-AND-GO
SNACK PACKS

FRUITS (Canned)

VEGETABLES (Canned)

GRAINS

CEREAL
OATMEAL
WHITE RICE
PASTA

PROTEIN

PEANUT BUTTER
CANNED CHICKEN
CANNED TUNA
BEANS
CHILI

MEAL MAKERS

CREAM of MUSHROOM
VEGETABLE BROTH
CHICKEN BROTH
BEEF STEW
CHICKEN NOODLE SOUP
TOMATO SOUP
SPAGHETTI SAUCE

OTHER

FLOUR
VEGETABLE OIL
COFFEE – GROUND
CAT FOOD
DOG FOOD

FROZEN MEAT

BEEF
CHICKEN

DAIRY

MILK
BUTTER

PERSONAL HYGIENE PRODUCTS

DEODORANT- M / F
RAZORS - M / F
TOOTH PASTE/TOOTHBRUSH
BAR SOAP/SHAMPOO
DEPENDS – M / F Size _____

FEMININE HYGIENE PRODUCTS

of females _____
TAMPONS/PADS

BABY PRODUCTS

BABY DIAPERS/PULLUPS Size _____
BABY WIPES

HOUSEHOLD PRODUCTS

LAUNDRY DETERGENT
LIQUID DISH SOAP
MULTI-PURPOSE CLEANER
TOILET PAPER/PAPER TOWELS

SENIOR (60+) SPECIALTY

of Seniors _____
DENTURE CREAM
BOOST OR SIMILAR

I agree to accept this food/sundries for my personal use. I will not sell the food/sundries received from Tri-Lakes Cares.