

**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. **We thank you for your cooperation.**

**1—your church’s name & city, and the number written on your bags
(example: St. James, Milwaukee #1):** _____
{Coordinators: if this is a new family for your congregation, please assign them a number not currently/recently used by your congregation}

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—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. _____

7—Any other comments or suggestions

8--Circle any of the following items you would make use of, if available:
Baking Supplies (disposable roasting pans, cupcake liners, etc)
Dishwasher soap K-Cups

9-If a scrip card was made available to you to purchase perishable groceries, (no alcohol, tobacco, or lottery tickets) which store would you prefer (circle 1):
Festival Roundys Woodmans Piggly Wiggly Gilberts