



120 Mountain Avenue  
Suite 212  
Bloomfield, CT 06002  
Telephone (860) 243-1806  
Fax (860) 243-0100  
[www.covenanttocare.org](http://www.covenanttocare.org)

## CRISIS FOOD SUPPORT PROGRAM MENU - fax to KCC: 860-828-4511

Please use these amounts as a guideline. These are estimated amounts to provide approximately 4-5 days worth of groceries for a family of one adult & three children. Adjust amounts as needed for larger families. Substitutions can be made as necessary. If available in pantry, "extras" can be added to orders (i.e. cookies, cake mixes, dried fruits, canned pasta, etc.)

### ITEMS OFTEN STOCKED IN PANTRY

- \_\_\_ 3-5 cans beans (kidney, pinto, black, etc.)
- \_\_\_ 2 cans baked beans/pork & beans
- \_\_\_ 2 large/4 sm. cans soup
- \_\_\_ 2 cans canned meat (beef stew, hash, etc)
- \_\_\_ 2 large or 4 sm. cans tuna
- \_\_\_ 1 large jar peanut butter
- \_\_\_ 1 jar jam/jelly
- \_\_\_ 1 bottle ketchup
- \_\_\_ 1 jar mayonnaise type dressing
- \_\_\_ 1 bottle vegetable oil (16-24 oz.)
- \_\_\_ 2 lbs. sugar
- \_\_\_ 2 boxes pudding mix or jell-o
- \_\_\_ 2 small or 1 large box cereal
- \_\_\_ 1 box oatmeal or farina/cream of wheat
- \_\_\_ 1 box crackers or saltines
- \_\_\_ 2 lbs. rice (4 lbs. for Hispanic family)
- \_\_\_ 2 lbs. pasta
- \_\_\_ 2 boxes macaroni & cheese
- \_\_\_ 2-3 large cans tomatoes/puree etc.
- \_\_\_ 2 cans spaghetti sauce
- \_\_\_ 4-6 cans veggies (peas, corn, green beans, etc.)
- \_\_\_ 4-6 cans fruit
- \_\_\_ 1 gallon vitamin C enriched fruit drink/juice

### ITEMS TO BE PURCHASED

- \_\_\_ 3 lbs. fresh fruit (apples, oranges bananas, other seasonal if available)
- \_\_\_ 2 lbs. carrots
- \_\_\_ 2-3 lbs. onions
- \_\_\_ 5 lbs. potatoes
- \_\_\_ 2-5 lbs. flour or cornmeal
- \_\_\_ 1 lb. hot dogs
- \_\_\_ 3 lbs. ground beef
- \_\_\_ 2 lbs. chicken parts (wings, thighs, drum sticks)
- \_\_\_ 2 lbs. cheese (specify aged cheddar or American Slices)
- \_\_\_ 1½ - 2 doz. Eggs
- \_\_\_ 2 gals. 2% milk
- \_\_\_ 1 lb. margarine
- \_\_\_ 3 lg. loaves bread (specify white or wheat)

### SPECIAL REQUEST ITEMS

- \_\_\_ soap
- \_\_\_ toothpaste & toothbrushes
- \_\_\_ clothes detergent
- \_\_\_ disposable diapers (pkg. of 24-30 specify size & gender) M F
- \_\_\_ formula ( 1 can, brand specific powder)
- \_\_\_ baby food (specify regular or jr. according to age) R JR

### SPECIAL DIETARY NEEDS/ALLERGIES, ETC:

**Crisis Food Pantry Request Form** **fax to KCC: 860-828-4511**

**PLEASE PRINT CLEARLY. INCOMPLETE FORMS CANNOT BE PROCESSED**

**Social Worker:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Agency/City:** New Britain DCF

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**LINK support #:**

\_\_\_\_\_

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

**Family Ethnicity:** mark all that apply (for reporting purposes only)

African\_\_ European\_\_ Latino\_\_ Asian\_\_ Other\_\_\_\_\_

**Number of children in client's family:** \_\_\_\_\_

**Number of adults in client's family:** \_\_\_\_\_

Special Requests

| Purpose of Request   |  |
|----------------------|--|
| Mandated by Court    |  |
| Reunification        |  |
| Family Support       |  |
| Independent Living   |  |
| Family Preservation  |  |
| Relative/Foster Care |  |
| Other                |  |

**SW Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SW Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Volunteer Name:** \_\_\_\_\_

**USPS Address:** \_\_\_\_\_

**Date of Delivery:** \_\_\_\_\_