

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!



PLEASE COMPLETE ALL SECTIONS OF THIS INTAKE FORM

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 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

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)

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

Have you completed the Boulder County Coordinated Entry intake process? Yes No

If No, why not? _____

Where have you been assigned?

Shelter Path to Home Nowhere Other: _____

How did you hear about Harvest of Hope Pantry:

Friend, family, or neighbor Church: _____ Bridge House / Path To Home
 EFAA Boulder Shelter for Homeless Boulder County Social Services
 Drove by the sign Internet

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

Where do you usually sleep or spend the nights?

Boulder Shelter for Homeless Rental with Voucher Path to Home Park and/or street
 Church RV, Camper, Car Safehouse Hotel/Motel
 Attention Homes Jail, Prison or Detention Facility Campsite Home/trailer you rent
 Hospital or Medical Facility Bridge House Mother House Domestic Violence Shelter
 Substance Abuse Treatment Facility/Detox Staying or Living in a Family Member's Room, Apartment or House
 Permanent Housing for Formerly Homeless Persons Other

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

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.