U-ACCESS Food Pantry Application

1. Your Information

Name_____________________________________________________________

ID#_________________________________________ Disabled? YES □ NO □

Phone:________________________

Email:_____________________________________________________________

2. Others in your Home

<table>
<thead>
<tr>
<th>Names(s)</th>
<th>Age</th>
<th>Food Allergy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>YES □ NO □</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>YES □ NO □</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>YES □ NO □</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>YES □ NO □</td>
</tr>
</tbody>
</table>

3. Dietary Restrictions? (if any)

4. What % of income do you spend on food per month?

5. Do you need any of the service that U-ACCESS provides? (check all that apply)
   • Case Management Services YES □ NO □
   • Information & Resource Referrals for Services beyond Campus Life YES □ NO □

I certify that the information provided in this application is correct and authorize U-ACCESS to verify it. I understand that any false statement may result in cancellation of my application.

__________________________________________  ______________
Signature                                    Date