



**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

**When did you first come to this food pantry?**

- This Month
- In the last 2-5 months
- In the last 6 months-1 year
- Over 1 year ago
- Not Sure

**Where did you sleep last night:**

- Boulder Shelter for Homeless
- Church
- Attention Homes
- Hospital or Medical Facility
- Substance Abuse Treatment Facility/Detox
- Permanent Housing for Formerly Homeless Persons
- Rental with Voucher
- RV, Camper, Car
- Jail, Prison or Detention Facility
- Bridge House
- Path to Home
- Safehouse
- Campsite
- Mother House
- Staying or Living in a Family Member's Room, Apartment or House
- Other
- Park and/or street
- Hotel/Motel
- Home/trailer you rent
- Domestic Violence Shelter

**Have you been continuously living on the streets, in an emergency shelter, or in transitional housing for the last 12 months?**

- Yes
- No
- Don't know
- Refuse/decline to state

**Do you have children?**

- Yes
- No
- Refuse/decline to state

*If yes, how many of your children live with you?*

- 0
- 1
- 2
- 3 or more

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

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