**Chicago Public Schools**

**Office of Student Health and Wellness**



**FoodShare Food Redistribution Form**

Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **School Information** | **Pantry Information** |
| School name: | Pantry name: |
| SDM name: | Pantry contact information: |
|  | Pick up day(s): |

Please mark the total number of items you are collecting today:

|  |  |
| --- | --- |
| **Type of food item** | **# of food items** |
| Apples |  |
| Bananas |  |
| Pears |  |
| Oranges |  |
| Other (please list) |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SDM: Please fax this form to the Office of Student Health and Wellness at 773-553-1883 immediately after pick up.**

Thank you for your support of the FoodShare program!

If you have any questions, please contact Allison Polke

773-553-2817 or Ampolke@cps.edu.