Kitchen Restore Project

**Wyandotte County Extension**

Client Intake/Request Form

**\*\*\*Please return completed form to jo1@ksu.edu\*\*\***

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

# Client Info:

Name of Client:

City: State: Zip: Phone #:

Client demographic data:

|  |  |  |  |
| --- | --- | --- | --- |
| *Race* |  |  |  |
| □ American Indian or  Alaskan Native | □ Black or African  American | □ White or Caucasian | □ Choose not to  provide |
| □ Asian | □ Native Hawaiian or  Other Pacific Islander | □ Two or more races |  |
| *Ethnicity* | | | |
| □ Hispanic or Latino | □ Not Hispanic or Latino | □ Choose not to  provide |  |
| *Age* | | | |
| □ 18-29 years | □ 30-59 years | □ >60 years | □ Choose not to  provide |
| *Gender* | |  |  |
| □ Please specify: | | □ Choose not to provide |  |

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

|  |  |
| --- | --- |
| □ <5 years | □ 30-59 years |
| * 5-17 years * 18-29 years | * >60 years * Choose not to provide |

Reason for requesting items:

|  |  |
| --- | --- |
| * Replacing worn out or broken items | * Previously owned but no longer have |
| * Lost due to a disaster * Have never previously owned | * Choose not to provide * Other: |

**Agency Contact Info:**

Name of Organization/Group:

Contact Person:

Phone #: Email:

Address: City: State: Zip:

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

**For Office Use Only:**

Date received: Initials:

Date prepared: Initials:

Date delivered: Initials: