

# THOSE *without* KITCHENS REGISTRATION

The information provided is confidential and used to ensure our programs serve your needs. Information is only shared with partner agencies as required. No confidential information will be shared with other clients.



4830 Pearl Street  
Boulder, CO 80301

720.382.1971  
clients@hopepantry.org  
www.hopepantry.org

PLEASE COMPLETE ALL SECTIONS OF THIS INTAKE FORM

DATE: / /

FIRST NAME:

LAST NAME:

DATE OF BIRTH: / /

Ethnicity/Race:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> White           | <input type="checkbox"/> Hispanic/Latino         | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian          |
| <input type="checkbox"/> Native American | <input type="checkbox"/> East Indian             | <input type="checkbox"/> Pacific Islander       | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Multiracial     | <input type="checkbox"/> Refuse/decline to state |   |   |

I identify as...

- Male     Female     Transgender     Don't know     Other

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        | <input type="checkbox"/> Housing         | <input type="checkbox"/> None  |  |

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

If No, why not? \_\_\_\_\_

Where have you been assigned?

Shelter  Nowhere  Other: \_\_\_\_\_

How did you hear about Harvest of Hope Pantry:

Friend, family, or neighbor  Church: \_\_\_\_\_  Bridge House  
 EFAA  Boulder Shelter for Homeless  Boulder County Social Services  
 Drove by the sign  Internet  Other organization

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  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.

Signing this document means you understand, accept, and agree to abide by the rules and terms of service of Harvest of Hope Pantry.

*NOTE: VIOLATION OF ANY OF THE TERMS & RULES OF SERVICE CAN RESULT IN PERMANENT LOSS OF SHOPPING PRIVILEGES.*

CLIENT SIGNATURE: \_\_\_\_\_ DATE:     /     /

CLIENT PRINTED NAME: \_\_\_\_\_