

PLAINSBORO FOOD PANTRY

2010 APPLICATION

PLAINSBORO FOOD PANTRY

641 Plainsboro Road
Plainsboro, NJ 08536
609-799-0909, ext. 1706 or 1702

Plainsboro Food Pantry Operating Procedures

Please carefully read and follow the steps below in order to request food assistance through the Plainsboro Food Pantry.

STEP 1 - APPLY: Complete and return the attached application form. Incomplete applications will be returned.

Within 2 weeks of receiving your completed application, you will be notified by mail of your eligibility to receive food assistance. Your eligibility will be determined by a review of your financial status and current situation. Therefore, Plainsboro Township reserves the right to require further documentation to support or supplement the information requested on the application. If approved, your application will be valid for up to one year of food assistance. If, for any reason, your food assistance stops for more than 1 month or if you wish to receive food assistance for more than a year, a new application must be submitted and approved.

STEP 2 - GROCERY LIST: Complete and return the attached grocery list. Under the new operating procedures, food will be packed for you based on the food items you have selected from this grocery list. While every effort will be made to provide items from your grocery list, please understand that this may not always be possible since we are utilizing donated food items. Please be sure to indicate any special dietary needs you have.

The amount of food distributed is based on both need and current supply. The typical distribution may include any of the following: dry pasta/noodles; canned meals, soup, vegetables, beans, meat, and fruit; rice; tomato sauce; potatoes; condiments; boxed meals; flour or sugar; pancake mix or syrup; cereal or oatmeal; powdered/shelf-stable milk; juice; snacks; cake mix or frosting; coffee or tea; soap; toothpaste; deodorant; shampoo or conditioner; and baby food or diapers, as needed.

STEP 3 - PICK-UP: Food will be distributed every other week on Tuesdays and Thursdays only (adjustments will be made for holidays, as needed). Please keep the attached 2010 Food Pantry calendar for future reference. The calendar dates in bold are the food pick-up dates. You may pick up your food either on **Tuesday from 4-6 p.m. OR Thursday from 2-4 p.m. (not both) for the dates listed only.** The location of the food pick-up is the Plainsboro food pantry, which is located near Community Room A/B on the lobby level of the municipal building. If you miss a food distribution week and will not be able to come in for your food during the next scheduled food distribution, please notify this office at 609-799-0909, ext. 1706 or 1702. We will hold or restock your food until an agreed-upon restart date. **If you fail to notify us and miss 3 consecutive food distributions, your food assistance will cease.**

Reusable grocery bags will be distributed to Plainsboro Food Pantry recipients. This will be done in an effort to reduce our use of plastic bags and help to preserve our earth. **Your reusable bags MUST BE RETURNED each time you pick up food from the pantry. If they are not returned, you will not be given food on your next visit.** If a bag becomes damaged and isn't useable, please return it for a replacement.

A NOTE ABOUT DATING OF PACKAGED FOODS - The Plainsboro Food Pantry will make every effort to monitor the date stamping on all food items distributed to ensure we adhere to accepted food safety guidelines.

According to the US Department of Agriculture food product dating guidelines:

"Cans must exhibit a packing code to enable tracking of the product in interstate commerce. This also enables manufacturers to rotate their stock, as well as to locate their products in the event of a recall. These codes, which appear as a series of letters and/or numbers might refer to the date or time of

manufacture. They aren't meant for the consumer to interpret as "use-by" dates. There is no book which tells how to translate the codes into dates. Cans may also display "open" or calendar dates. Usually these are "best if used by" dates for peak quality...they are not purchase or safety dates."

Therefore, the Plainsboro Food Pantry will adhere to the following USDA recommendation when distributing canned goods stamped with "best if used by" dates:

"In general, high-acid canned foods such as tomatoes, grapefruit and pineapple can be stored on the shelf 12 to 18 months; low-acid canned foods such as meat, poultry, fish and most vegetables will keep 2 to 5 years – if the can remains in good condition and has been stored in a cool, clean, dry space."

Baby food and baby formula will not be distributed past the date stamped on the product:

"Dating of baby food is for quality, as well as for nutrient retention...do not buy or use baby formula or baby food after its "use-by" date."

Thank you!

