



## CHSLC FROZEN MEALS (CLIENTS)

\*Low Sodium Option <140mg per 100g  
(GF) Gluten Free Option

Perth Office 613-267-6400, Smiths Falls Office 613-283-6745, Carleton Place 613-253-0733

"CHSLC reserves the right to limit quantities."

### Poultry

1. \_\_\_\_ Tomato Oregano Chicken Breast w/Mashed Potatoes & Green Beans(GF)\*
2. \_\_\_\_ Herb & Garlic Chicken Breast w/Roasted Potatoes, Peas & Carrots(GF)\*
3. \_\_\_\_ Chicken Stew w/Mashed Potatoes & Green Beans
4. \_\_\_\_ Chicken Parmesan w/Rice Pilaf, & Peas
5. \_\_\_\_ Roast Turkey w/Mashed Potatoes, Gravy, Stuffing & Corn

### Beef

6. \_\_\_\_ Meatloaf w/Mashed Potatoes & Baby Carrots\*
7. \_\_\_\_ Hamburg Steak w/Fried Onions, Hashbrown Casserole & Green Beans\*
8. \_\_\_\_ Beef Stew in Gravy w/Mashed Potatoes, Carrots and Turnips(GF)\*
9. \_\_\_\_ Roast Beef w/Mashed Potatoes, Peas & Carrots(GF)\*
10. \_\_\_\_ Beef Liver w/Sauteed Onions, Roasted Potatoes & Corn(GF)\*

### Pork

11. \_\_\_\_ BBQ Pork Riblet w/Hashbrown Casserole, Green&Yellow Beans & Carrots
12. \_\_\_\_ Pork Sausage in Tomatoes w/Mashed Potatoes, Peas, Carrots & Corn
13. \_\_\_\_ Ham w/Scalloped Potatoes & Brown Beans
14. \_\_\_\_ Stuffed Pork Loin w/Rice Pilaf & Green Beans
15. \_\_\_\_ Roast Pork w/Mashed Potatoes & Carrots(GF)\*
16. \_\_\_\_ Peameal Bacon w/Mustard Sauce, Roasted Potatoes, Corn, Peas & Carrots(GF)

### Fish

17. \_\_\_\_ Salmon w/Lemon Dill Sauce, Rice Pilaf & Peas(GF)\*
18. \_\_\_\_ Haddock w/Roasted Garlic & Pepper Cream Sauce, Mashed Potatoes, Green Beans(GF)\*

### Pasta

19. \_\_\_\_ Meat Lasagna w/Corn, Peas & Carrots
20. \_\_\_\_ Mac 'n Cheese Dinner w/Gr Beans & Carrots

### Soup

21. \_\_\_\_ Cream of Broccoli \*
22. \_\_\_\_ Cream of Cauliflower \*
23. \_\_\_\_ Garden Vegetable
24. \_\_\_\_ Chicken Rice w/Veggies(GF)
25. \_\_\_\_ Cream of Potato Leek
26. \_\_\_\_ Cream of Mushroom
27. \_\_\_\_ Split Pea w/Ham(GF)

\_\_\_\_ Entrees @ \$6.50 ea = \$ \_\_\_\_\_

\_\_\_\_ Soup @ \$1.50 ea = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

Paid Upon Pickup: Cash  Debit

or Bill To: Smile/DVA/ICART/Client

Order Date: \_\_\_\_\_

Delivery?: \_\_\_\_\_

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