

THOSE WITH KITCHENS REGISTRATION

The information you provide will be kept confidential, and will be used to ensure our programs serve your needs. Information provided will only be shared with partner agencies as required. No confidential information will be shared with other clients.



THANK YOU FOR YOUR COOPERATION!

DATE: / / ASSIGNED SHOPPING DAY: _____

FIRST NAME: _____ LAST NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER(S): HOME: _____ CELL: _____

DATE OF BIRTH: / / _____

DRIVER'S LICENSE ID#: _____ OR OTHER FORM OF PHOTO ID# _____

Gender: Male Female Transgender Don't know Refuse/decline to state

Ethnicity/Race: White Hispanic/Latino Black/African American Asian
 Native American East Indian Pacific Islander Middle Eastern
 Multi-racial Other Refuse/decline to state

What is your current work status:

Employed full time (40 hours per week) Employed part time, more than 20 hours per week
 Employed less than 20 hours per week Seasonal Unemployed

U.S. Military Veteran: Yes No Don't know Refuse/decline to state

Are you currently enrolled in school: Yes No

If yes, please indicate school:

CU Boulder Naropa University Watson University Front Range Community College
 Other: _____

Highest level of education you have obtained:

- Middle School-High School High School Diploma or GED Associates Degree
 College Degree Graduate Degree

Income Source(s): (CHECK ALL BOXES THAT APPLY)

- SSDI/SSI CO Works / TANF State Aid: Needy Disabled, Blind, Old Age Pension
 Wages Workers Comp Veteran Benefits Alimony
 Child Support Student Aid Pension Unemployment

Public Assistance Received: (CHECK ALL BOXES THAT APPLY)

- Food Stamps (SNAP) WIC Free School Lunch/ Breakfast Housing
 LEAP Child Care Assistance None

How did you hear about Harvest of Hope Pantry:

- Friend, family, or neighbor Church: _____ Bridge House
 EFAA BOHO Boulder Shelter for Homeless
 Drove by the sign Internet Boulder County Social Services
 Other: _____

Do you go anywhere else for food assistance? (CHECK ALL BOXES THAT APPLY)

- EFAA Bridge House Sister Carmen
 Community Food Share YMCA-Eldercare Meals on Wheels
 O.U.R. Center Other: _____

How far do you travel to get to Harvest of Hope:

- 0 - 3 miles 3.5 - 6 miles 6.5 - 10 miles >10 miles

What mode of transportation do you use to get to Harvest of Hope:

- Drive Via Bike Ride from friend/relative/neighbor Bus Walk
 Other: _____

What is your Gross (amount before taxes) Income? (PLEASE INDICATE EITHER ANNUAL OR MONTHLY?)

Annual Income? **OR** Monthly Income?

This will NOT affect your ability to access the Pantry, it is solely for Harvest of Hope reporting purposes.

Household Members:

# ADULTS	# CHILDREN (UNDER 18)	# ADULTS 65+

Name of Dependent	Relationship	Birthday MM/DD/YYYY	ID Verification
1.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other	/ /	<input type="checkbox"/> Photo ID <input type="checkbox"/> DL <input type="checkbox"/> School ID <input type="checkbox"/> Other
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other	/ /	<input type="checkbox"/> Photo ID <input type="checkbox"/> DL <input type="checkbox"/> School ID <input type="checkbox"/> Other
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other	/ /	<input type="checkbox"/> Photo ID <input type="checkbox"/> DL <input type="checkbox"/> School ID <input type="checkbox"/> Other
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other	/ /	<input type="checkbox"/> Photo ID <input type="checkbox"/> DL <input type="checkbox"/> School ID <input type="checkbox"/> Other
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other	/ /	<input type="checkbox"/> Photo ID <input type="checkbox"/> DL <input type="checkbox"/> School ID <input type="checkbox"/> Other
6.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other	/ /	<input type="checkbox"/> Photo ID <input type="checkbox"/> DL <input type="checkbox"/> School ID <input type="checkbox"/> Other
7.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other	/ /	<input type="checkbox"/> Photo ID <input type="checkbox"/> DL <input type="checkbox"/> School ID <input type="checkbox"/> Other
8.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other	/ /	<input type="checkbox"/> Photo ID <input type="checkbox"/> DL <input type="checkbox"/> School ID <input type="checkbox"/> Other
9.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other	/ /	<input type="checkbox"/> Photo ID <input type="checkbox"/> DL <input type="checkbox"/> School ID <input type="checkbox"/> Other
10.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other	/ /	<input type="checkbox"/> Photo ID <input type="checkbox"/> DL <input type="checkbox"/> School ID <input type="checkbox"/> Other

What services are most needed but unavailable in Boulder: (PLEASE BE AS DETAILED AS POSSIBLE)

Please sign and date stating that to the best of your knowledge the information provided on this form is accurate and true.

CLIENT SIGNATURE:

DATE: / /



Harvest of Hope Pantry
 2960 Valmont Road
 Boulder, CO 80301
 P 720.382.1971
 E info@hopepantry.org
 W hopepantry.org

Harvest of Hope Pantry is a 501(c)(3) charity.
 Donations are tax deductible and you will be
 given a receipt for your gift.