

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!



PLEASE COMPLETE ALL SECTIONS OF THIS INTAKE FORM

DATE: / /

FIRST NAME: LAST NAME:

HOME ADDRESS:

CITY: STATE: ZIP:

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

DATE OF BIRTH: / /

I identify as... Male Female Transgender Don't know Other

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: _____

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

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> SSDI/SSI/SS Income | <input type="checkbox"/> CO Works / TANF | <input type="checkbox"/> State Aid: Needy Disabled, Blind, Old Age Pension | |
| <input type="checkbox"/> Wages | <input type="checkbox"/> Workers Comp | <input type="checkbox"/> Veteran Benefits | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Student Aid | <input type="checkbox"/> Pension | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Food Stamps (SNAP) | <input type="checkbox"/> WIC | <input type="checkbox"/> Free School Lunch/ Breakfast | <input type="checkbox"/> Housing |
| <input type="checkbox"/> LEAP | <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> None | |

Gross Income: _____ Annual or Monthly (Circle One)

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

How did you hear about Harvest of Hope Pantry:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Friend, family, or neighbor | <input type="checkbox"/> Church: _____ | <input type="checkbox"/> Bridge House |
| <input type="checkbox"/> Door Hangers | <input type="checkbox"/> Drove by the sign | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Boulder County Social Services | <input type="checkbox"/> Other Organization: _____ | |

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

- | | | | |
|--------------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> 0 - 3 miles | <input type="checkbox"/> 3.5 - 6 miles | <input type="checkbox"/> 6.5 - 10 miles | <input type="checkbox"/> >10 miles |
|--------------------------------------|--|---|------------------------------------|

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

- | | | | | | |
|--------------------------------|------------------------------|-------------------------------|---|------------------------------|-------------------------------|
| <input type="checkbox"/> Drive | <input type="checkbox"/> Via | <input type="checkbox"/> Bike | <input type="checkbox"/> Ride from friend/relative/neighbor | <input type="checkbox"/> Bus | <input type="checkbox"/> Walk |
|--------------------------------|------------------------------|-------------------------------|---|------------------------------|-------------------------------|

Total Number of Household Members (This is to register the number of people you'll be shopping for regularly):

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

Name of Other Household Members	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

**Please note, we will need an ID for each person registered in household over 16 yrs old.*

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: / /



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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.