

LOS MEDANOS
COLLEGE

LMC Food Pantry Intake Form (please print clearly)

Student ID _____

Date _____

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: Please list adults and children who purchase, prepare, and depend on food within your household into chart. For additional members, list additional on the back of page with information.

Name YOURSELF	Relationship to you, the client	Birthdate (mm/dd/yyyy)

Household member total (number from chart and back of page) _____

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?

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

Please specify _____

Student Signature _____ Date _____