

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