

This program proudly partners with



FOOD PANTRY STATEMENT OF SERVICES

This pantry will provide each eligible household with an estimated* food package to provide _____ days of food for each person in the household.

Each household is eligible to attend the food pantry _____ times per month.

Please bring the following items to verify address:

This pantry may limit the number of times they will provide service without the requested information.

The pantry's designated service area is:

*Based on USDA - MyPlate Guidelines