Client's Name: _____ Special Requests_____

Food Allergies, dietary restrictions, special dietary needs:_____

Total Number in Household: _____ ages: (0-5) _____ (6-12) _____ (13 – 17) _____ (18 – 64) _____ (65 – abv) _____

Transportation available to client: Car_____ Bicycle _____ Walking _____

Household has access to: Stove_____ Microwave _____ Refrigerator _____ Hot Plate _____ Can Opener _____

In the table below, **check** only the items that you **do not want/would not use**. Where options are listed (with or w/out), circle your preference.

Item	No	Item	No	Item	No
Canned Vegetables		**Soup**		**Proteins**	
Green Beans		Vegetable (with or w/out meat)		Peanut Butter (crunchy or smooth)	
Corn		Noodle (with or w/out meat)		Canned Spaghetti/Ravioli	
Peas		Seafood/Clam Chowder		Canned or Jarred Spaghetti Sauce	
Mixed Vegetables		Cream (mushroom, celery, etc.)		Canned Chili (with or w/out beans)	
Spinach or Greens		Broth (beef or chicken)		Tuna	
Potatoes		**Canned/Dry Beans**		Canned Salmon	
Carrots		Baked Beans		Spam/Luncheon Loaf	
Beets		Pork & Beans		Beef Stew	
Tomatoes (not spicy)		Refried Beans		Brunswick (chicken) Stew	
Tomatoes (spicy)		Black Beans		Canned Chicken	
Pumpkin		Cannellini/Great Northern Beans		Corned Beef Hash	
Yams		Black Eyed Peas		Cold Hot Dogs or Bologna & Cheese	
Cranberry Sauce		Kidney Beans		**Starches**	
Canned Fruit		Pinto Beans		Dry Pasta (spaghetti, lasagna, rotini, etc.)	
Apple Sauce		Garbanzo Beans/Chick Peas		Boxed Macaroni & Cheese	
Peaches		Dry Beans, Peas (split peas) or Lentils		Boxed Potatoes	
Fruit Cocktail		**Breakfast Items**		Boxed Stuffing	
Pears		Cold Cereal		White Rice	
Pineapple		Hot Cereal (oatmeal, cream of wheat)		Brown Rice	
Mandarin Oranges		Pancake. Biscuit or Muffin Mix		Bread (loaf bread, bagels, rolls, etc.)	