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 SECT	IONS OF THIS INTAKE	FORM					
DATE:	/	1						
FIRST NAME:			LAST NA	AME:				
HOME ADDRESS:								
CITY:			STATE:			ZIP:		
PHONE NUMBER(S): HOME:			CELL:		EMAIL:			
DATE OF BIRTH:		1	1					
DRIVER'S LICENSE ID#:		OR OTHER FORM OF PHOTO ID#						
Gender: □ Male)	☐ Female	☐ Transgender		□ Don't know		☐ Refuse/decline to state	
Ethnicity/Race:	□ Whi	te.	☐ Hispanic/Lati	no	☐ Black/African	American	☐ Asian	
Etililloity/Naoo.		ve American	☐ East Indian	110	☐ Pacific Island		☐ Middle Eastern	
		ti-racial	☐ Refuse/declin	o to ototo		CI	□ Middic Lasterii	
	□ IVIUI	u-iaciai	□ Keluse/decilli	e io state				
What is your cur	rent wor	k 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		Jnemployed	☐ Reti	ired		
U.S. Military Veteran: ☐ Yes		□ No						
Are you currently enrolled in school: If yes, please indicate school:		☐ Yes	□ No					
□ CU Boulder □ Other:		□ Naropa Unive	ersity	□ Wats	son University		☐ Front Range Community College	

Income Source(s): (CHECK	(ALL BOXES THAT APPLY)						
□ SSDI/SSI	☐ CO Works / TANF	☐ State Aid: Needy Disabl	ed, Blind, Old Age Pension				
□ Wages	☐ Workers Comp	☐ Veteran Benefits	☐ Alimony				
☐ Child Support	☐ Student Aid	☐ Pension	☐ Unemployment	□ None			
Public Assistance Receive	d: (CHECK ALL BOXES THA	T APPLY)					
☐ Food Stamps (SNAP)	□ WIC	☐ Free School Lunch/ Brea	akfast 🗆 Housin	ng			
□ LEAP	☐ Child Care A	ssistance	☐ None				
How did you hear about Ha	arvest of Hope Pantry:						
☐ Friend, family, or neighb	oor		☐ Bridge House / Path To Home				
□ EFAA	☐ Boulder Shel	☐ Boulder Shelter for Homeless					
☐ Drove by the sign	☐ Internet		☐ Boulder County Social Services				
Do you go anywhere else f	or food assistance? (CHE	CK ALL BOXES THAT APPLY)					
□ EFAA	☐ Bridge House		☐ Sister Carmen				
$\hfill\Box$ Community Food Share	☐ YMCA-Elderd	are	☐ Meals on Wheels				
□ 0.U.R. Center	□ No		□ Other:				
How far do you travel to go	et to Harvest of Hope:						
□ 0 - 3 miles	☐ 3.5 - 6 miles	□ 6.5	5 - 10 miles	$\square > 10$ miles			
What mode of transportati	ion do you use to get to H	arvest of Hope:					
☐ Drive ☐ Via	☐ Bike	☐ Ride from friend/relativ	e/neighbor 🗆 Bus	□ Walk			
-	nt before taxes) Income?	(PLEASE INDICATE EITHER ANI	NUAL OR MONTHLY?)				
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+

	☐ Spouse ☐ Parent ☐ Spouse	☐ Child ☐ Other	/ / /	/ /	☐ Photo ID ☐ School ID ☐ Photo ID ☐ School ID ☐ Photo ID ☐ Photo ID ☐ School ID ☐ Photo ID ☐ School ID ☐ School ID	DL Other DL Other DL Dther
	☐ Parent ☐ Spouse	☐ Other ☐ Child ☐ Other ☐ Child ☐ Other ☐ Child	/	/	☐ School ID ☐ Photo ID ☐ School ID ☐ Photo ID	□ Other □ DL □ Other □ DL
	☐ Parent ☐ Spouse ☐ Parent ☐ Spouse ☐ Parent ☐ Spouse ☐ Parent	☐ Other ☐ Child ☐ Other ☐ Child	/		☐ School ID☐ Photo ID☐	□ Other
	☐ Parent ☐ Spouse ☐ Parent ☐ Spouse	□ Other		/		
	☐ Parent☐ Spouse		/		- SCHOOLID	☐ Other
	· ·		/	/	☐ Photo ID☐ School ID☐	□ DL □ Other
	☐ Parent	☐ Child ☐ Other	/	/	☐ Photo ID☐ School ID☐	□ DL □ Other
	☐ Spouse ☐ Parent	☐ Child ☐ Other	/	/	☐ Photo ID☐ School ID☐	□ DL □ Other
	☐ Spouse ☐ Parent	□ Child □ Other	/	/	☐ Photo ID☐ School ID☐	□ DL □ Other
	☐ Spouse ☐ Parent	□ Child □ Other	/	/	☐ Photo ID☐ School ID☐	□ DL □ Other
0.	☐ Spouse ☐ Parent	□ Child □ Other	/	/	☐ Photo ID☐ School ID☐	□ DL □ Other
nat services are most needed but unav	ailable in Boulder:	: (PLEASE BE AS	DETAILED AS	POSSIBLE)		
ease sign and date stating that to the b	est of your knowle	edge the inform	nation provide	d on this form	is accurate and tr	ue.

