

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 \_\_\_\_\_