

SEDONA COMMUNITY FOOD BANK
APPLY FOR HOME-BOUND FOOD DELIVERY BENEFITS

HOME-BOUND FOOD DELIVERY BENEFITS –

LAST NAME, FIRST NAME:

DATE OF BIRTH (mm/dd/yyyy):

PHONE #:

EMAIL:

ADDRESS:

APT./UNIT #:

CITY:

POSTCODE:

HOUSEHOLD: (Check one) **1 PERSON** ___ **2 PERSON** ___

FOOD ALLERGIES? (Circle one): YES NO

Food allergies, special medical conditions (such as diabetes), or food needs - please specify:

FOOD TYPE PREFERENCE: (Check all that apply)

VEGAN ___ VEGETARIAN ___ GLUTEN FREE ___ DIABETIC ___

PREFERRED FOODS: (Check all that apply)

CEREAL: HOT ___ COLD ___

SPECIFIC CEREAL?

SOUP: TOMATO ___ CHICKEN NOODLE ___ CREAM ___ CLAM CHOWDER ___
BEEF ___ VEGETABLE ___

CANNED VEGETABLES:

GREEN BEANS ___ PEAS ___ CORN ___ MIXED VEGETABLES ___ TOMATO SAUCE ___
SPAGHETTI SAUCE ___ CANNED TOMATOES ___
OTHER VEGETABLES (yams, carrots, spinach, etc) _____

CANNED FRUIT: PEACHES ___ APRICOTS ___ PEARS ___ FRUIT COCKTAIL ___
PINEAPPLE ___ OTHER FRUIT (applesauce, mandarin oranges, etc.) _____

BEANS: BLACK ___ KIDNEY ___ NAVY/WHITE ___ DRY PINTO ___ CANNED PINTO ___
GARBANZOS ___ BLACK-EYED PEAS ___ REFRIED ___

RICE: BROWN ___ WHITE ___ RICE-A-RONI ___

PASTA: SPAGHETTI ___ MAC N CHEESE ___ RAMEN ___

SPECIFIC PASTA?

PEANUT BUTTER: CRUNCHY ___ CREAMY ___

NON-PERISHABLES:

JELLY ___ TUNA ___ CANNED CHICKEN ___ PORK & BEANS ___ OTHER: _____

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PERISHABLES: (received when these items are available)

MILK: (select preferred type - you may check more than one)

FAT FREE (SKIM) ___ 1 % (LOW FAT) ___ 2% (REDUCED FAT) ___ WHOLE MILK ___

OTHER PERISHABLES:

BUTTER ___ YOGURT ___ CHEESE ___ EGGS ___ ORANGE JUICE ___

LUNCH MEAT: (depending upon availability)

ANY ___ TURKEY ___ BEEF ___ HAM ___ BOLOGNA ___

BREAD:

WHITE ___ WHOLE WHEAT ___ MULTI-GRAIN ___ OTHER BAKED GOODS (DESSERTS)

FRESH FRUIT & VEGETABLES: (depending upon availability)

ANY ___ BANANAS ___ APPLES ___ ORANGES ___ CARROTS ___ TOMATOES ___
ONIONS ___

LIST ANY OTHER FOODS YOU WOULD PREFER:

*Please give completed form to your delivery person or mail to:
Sedona Community Food Bank,
PO Box 2962
Sedona AZ 86340

Questions? Call Sedona Community Food Bank 204-2808.