Grocery Shopping List

Resident Name _____

Resident Location _____

☐ **OK to enter & put cold items away if I'm not home**

Resident Phone # _____

*****If no specific brand is listed we will buy what's available***

ITEM ***Please print***	**QTY**	**BRAND**** ☐ **OK to substitute items**	**SIZE**	**NOTES**

Have coupons? Put them in an envelope & attach to this form