

Palomar College
Food Bank and Nutrition Support

INTAKE INFORMATION

Full Name: _____

Student ID #: _____

Palomar Email: _____

Most Recent Zip Code: _____

List all partner(s) and/ or dependent(s)- (relationship & age):

Applied to Cal Fresh? (circle one) Yes, accepted. Yes, denied. Not eligible.

Not yet, plan to apply. (OSA can help)

How did you learn about the Food Pantry/ Referred By?

VISIT INFORMATION (once per month - *emergency/ supplemental use*)

Requested Date & Time of Pick Up: _____

Do you have access to a kitchen? (circle one): yes no

How do you travel? (circle one) car public transit bike walk

OSA Staff to Complete Below:

Items Received:

_____ can of vegys

_____ can of soup

_____ can of beans

_____ bag/ box pasta

_____ jar pasta sauce

_____ peanut butter (small)

_____ peanut butter (large)

_____ jar of jelly

_____ trail mix pack

_____ top ramen

_____ bags of oatmeal

_____ bag/ box of rice

_____ box of cereal

_____ mac & cheese

_____ granola bar

_____ Other: _____

_____ Other: _____

_____ Other: _____

Total Weight: _____ pounds

Staff Initials: _____ **Date & Time of Pick Up:** _____

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_____ can of beans	_____ bag/ box of rice
_____ bag/ box pasta	_____ box of cereal
_____ jar pasta sauce	_____ mac & cheese
_____ peanut butter (small)	_____ granola bar
_____ peanut butter (large)	_____ Other: _____
_____ jar of jelly	_____ Other: _____
_____ trail mix pack	_____ Other: _____

Total Weight: _____ *pounds* *Staff Initials:* _____ *Date & Time of Pick Up:* _____

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