

**Harding Food Resource Center Information Sheet**

H Number: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Box Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State or Country of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: African American \_\_\_ Asian\_\_\_ Caucasian\_\_\_ Hispanic/Latino \_\_\_ Pacific Islander \_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_ International Student? Yes \_\_\_ No \_\_\_

Do you live with anyone aged 16 or under? Yes \_\_\_ No \_\_\_

Dietary Restrictions or Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed? Yes\_\_\_ No\_\_\_

If no, would you like assistance with finding a job? Yes\_\_\_ No\_\_\_

If yes, please provide the best contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need assistance with finding housing? Yes\_\_\_ No\_\_\_

If yes, please provide the best contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in learning about the Supplemental Nutrition Assistance Program (SNAP) for college students? Yes\_\_\_ No\_\_\_

If yes, please provide the best contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_