

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!

Today's Date: _____

Agency Contact Info (complete if requesting on behalf of a client):

Name of Organization/Group: _____

Contact Person: _____

Phone #: _____ Email: _____

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

Individual's Contact 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 note that we do our best to fulfill requested items; however, our inventory can change, and some items may not be available at the time of your request.
- If requesting as an individual, you will be contacted to arrange a pickup.
- If requesting as an agency, we will deliver the box(s) to your office or arrange a pickup.

Mark all needed items. If nothing is marked, we will provide a standard essential kit.

Standard Essential Kit: includes items 1-24 from the list.

<input type="checkbox"/> 1. Cutting Board/Mat <input type="checkbox"/> 2. Baking/Cookie Sheet <input type="checkbox"/> 3. Baking/Casserole Dish <input type="checkbox"/> 4. Skillet (Lid if Available) <input type="checkbox"/> 5. Pot (Lid if Available) <input type="checkbox"/> 6. Dinner Plates (4 or more based on household size) <input type="checkbox"/> 7. Cereal Bowls (4 or more based on household size) <input type="checkbox"/> 8. Coffee Mugs (4 or more based on household size) <input type="checkbox"/> 9. Drinking Glasses or Cups (4 or more based on household size) <input type="checkbox"/> 10. Mixing Bowl <input type="checkbox"/> 11. Colander or Mesh Strainer <input type="checkbox"/> 12. Measuring Cups (Dry and Liquid) <input type="checkbox"/> 13. Measuring Spoons <input type="checkbox"/> 14. Handheld Can Opener <input type="checkbox"/> 15. Chef Knife <input type="checkbox"/> 16. Paring Knife	<input type="checkbox"/> 17. Flipping Spatula <input type="checkbox"/> 18. Slotted or Stirring Spoon <input type="checkbox"/> 19. Four (4) Forks, Knives & Spoons <input type="checkbox"/> 20. Vegetable Peeler <input type="checkbox"/> 21. Meat Thermometer <input type="checkbox"/> 22. Dish Towel <input type="checkbox"/> 23. Two (2) Potholders <input type="checkbox"/> 24. Rubber spatula <input type="checkbox"/> 25. Whisk <input type="checkbox"/> 26. Tong <input type="checkbox"/> 27. Pitcher <input type="checkbox"/> 28. Storage ware <input type="checkbox"/> 29. Kids plastic plates <input type="checkbox"/> 30. Kids plastic cups <input type="checkbox"/> 31. Kids plastic utensils <input type="checkbox"/> 32. Other: _____
--	---

Small kitchen appliances may be available upon request (coffee pot, toaster, crockpot, hand mixer, etc.). We cannot guarantee these items, but if we have them in inventory, we will try to fulfill the request.

Requested Item(s):

K-State Extension Use Only:

Date prepared: _____ Date delivered: _____