

LOS MEDANOS
COLLEGE

LMC Food Pantry Intake Form

Student ID _____

Date _____

Please Print Clearly

Last Name	First Name
Phone	Email

Do we have permission to contact you? _____ Yes _____ No

How did you hear about the LMC Food Pantry?

Household Size (household is defined as people who purchase and prepare food together)

of children in household (0-6 years of age) _____

of children in household (7-18 years of age) _____

of adults in household (19-59 years of age) _____

of adults in household (60+ years of age) _____

Have you applied for FAFSA? _____ Yes _____ No

If yes, were you approved? _____ Yes _____ No _____ Pending

If you have not completed a FAFSA application, what prevented you from doing so?

Would you be interested in learning about additional support services that may be available?

_____ Yes _____ No

Do you have any dietary limitations or allergies? _____ Yes _____ No

Please specify _____

Student Signature _____ Date _____