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 orAlaskan Native | □ Black or AfricanAmerican | □ White or Caucasian | □ Choose not toprovide |
| □ 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 toprovide |
| *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: