

# HOUSEHOLD ESSENTIALS SCHEDULE

MONTH: \_\_\_\_\_ WEEK OF: \_\_\_\_\_

Milk, Eggs & Bread	WEEKLY	_____
Fresh Produce (Fruits/Veg)	WEEKLY	_____
Laundry Detergent & Softener	MONTHLY	_____
Paper Towels & Toilet Tissue	MONTHLY	_____
Cleaning Supplies/Disinfectants	BI-MONTHLY	_____
Trash Bags (Kitchen/Bath)	MONTHLY	_____
Personal Care (Soap/Shampoo)	MONTHLY	_____
Dry Pantry Goods (Rice/Pasta)	QUARTERLY	_____
Pet Food & Supplies	BI-WEEKLY	_____

**ADDITIONAL REQUIREMENTS & NOTES:**