



Store Pick-Up Application

Date _____

Partner Name _____ Partner ID# _____

Are you open at least 3 hours/weekly? Yes No

Current Hours of Operation _____

Do you serve at least 100 people per week? Yes No

In the last six months, what percentage of children and families with children have you served?

Do you currently pick-up from stores other than the OFS warehouse? Yes No

If yes, where? _____

Do you currently pick-up meat from the OFS warehouse? Yes No

Describe your transportation vehicles and capacity _____

Are you willing to participate in a training prior to being assigned a store? Yes No

Can you commit to picking-up from a store on the same day, every week? Yes No

How would a store pick-up benefit your pantry? (a couple sentences)

