



Caldwell County Veteran Services Food Assistance Program

Allowable Food Items: SNAP APPROVED ONLY

Check the applicable box and circle the food selections where multiple choices are presented.

**Specialty – Limit 4 items from this group per Veteran Household per grant year. Subject to budget allocation. Please number the preference.*

- * Whole Ham
- * Whole Brisket
- * Whole Turkey
- * Rack Pork
- * Rack Ribs

Raw (Uncooked) Meats

- Fish (Cod – Catfish – Ect) _____
- Beef (Stew meat, Ground Beef, Fajita, Sausage) _____
- Pork (Roast, Chops, Sausage) _____
- Chicken (Hen, Leg Quarters, Breast) _____

Dairy & Perishable Proteins: *Specify type, kind or brand.*

- Milk – Milk Substitute _____
- Butter – Margarine _____
- Yogurt _____
- Ice Cream _____
- Creamer _____
- Cheese _____
- Eggs – Egg Whites _____
- Luncheon Meats (ham, turkey, beef, chicken, bologna) _____
- Hot Dogs – Bratwurst _____

Frozen Foods: *Specify Type or Kind*

- Frozen Pizza – Frozen Meals _____
- Frozen French Fries – Tater Tots _____
- Frozen Buffalo Wings, Ect _____
- Frozen Fruits and vegetables _____
- Other Frozen Foods: _____

Meats & Protein: *Specify what type or kind*

- Tofu _____
- Nuts _____
- Beans _____
- Peanut Butter _____

Fruits & Vegetables: *Specify what kind or type*

- Fresh/Canned Fruit _____

- Fresh/Canned Vegetables _____

Breads and Cereals: *Specify what kind or type*

- Biscuits _____
- Tortillas _____
- Crackers _____
- Bread _____
- Pasta _____
- Rice _____
- Cereal _____
- Oatmeal _____
- Miscellaneous _____

Condiments: *Specify what kind or type*

- Mayo _____
 - Mustard _____
 - Ketchup _____
 - Pickles _____
 - Spaghetti Sauce _____
 - Salad Dressing _____
 - Seasonings _____
 - Coffee (Instant – Ground – Beans – Kcup Singles) _____
 - Miscellaneous _____
- _____

Snacks: *Specify what kind or type*

- Chips _____
 - Popcorn _____
 - Fruit Snacks _____
 - Jello _____
 - Miscellaneous _____
- _____

Water: *Specify what kind or type*

- Bottled Water _____
- Sparkling Water _____

Personal Hygiene Items: *Specify what kind and type.*

Miscellaneous Grocery Requests: _____

Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to food assistance services, I understand that false or misleading information in my application may result in having to reimburse Caldwell County Veteran Services Grant Fund.

Signature: _____ Date: _____

This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families. For more information, visit www.tvc.texas.gov.

Internal Use Only:

Approved – Total \$ _____ VA Rating: _____ %

Notes: _____
