Raider Red’s Food Pantry Request Form

In order to help us accommodate your request, please answer the following questions:

Type of need?
Between meals: ________ Short term: ________ Long term:* ________
(Snacks or small meal) (Meals for 2-4 days) (Meals for 5+ days)

*If you are needing long term assistance, please arrange a meeting with a Dean of Students representative to discuss getting connected with community resources.

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. (Limited quantities: some items may not be available at time of request.)

SOUP
□ Chicken □ Tomato □ Cream □ Vegetable
□ Chicken □ Green beans □ Corn □ Carrots
□ Chicken □ Other: __________

CANNED VEGETABLES
□ Other: __________
□ Green beans □ Corn □ Carrots

CANNED MEAT
□ Tuna □ Chicken □ Spam
□ Other: __________

CANNED MEAT
□ Tuna □ Chicken □ Spam
□ Other: __________

RAMEN
□ Chicken □ Shrimp □ Beef
□ Oatmeal □ Breakfast bar □ Cereal
□ Other: __________

BREAKFAST
□ Oatmeal □ Breakfast bar □ Cereal
□ Other: __________

SNACKS
□ Granola/snack bars □ Crackers/chips □ Other: __________

BEANS (canned)
□ Black beans □ Pinto beans □ Baked beans □ Pork and beans □ Ranch style
□ Other: __________
□ Peanut butter □ Macaroni and cheese □ Mashed potato mix □ Canned pasta

OTHER
□ Pasta and sauce □ Canned fruit □ Other: __________

OTHER CONTINUED
□ Other: __________

Are you interested in meeting with a financial coach from Red to Black Peer Financial Coaching? Yes  No

Are you interested in getting connected with campus resources?  Yes  No
If yes, what is your preferred contact method?

Phone: _____________________ OR Email: _____________________

Select all that apply:

Student Counseling Center  University Career Center  Academic Support
Student Disability Services  Other ________________________________

FOR OFFICE USE ONLY: Date Received: ________ Time Received: ________ Date Filled: ________
Date Picked Up: ________