

Kitchen Restore Project Client Intake Form

*****Please return completed form to foodhelp@jocogov.org*****

Have a success story or client feedback? We want to hear it, email us!

Agency Contact Info:

Name of Organization/Group: _____

Contact Person: _____

Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Client Info:

Name of Client: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Client demographic data:

Race

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Choose not to provide |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Two or more races | |

Ethnicity

- | | | |
|---|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Choose not to provide |
|---|---|--|

Age

- | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> 18-29 years | <input type="checkbox"/> 30-59 years | <input type="checkbox"/> >60 years | <input type="checkbox"/> Choose not to provide |
|--------------------------------------|--------------------------------------|------------------------------------|--|

Gender

- | | |
|--|--|
| <input type="checkbox"/> Please specify: _____ | <input type="checkbox"/> Choose not to provide |
|--|--|

Household size [Indicate number of individuals for each age category]:

- | | |
|--|--|
| <input type="checkbox"/> <5 years _____ | <input type="checkbox"/> 30-59 years _____ |
| <input type="checkbox"/> 5-17 years _____ | <input type="checkbox"/> >60 years _____ |
| <input type="checkbox"/> 18-29 years _____ | <input type="checkbox"/> Choose not to provide _____ |

Reason for requesting items:

- | | |
|---|--|
| <input type="checkbox"/> Replacing worn out or broken items | <input type="checkbox"/> Previously owned but no longer have |
| <input type="checkbox"/> Lost due to a disaster | <input type="checkbox"/> Choose not to provide |
| <input type="checkbox"/> Have never previously owned | <input type="checkbox"/> Other: _____ |

Please choose from ONE of the options below:

Option 1: Kitchen Restore Basic Essentials Kit

- Basic Essential Kit includes items 1-23 from list.

Option 2: Client Choice [mark items that are needed]

- 1. Cutting Board/Mat
- 2. Baking/Cookie Sheet
- 3. Baking/Casserole Dish
- 4. Skillet (Lid if Available)
- 5. Pot (Lid if Available)
- 6. Dinner Plates (4 or more based on household size)
- 7. Cereal Bowls (4 or more based on household size)
- 8. Coffee Mugs (4 or more based on household size)
- 9. Drinking Glasses or Cups (4 or more based on household size)
- 10. Mixing Bowl
- 11. Colander or Mesh Strainer
- 12. Measuring Cups (Dry and Liquid)
- 13. Measuring Spoons
- 14. Handheld Can Opener
- 15. Chef Knife
- 16. Paring Knife
- 17. Flipping Spatula
- 18. Slotted or Stirring Spoon
- 19. Four (4) Forks, Knives & Spoons
- 20. Vegetable Peeler
- 21. Meat Thermometer
- 22. Dish Towel
- 23. Two (2) Potholders
- 24. Rubber spatula
- 25. Whisk
- 26. Tong
- 27. Plastic pitcher
- 28. Storage ware
- 29. Kids plastic plates
- 30. Kids plastic cups
- 31. Kids plastic utensils

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For Office Use Only:

Date received: _____ Initials: _____

Date prepared: _____ Initials: _____

Date delivered: _____ Initials: _____