



School-Based Food Pantry Intake Form

School Information

School Name _____
Address _____
City/State/Zip _____
Phone _____
Pantry Name _____
(if applicable) On The Go Relief _____

Contact Information

Primary Contact Name Vanessa Bracetty _____
Title Pantry Management _____
Cell Phone 646 241 5960 Work Phone 347-946-2914 _____
Email info@expectingrelief.org _____
Secondary Contact Name _____
Title _____
Cell Phone _____ Work Phone _____
Email _____

School Overview

Number of students enrolled _____
Number of students served/expected to be served by pantry _____
Student age range _____
Number of/percent of students who receive free- or reduced-lunch _____



School-Based Food Pantry Intake Form

Pantry Overview

How long has pantry been operating? _____

Makeup of volunteers?
(i.e. PTO, teachers, nurse) Teachers, volunteers, PTA

Size/description of pantry
(closet, walk-in closet, classroom) _____

Access to refrigerator and/or freezer? YES /NO

Pantry hours During school operating hours

How are pantry program participants selected or enrolled? On a daily need basis

Is school open to installing Stop & Shop-provided signage to promote the food pantry? YES /NO

Address of Stop & Shop closest to your school: _____

Have you worked with anyone at this store before? If so, in what capacity? No

How did you learn about this opportunity with Stop & Shop? Vanessa Bracetty On The Go Relief

COMMENTS (please use the space below to provide any additional information that would help us understand how the pantry is/will be managed):

Our pantry will be managed by On The Go Relief. Building a school food pantry will help our children in need excel without facing hunger. Majority if not all our students reside in a low income/ under poverty neighborhood. Adding Stop and Shops support will give our students the opportunity to have access to snacks and meals.