

Food Tidings Info

Name of family to receive meals: _____

When will the meals be needs (number of days, weeks, when to start meals, etc.)

Drop-Off Location

1. Where should people bring the meals? (E.g. "Jen's House") _____

2. Contact Person _____ Phone Number _____

3. Street Address _____

4. What time should people drop off their meals? _____ a.m. _____ p.m.

Who are we helping and their preferences:

How many adults? _____

How many children? _____

List any known allergies in the family.

What are some foods the family likes? (Don't forget to include favorite take out options, too!)

What are some dislikes?

Is there anything else you feel is important to know? (For example, kids may be sleeping, don't ring the doorbell, call before you come, etc...)

