1	Jane B. Gearhart Full Circle Food Pa	Weight of Bag(s) Initial when entered into excel:
	University ID:	Date:
	Number of People in House	ehold: Adult(s) Child(ren)
Dieta	ry Restrictions or Allergies?	
I have	e access to (check all that apply): Stove Top	O Oven Microwave Can Opener Running Water
	Check here if you have moved in the p	ry. If so, please complete a First Time Application form. east week? If so, please complete a Housing form. s you will use. Some items may not be available .
PRO'	TEIN:	GRAINS:
-	Canned Tuna	- Rice
-	Canned Chicken	- Pack Shack Rice Meals
-	Vienna Sausages	- Pasta
-	Peanut Butter (creamy or crunchy)	- Mac N Cheese
-	Black Beans	- Ramen (beef, chicken, other)
-	Kidney Beans	- Crackers
-	Pinto Beans	- Cereal
-	Chili Beans	- Oatmeal
-	Pork-N-Beans	- Granola Bars
-	Black-Eyed Peas	MISCELLANEOUS:
-	Great Northern	- Chicken Noodle Soup
VEGETABLES:		- Tomato Soup
-	Green Beans	- Broth
_	Carrots	- Meat Soup
_	Corn	- Cream Soup
_	Mixed Vegetables	- Vegetable Soup
_	Peas	- Chef Boyardee
_	Tomatoes	- Jelly
_	Tomato Sauce	- Snacks (fruit gummies, chips, etc.)
_	Potatoes	, -
_	Creamed Corn	PERSONAL HYGIENE:
_	Other	- Laundry Detergent

FRUITS:

- Peaches
- Pears
- Pineapple
- Mixed fruit
- Other

Extra Items (please limit to 5 items):

- Soap/Body Wash
- Deodorant
- Shampoo/Conditioner
- Toothbrush/Toothpaste

