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!

HARVEST OF HOPE
PANTRY

DATE: _____ / _____ / _____

FIRST NAME: _____ LAST NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

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 ☐ 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 ☐ Retired

U.S. Military Veteran: ☐ Yes ☐ No

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 ☐ None

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 / Path To Home

☐ EFAA ☐ Boulder Shelter for Homeless

☐ Drove by the sign ☐ Internet ☐ Boulder County Social Services

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 ☐ No ☐ 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

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.	☐ Spouse ☐ Parent	☐ Child ☐ Other	/ /	☐ Photo ID ☐ School ID	☐ DL ☐ Other
2.	☐ Spouse ☐ Parent	☐ Child ☐ Other	/ /	☐ Photo ID ☐ School ID	☐ DL ☐ Other
3.	☐ Spouse ☐ Parent	☐ Child ☐ Other	/ /	☐ Photo ID ☐ School ID	☐ DL ☐ Other
4.	☐ Spouse ☐ Parent	☐ Child ☐ Other	/ /	☐ Photo ID ☐ School ID	☐ DL ☐ Other
5.	☐ Spouse ☐ Parent	☐ Child ☐ Other	/ /	☐ Photo ID ☐ School ID	☐ DL ☐ Other
6.	☐ Spouse ☐ Parent	☐ Child ☐ Other	/ /	☐ Photo ID ☐ School ID	☐ DL ☐ Other
7.	☐ Spouse ☐ Parent	☐ Child ☐ Other	/ /	☐ Photo ID ☐ School ID	☐ DL ☐ Other
8.	☐ Spouse ☐ Parent	☐ Child ☐ Other	/ /	☐ Photo ID ☐ School ID	☐ DL ☐ Other
9.	☐ Spouse ☐ Parent	☐ Child ☐ Other	/ /	☐ Photo ID ☐ School ID	☐ DL ☐ Other
10.	☐ Spouse ☐ Parent	☐ Child ☐ Other	/ /	☐ Photo ID ☐ School ID	☐ DL ☐ 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: / /