

**RECIPIENTS of ASSISTANCE from the
WELS APPLE VALLEY FOOD PANTRY**

This is our annual information update request and we ask that you fill out this form and then return it to your pastor or pantry coordinator in a timely manner. We are not asking for your name or address, but are asking for other pertinent information in order to better serve you in the coming year.

Please be thorough and prompt, we cannot process your request for assistance without this information.

We thank you for your cooperation.

**1—your church’s name & city, and the number written on your bags
(example: Redeemer #1):** _____

2—ages/gender of all children under the age of 18:

3—gender/age bracket of all adults (example: woman/30s):

4—any foods or products that we should not pack for you due to dislikes:

5—please tell us if there are any medical conditions or allergies that require us to avoid packing certain foods for you (example: diabetic, nut allergy, etc):

**6—are there foods or other items we should pack less frequently
(example: less pasta, , less bar soap, fewer table napkins, etc)**

7—As of today’s date , how long do you see the need for assistance? Do not be afraid to say indefinite if that is what you need. You will not be held to your estimate as life is unpredictable. _____