TOWNSHIP OF PLAINSBORO FOOD PANTRY REGISTRATION

641 Plainsboro Road, Plainsboro NJ 08536
609 799-0909 ext. 1706 Fax 609 799-7026 E-Mail recdept@plainsboronj.com

Received _____
Approved/ Not Approved _____

Please print clearly or type responses. Incomplete forms will not be considered.

Please answer all questions so we may serve you better. The information you provide will enable us to let you know of other services in which you may be interested, as well as help us understand the needs of our residents. Thank you for your assistance.

Date of Application		How did you learn about the food pantry?	
APPLICANT INFORMATION			
Last Name		First Name	Are you the head of household?
Street		City	Zip Code
Home Phone		[] Male [] Female	
How many people reside at this address full-time? _____			
How many people reside at this address part-time? _____			
Please list below the names and ages of all people who reside at the above-listed address either part-time or full-time:			
Last Name	First Name		Age
1.			
2.			
3.			
4.			
5.			
6.			
Are any of the household members disabled? [] Yes [] No		What is the nature of the disability?	
If requested, can you provide verification of household members residing at the above listed address? [] Yes [] No			
HOUSEHOLD INFORMATION			
Do you or any members of the household receive assistance currently? [] Yes [] No			
if yes, please check boxes below to indicate type of assistance			
[] Temporary Assistance (TANF/AFDC)	[] SSI	[] Food Stamps	[] Medicaid
[] NJ WIC	[] HUD Scholarship Assistance	[] School Lunch Program	
[] Other County Assistance (specify) _____			
[] Other State Assistance (specify) _____			
[] Other (specify) _____			
Do you reside in affordable or other subsidized housing? [] Yes [] No			
Are you currently employed? [] Yes [] No		If no, when were you last employed? _____	
Are you seeking employment? [] Yes [] No			

Please indicate below the **number of people** who reside at the above-listed address who receive income from the following sources:

_____ Wages _____ Gov't Unemployment Benefits _____ Gov't. Disability Benefits _____ Gov't. Retirement Benefits
 _____ Private Retirement Benefits _____ Temporary Cash Assistance Other _____

What was your 2009 Total Gross Household Income?
 \$ _____

REQUIRED: Please attach to this application copies of the most recent income tax returns for every wage-earner in your household. For every individual receiving government assistance, as indicated on page 1, you may attach recent documentation of that assistance instead of providing an income tax return for that individual. Income tax returns are still required for any wage-earners in your household who do not receive government assistance.

Have you or any household members visited other community food pantries in the last year? Yes No

Is there an emergency situation that has caused you to seek assistance? If yes, please state the situation

FAMILY NEEDS

Please indicate below the **number of people** who reside at the above-listed address with any of the following dietary needs or limitations:
 _____ diabetes _____ infant formula/food _____ kosher _____ lactose intolerance _____ low-fat diet
 _____ low-sodium diet _____ peanut allergies _____ wheat allergies _____ vegetarian
 other _____

Please indicate non-food items that are difficult for you to purchase (does not indicate or imply our ability to provide them)

Would you like to be registered as recipients for our special seasonal drives? If you check boxes below, you will receive information by mail prior to each program.
 Thanksgiving Holiday Food Basket Christmas/Holiday Giving Basket

Please check boxes below if you are interested in receiving information on any of the assistance programs listed
 Food Stamps Home Energy Assistance Services for Women, Children, and Families
 Family Health Services Affordable Housing Resources Services for Seniors/Individuals with Disabilities
 Government Services Informational Resources

Please check boxes below if you are interested in receiving information on any of the types of services listed:
 Scholarship assistance for local summer camps Free or subsidized eye screenings
 Free or subsidized health clinics

ADDITIONAL INFORMATION

Is there any additional information that you would like to provide regarding household needs?

I certify that I am a member of the household above and that all information provided regarding my household is true and accurate, and understand that any false statements or misrepresentation will result in forfeiture of assistance. By signing this document, I am giving Plainsboro Township written consent to share pertinent information with local community agencies on an as-needed basis. These agencies will be held to the same level of confidentiality as Plainsboro Township.

Applicant Signature _____ Date _____

The Plainsboro Food Pantry is stocked through donations from the community. We cannot guarantee any particular types or quantities of stock. Distribution is limited to canned/packageged shelf-stable goods. The township food pantry does not accept donations of fresh produce, dairy products, or meats. Supplies are limited to food items with the exception of specific items such as diapers, personal care and hygiene products.

