**University of Chicago**

**College Housing & UChicago Dining Sick Person Food Request Policy and Form**

If Resident Heads believe that one of their residents is too ill or incapacitated to go to the dining commons for a meal, they may assist them by completing this Sick Person Food Request form.

When picking up a meal, the friend or House staff member picking it up has to take this completed form and submit it to the UChicago Dining Location Manager or Supervisor for the first meal that is being picked up. UChicago Dining will keep the form in order to prepare any additional meals that are listed.

*The breakfast meal will consist of something like: Cheerios, a banana, an apple, a bottle of water, and two slices of bread.*

*The lunch and dinner meals will consist of something like: a bowl of soup, turkey or vegetarian sandwich, a bottle of water, a banana, an apple, and vegetables*

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**Resident Heads:** Please complete this form and give it to your sick student for them to give to the friend who will assist them in picking up their food. Please PRINT.

Name of sick student: _______________________________________________________________

ISO Number (601057000xxxxxxx): __________________________________________________

**Note:** If the student is on a plan other than the Unlimited plan, the number of meals requested below will be subtracted from the total number of visits for the quarter.

Meal Plan (circle one): Unlimited Phoenix Apartment

House: ________________________________

Dates and meals for which food is needed. Please put the **pick-up time** in the appropriate box(es):

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<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tbody>
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<td>Date →</td>
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<td>Breakfast (open-10:30AM)</td>
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<td>Lunch (10:30AM-2:30PM)</td>
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<td>Dinner (2:30-close)</td>
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</table>

Name of Person Picking Up: __________________________________________________________

*By signing below, you indicate that you understand that you may not also go to the dining commons to eat on the dates and meal periods selected.*

Sick Student Signature: ____________________________________________________________

Sick Student Email Address: ________________________________________________________

RH Name: ________________________________

RH Signature: ____________________________

RH Email Address: ________________________

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College Housing & Residential Services  
5500 S. University Avenue, Suite 110  
Chicago, IL 60637  
773-702-7366 ~ collegehousing@uchicago.edu