

## DELIVERY REFERRAL

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Food Needed (Complete below)

Total # in Household: \_\_\_\_\_

# Children (0-17): \_\_\_\_\_ Adults (18-64): \_\_\_\_\_ Seniors (65+): \_\_\_\_\_

Other Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Phone, minute cards (we need to know type of phone they have), personal hygiene, baby needs...if in stock.]

E Mail To: [esassist@ccoswego.com](mailto:esassist@ccoswego.com)

Call and ask for Community Services if you have any questions (315) 598-3980