TOWNSHIP OF PLAINSBORO

FOOD PANTRY GROCERY LIST

Under the new Food Pantry operating procedures, food will be packed for you based on the food items you have selected from this grocery list. While every effort will be made to provide items from your grocery list, please understand that this may not always be possible since we are utilizing donated food items and food is subject to availability. Please be sure to indicate any special dietary needs you or family members have.

APPLICANT INFORMATION		
Date _____		
Last Name _____	First Name _____	
Street _____	City _____	Zip Code _____
Home Phone _____		
Please indicate below the number of people who reside at the above-listed address for each age group listed:		
_____ 0-12 months	_____ 12-18 months	_____ 18 months - 3 years
_____ 3 - 18 years	_____ 18 - 60 years	
_____ 60 years - older		
DIETARY NEEDS		
Please indicate below the number of people who reside at the above-listed address with any of the following dietary needs or limitations.		
_____ diabetes	_____ infant formula/food	_____ kosher
_____ lactose intolerance	_____ low-fat diet	_____ low-sodium diet
_____ peanut allergies	_____ wheat allergies	_____ vegetarian
other _____		
Please indicate non-food items that are difficult for you to purchase (does not indicate or imply our ability to provide them)		
Would you like to be registered as recipients for our special seasonal drives? If you check boxes below, you will receive information by mail prior to each program.		
[] Thanksgiving Holiday Food Basket	[] Christmas/Holiday Giving Basket	
Applicant Signature _____ Date _____		

On the reverse side, please check the food items you would prefer to receive from the Plainsboro Food Pantry.

Plainsboro Food Pantry Grocery List

For office use only: _____

Please check the food items you would prefer to receive from the Plainsboro Food Pantry.

Please note: the food items listed below are subject to availability

Baby

- ___ Baby Formula
- ___ Baby Food stage _____
- ___ Baby Diapers size _____
- ___ Baby Wipes

Baking

- ___ Bread Mix
- ___ Cake Mix
- ___ Cookie Mix
- ___ Flour
- ___ Frosting
- ___ Muffin Mix
- ___ Pie Filling

Beverages – Hot

- ___ Coffee - Regular
- ___ Coffee - Decaf
- ___ Coffee Filters
- ___ Hot Chocolate
- ___ Tea Bags

Beverages – Juice

- ___ Apple
- ___ Cherry
- ___ Cranberry
- ___ Fruit
- ___ Grape
- ___ Grapefruit
- ___ Lemonade
- ___ Orange
- ___ Pomegranate
- ___ Tomato
- ___ Vegetable (V8)

Beverages – Milk

- ___ Evaporated
- ___ Powdered Dry
- ___ Shelf-Stable (Parmalat)
- ___ Sweetened Condensed
- ___ Rice Milk

Beverages – Powdered Drink Mixes

- ___ Chocolate (syrup)
- ___ Fruit
- ___ Iced Tea
- ___ Lemonade

Breakfast – Adult Cereal

- ___ Whole Grain (e.g., Cheerios, Rice Puffs, Shredded Wheat, Corn Flakes)

Breakfast – Children Cereal

- ___ Sweetened (e.g., Captain Crunch, Fruit Loops, Corn Puffs, Coco Puffs)

Breakfast – Hot Cereal

- ___ Cream of Wheat
- ___ Grits
- ___ Oatmeal
- ___ Pancake Mix
- ___ Maple Syrup

Canned Goods – Beans

- ___ Baked
- ___ Beans and Rice
- ___ Black
- ___ Black eyed
- ___ Cannellini
- ___ Garbanzo (Chickpeas)
- ___ Kidney
- ___ Lima
- ___ Pinto
- ___ Refried

Canned Goods – Broths

- ___ Beef
- ___ Chicken
- ___ Vegetable

Canned Goods – Fish

- ___ Anchovies
- ___ Clams
- ___ Crab
- ___ Salmon
- ___ Sardines
- ___ Tuna

Canned Goods – Fruit

- ___ Apricots
- ___ Applesauce
- ___ Cranberry Sauce
- ___ Fruit Cocktail
- ___ Grapefruit
- ___ Mandarin Orange
- ___ Peach
- ___ Pear
- ___ Pineapple

