



Congregation: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Family Pantry ID#: \_\_\_\_\_  
*(assigned by the Pantry)*

## PASTOR RECOMMENDATION SHEET – To Be Retained by Pastor

*Complete the information below for recipient(s). Please keep this form as your record of the family for reference.*

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Total family members: \_\_\_\_\_

Adult name(s)/age(s): \_\_\_\_\_

Child name(s)/age(s): \_\_\_\_\_

**(Include the ages to assist the Pantry in packing items that will help the family.)**

### Scrip card preference (circle one):

Roundy's (Pick n Save)

Festival Foods

Gilbert's

Piggly Wiggly

Woodman's

How long does the family anticipate requiring assistance from the Pantry? \_\_\_\_\_

*(Please note: short-term, indefinite, etc. Life is uncertain. This information helps the Pantry plan monthly distributions to the family.)*

Indicate any allergies, special requests (like "no peas", "more canned fruit", "will take coffee or dishwasher detergent"): \_\_\_\_\_

Contact Deb Arndt (920-903-7450) or Cindy Wundrow (920-419-1946) to set up new recipient, especially if an emergency pack is needed. If the family will be receiving assistance for a period of time, the Pantry will assign an ID# to the family for distribution purposes.

Please prepare the **Recipient Information Sheet** with the basic family information (no names as the family remains anonymous), special packing instructions and scrip card information. The Pastor signs that form indicating approval. Scan and email to [applevalleyfoodpantry@gmail.com](mailto:applevalleyfoodpantry@gmail.com).

Be sure to inform church coordinator.