

# FOOD PANTRY REQUEST FORM

Pantry ID: \_\_\_\_\_  
Date: \_\_\_\_\_  
Household size: \_\_\_\_\_ Adults \_\_\_\_\_ Children (0-18) \_\_\_\_\_ Total  
I have access to:  Stove Top  Oven  Microwave  Can Opener  Running Water  
Dietary Restrictions: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Please check which of the following items you will use. Some items may not be available.

<b>SOUP</b>	<b>CANNED VEGETABLES</b>	<b>SNACKS</b>
<input type="checkbox"/> Chili	<input type="checkbox"/> Mixed vegetables	<input type="checkbox"/> Granola / snack bars
<input type="checkbox"/> Chicken	<input type="checkbox"/> Peas	<input type="checkbox"/> Crackers
<input type="checkbox"/> Tomato	<input type="checkbox"/> Green beans	<input type="checkbox"/> Chips
<input type="checkbox"/> Cream	<input type="checkbox"/> Corn	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Vegetable	<input type="checkbox"/> Tomatoes	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Carrots	<b>CEREAL</b>
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Kids' cereal
<b>RAMEN</b>		<input type="checkbox"/> Oatmeal / Quick oats
<input type="checkbox"/> Vegetable	<b>BEANS</b>	<input type="checkbox"/> Breakfast bar
<input type="checkbox"/> Chicken	<input type="checkbox"/> Canned	
<input type="checkbox"/> Shrimp	<input type="checkbox"/> Dry	<b>OTHER</b>
<input type="checkbox"/> Beef	<b>BOXED MEALS</b>	<input type="checkbox"/> Canned fruit
<input type="checkbox"/> Pork	<input type="checkbox"/> Beef	<input type="checkbox"/> Peanut butter
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Chicken	<input type="checkbox"/> Jelly
	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Macaroni and cheese
<b>CANNED MEAT</b>	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Mashed potato mix
<input type="checkbox"/> Tuna		<input type="checkbox"/> Rice
<input type="checkbox"/> Chicken		<input type="checkbox"/> Pasta and sauce
<input type="checkbox"/> Other: _____		

**PLEASE NOTE:** We want to be able to serve as many students and staff members as possible. Therefore, we ask that you refrain from requesting items that you have left over from your prior visits. Thank you!

FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Date Filled \_\_\_\_\_ Date Picked Up \_\_\_\_\_