

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

- | | | | | |
|--|--|--|---------------------------------------|-------------------------------|
| <input type="checkbox"/> SSDI/SSI | <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 | <input type="checkbox"/> None |

Public Assistance Received: (CHECK ALL BOXES THAT APPLY)

- | | | | |
|---|--|---|----------------------------------|
| <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 | |

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 / Path To Home |
| <input type="checkbox"/> EFAA | <input type="checkbox"/> Boulder Shelter for Homeless | |
| <input type="checkbox"/> Drove by the sign | <input type="checkbox"/> Internet | <input type="checkbox"/> Boulder County Social Services |

Do you go anywhere else for food assistance? (CHECK ALL BOXES THAT APPLY)

- | | | |
|---|---|--|
| <input type="checkbox"/> EFAA | <input type="checkbox"/> Bridge House | <input type="checkbox"/> Sister Carmen |
| <input type="checkbox"/> Community Food Share | <input type="checkbox"/> YMCA-Eldercare | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> O.U.R. Center | <input type="checkbox"/> No | <input type="checkbox"/> Other: _____ |

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 |
|--------------------------------|------------------------------|-------------------------------|---|------------------------------|-------------------------------|

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.	<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

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: / /



Harvest of Hope Pantry
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 W hopepantry.org

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