

Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
NSHE ID: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Household size: \_\_\_\_\_ Adults \_\_\_\_\_ Children (0-18) \_\_\_\_\_ Total

I have access to (choose all that apply):

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.

**SOUP**

Chili  
Chicken  
Tomato

**CANNED VEGETABLES**

Mixed Vegetables  
Peas  
Green Beans

**OTHER**

Canned Fruit  
Peanut Butter  
Jelly

**RAMEN**

Vegetable  
Chicken  
Shrimp  
Beef  
Pork  
Other: \_\_\_\_\_

**BOXED MEALS**

Beef  
Chicken  
Vegetarian  
Other: \_\_\_\_\_

**Pasta Sauce**

**HYGIENE ITEMS**

Soap  
Deodorant  
Shampoo  
Lotion  
Toothbrush  
Toothpaste

**CANNED MEAT**

Tuna  
Chicken  
Other: \_\_\_\_\_

**SNACKS**

Granola/Snack Bars  
Crackers  
Chips  
Other: \_\_\_\_\_

**BEANS**

Canned  
Dry

**CEREAL**

Kids' Cereal  
Oatmeal/Quick Oats