

Deep Pantry Idea Planning Sheet

Have each person make a list of their favorite foods. Use this as a starting point for discussing what meals your family would enjoy. Do you like pizza or tacos? Maybe you like BBQ? Maybe prefer breakfast for dinner or sandwiches?

Family Member #1: _____ Age: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Family Member #2: _____ Age: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Family Member #3: _____ Age: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Family Member #4: _____ Age: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Deep Pantry Planning Sheets – Date made: _____ / Reviewed: _____

Week 1 Meal Planning Sheet – fill in the following sheets with meals your family will ENJOY eating

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							
Snack #1							
Snack #2							

Deep Pantry Planning Sheets – Date made: _____ / Reviewed: _____

Week 2 Meal Planning Sheet – fill in the following sheets with meals your family will ENJOY eating

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							
Snack #1							
Snack #2							

Deep Pantry Meal Plan Ingredient List – Week 1, Sunday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 1, Monday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 1, Tuesday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 1, Wednesday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 1, Thursday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 1, Friday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 1, Saturday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 2, Sunday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 2, Monday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 2, Tuesday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 2, Wednesday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 2, Thursday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 2, Friday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO
Ingredients:

_____	_____
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Deep Pantry Meal Plan Ingredient List – Week 2, Saturday

For each meal and snack on your week 1 and 2 planning sheet, list out all the ingredients needed. Make sure you list out all items you will need to cook: oils, butter, flour, etc.

Breakfast: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____

Lunch: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____

Dinner: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Snack #1: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
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Snack #2: _____ # Served: _____ Leftovers? YES / NO

Ingredients:

_____	_____
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Pantry Staples Checklist

Make a list of personal items (toilet paper, paper towels, feminine products, etc.) as well as pantry staples you would need for your deep pantry. These do not have to be on your ingredients list; they can be additional things you might enjoy or need. Remember, this is stuff your family WILL USE. You do not need to go crazy and get month and months of supplies. Focus on how much your family might use in TWO WEEKS and keep a small “buffer” on hand.

Suggested Items:

- | | | |
|--|--|--|
| <input type="checkbox"/> Flour | <input type="checkbox"/> Water | <input type="checkbox"/> Laundry Detergent |
| <input type="checkbox"/> Butter and Shortening | <input type="checkbox"/> Peanut Butter | <input type="checkbox"/> Fabric Softener |
| <input type="checkbox"/> Eggs / Powdered Eggs | <input type="checkbox"/> Jelly or Jam | <input type="checkbox"/> Dryer Sheets |
| <input type="checkbox"/> Cooking Oil | <input type="checkbox"/> Dried Fruit and Nuts | <input type="checkbox"/> Hand Soap |
| <input type="checkbox"/> Sugar / Brown Sugar | <input type="checkbox"/> Rice and Dried Beans | <input type="checkbox"/> Shampoo |
| <input type="checkbox"/> Salt and Pepper | <input type="checkbox"/> Crackers | <input type="checkbox"/> Conditioner |
| <input type="checkbox"/> Spices (dried) | <input type="checkbox"/> Cereal / Oatmeal | <input type="checkbox"/> Body Wash / Soap |
| <input type="checkbox"/> Yeast | <input type="checkbox"/> Daily Vitamins / Minerals | <input type="checkbox"/> Pet Food |
| <input type="checkbox"/> Baking Soda | <input type="checkbox"/> Prescription Medications | <input type="checkbox"/> Toilet Paper |
| <input type="checkbox"/> Baking Powder | <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Paper Towels |
| <input type="checkbox"/> Milk or Powdered Milk | <input type="checkbox"/> Rubbing Alcohol | <input type="checkbox"/> Kleenex / Tissues |
| <input type="checkbox"/> Cheese (shredded freezes) | <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Face Wipes |
| <input type="checkbox"/> Coffee / Tea | <input type="checkbox"/> General Purpose Cleaner | <input type="checkbox"/> Contact Solution |
| <input type="checkbox"/> Favorite Beverage | <input type="checkbox"/> Bleach | <input type="checkbox"/> Feminine Products |

Additional Items:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Deep Pantry Planning Sheets – Date made: _____ / Reviewed: _____

Deep Pantry Shopping List

Using your meal plan on the following pages, make a master shopping list for your deep pantry. Make sure you account for any duplicates and necessary items (flour, cooking spray, etc.). Also, add your “crutch items” (coffee, tea, candy, etc.). Do not forget to add your pantry staples and personal items.

[illegible]

Deep Pantry Planning Sheets – Date made: _____ / Reviewed: _____

Deep Pantry Expiration Dates

Use this sheet to make a list of expiration dates for your canned goods, frozen foods, dry goods, and perishable items.

[illegible]