Canned Goods – Gravy

- ___ Beef
- ___ Chicken
- ___ Turkey

Canned Goods – Meals

- ___ Beef Stew
- ___ Chili
- ___ Macaroni and Cheese
- ___ Macaroni and Beef

Canned Goods – Meats

- ___ Beef
- ___ Chicken
- ___ Ham/Pork
- ___ Sausage
- ___ Turkey

Canned Goods – Tomatoes

- ___ Crushed
- ___ Diced
- ___ Paste
- ___ Sauce
- ___ Stewed
- ___ Whole

Canned Goods – Soup

- ___ Bean
- ___ Beef
- ___ Chicken
- ___ Clam Chowder
- ___ Cream (e.g., Mushroom, Celery)
- ___ Onion
- ___ Pea
- ___ Potato
- ___ Tomato
- ___ Vegetable

Canned Goods – Vegetables

- ___ Asparagus
- ___ Beets
- ___ Collard Greens
- ___ Carrots
- ___ Corn
- ___ Green Beans
- ___ Mixed Vegetables
- ___ Mushrooms
- ___ Peas
- ___ Potatoes
- ___ Spinach
- ___ Sauerkraut
- ___ Yams

Sweeteners

- ___ Honey
- ___ No-Calorie Sweeteners
- ___ Sugar

Condiments

- ___ BBQ Sauce
- ___ Croutons
- ___ Cocktail Sauce
- ___ Ketchup
- ___ Marinades
- ___ Mayonnaise
- ___ Mustard
- ___ Oil
- ___ Olives
- ___ Pickles
- ___ Relish
- ___ Salad Dressing
- ___ Salsa
- ___ Salt/Pepper
- ___ Seasonings
- ___ Vinegar

Dry Goods

- ___ Beans
- ___ Boxed Meals
- ___ Breadcrumbs
- ___ Dry Soups
- ___ Macaroni and Cheese
- ___ Noodles
- ___ Pasta
- ___ Pasta Mixes
- ___ Potatoes
- ___ Rice Brown
- ___ Rice White
- ___ Rice Mixes
- ___ Shake n' Bake
- ___ Stuffing

Ethnic Foods

- ___ Chinese
- ___ Indian
- ___ Italian
- ___ Kosher
- ___ Mexican

Personal Care

- ___ Adult Incontinence Pads/Pants
- ___ Body Lotion
- ___ Body Wash
- ___ Conditioner
- ___ Deodorant
- ___ Disposable Razors
- ___ Feminine Pads/Tampons
- ___ Shampoo
- ___ Soap
- ___ Shave Cream
- ___ Toothbrush
- ___ Toothpaste

Snacks

- ___ Candy
- ___ Chips
- ___ Cookies
- ___ Crackers
- ___ Dried Fruit
- ___ Jelly/Jam
- ___ Jell-O
- ___ Marshmallows
- ___ Nuts
- ___ Peanut Butter
- ___ Pudding
- ___ Popcorn
- ___ Pretzels

PLAINSBORO FOOD PANTRY

641 Plainsboro Road
 Plainsboro, NJ 08536
 609-799-0909, ext. 1706 or 1702

2010

IMPORTANT DATES -

- January 1: New Years Day
- January 18: Martin Luther King Jr. Birthday
- February 15: Presidents Day
- May 31: Memorial Day
- July 4: Independence Day
- September 6: Labor Day
- October 11: Columbus Day
- November 11: Veterans Day
- November 25: Thanksgiving Day
- December 25: Christmas Day

- JANUARY -

S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- FEBRUARY -

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

- MARCH -

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- APRIL -

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

- MAY -

S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

- JUNE -

S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

- JULY -

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

- AUGUST -

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- SEPTEMBER -

S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

- OCTOBER -

S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- NOVEMBER -

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

- DECEMBER -

S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Dates in bold indicate Plainsboro Food Pantry food pick-up dates. Food pick-up times are Tuesdays, 4-6 p.m. and Thursdays, 2-4 p.m. If you are an eligible food assistance recipient, which requires pre-approval, you may pick up food every other week on either Tuesday or Thursday (not both) for the dates in bold only.

