HANDS OF HARVEST FOOD REQUEST

Please call Connie @ 406-825-6938 or 406-529-0135 after filling out the form.

Last Name		First Name	
Address:			
Date			
Household Size	e Adults Children	(0-18) Total	
I have access to	o: 🗆 Stove Top 🗆 Oven [☐ Microwave ☐ Can Opener	□ Running Water
Dietary Restrict	tions:		
Allergies:			
Please check w	which of the following items	you will use. Some items may n	ot be available.
Soup □ Chili	Lunch Meat □ Bologna	Fresh Fruit ☐ Bananas	Cereal □ Kids' cereal
☐ Tomato	□ Salami	□ Apples	☐ Oatmeal/Quick oats
☐ Cream	□ Ham	☐ Oranges	☐ Breakfast Bar
□ Vegetable	☐ Turkey	Li Oranges	L Dicariast bai
Other:	☐ Other:	Dairy	Other
	<u> </u>	☐ Butter	☐ Peanut Butter
Ramen	Beans	<u>Cheese</u>	☐ Jelly
□ Vegetable	☐ Canned	☐ Block	☐ Macaroni & cheese
□ Chicken	☐ Dry	☐ Shredded	☐ Mashed Potato mix
☐ Shrimp	Canned Vegetables	☐ Sliced	☐ Rice
☐ Beef	☐ Mixed vegetables	<u>Milk</u>	☐ Noodles
□ Pork	☐ Peas	☐ Whole	☐ Pasta sauce
Canned Meat	☐ Green Beans	□ 2%	☐ Flour
☐ Tuna	□ Corn	□ 1%	□ Sugar
☐ Chicken	☐ Carrots	Drand	☐ Cooking oil
□ other:	☐ Tomatoes	Bread □ Wheat	☐ Pancake mix
	Other:	☐ White	
Meats	<u> </u>		
□ Burger	Fresh Vegetables	☐ Burger buns	
□ Chicken	☐ Salad	☐ Hot Dog buns	
□ Pork	☐ Broccoli		
☐ Hot Dogs	☐ Carrots		
	☐ Celery		
	☐ Onion	Please Note: We want to be able to serve as many people as possible. Therefore, we ask that you refrain from requesting	
	☐ Tomatoes		
	items that you have left over from your prior requests.		om your prior requests.
		Thank	you!
For Office Use	Only: Date Received		
	Date picked up	or Date delivered _	