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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: _____