

# THOSE WITHOUT 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:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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

**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
- Staying or Living in a Family Member's Room, Apartment or House
- Other
- BOHO
- Safehouse
- Campsite
- Mother House
- 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.