



SHOPPING LIST



NAME: _____

KITCHEN



COOKING & BAKING

- Pots and pans
- Baking pan
- Cookie sheet
- Pot holders
- Measuring cups & spoons
- Vegetable peeler
- Can opener
- Paring knife
- Cutting board
- Colander

SERVING

- Dishes
- Silverware
- Glasses
- Cutlery Tray

SMALL APPLIANCES

- Toaster
- Coffee maker
- Tea kettle
- Wall Clock

CLEANING UP

- Dish rack
- Dish cloths
- Dish towels
- Garbage can
- Broom
- Dust pan
- Mop
- Bucket

BATH



- Bath towels
- Hand towels
- Wash cloths
- Shower curtain & rings
- Bath mat
- Waste basket

LAUNDRY



- Laundry basket
- Iron
- Ironing board
- Hangers

BEDROOM



- Comforter
- Sheets
- Blanket
- Mattress Pad
- Pillow

Linen Size	Quantity
------------	----------

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Twin | |
| <input type="checkbox"/> Full | |
| <input type="checkbox"/> Queen | |
| <input type="checkbox"/> King | |

OFFICE USE ONLY

PARTNER:

DATE FILLED:

FILLED BY:

APPLICATION



NAME		
ADDRESS		
PHONE NUMBER		
INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN THE HOUSEHOLD?		
CHILDREN'S NAMES	GENDER	AGES

To help us better understand who we serve please complete the following questions.
Answers are optional.

WHAT IS YOUR AGE?	
<input type="checkbox"/>	Under 18 years
<input type="checkbox"/>	18 to 24 years
<input type="checkbox"/>	25 to 34 years
<input type="checkbox"/>	35 to 44 years
<input type="checkbox"/>	45 to 54 years
<input type="checkbox"/>	55 to 64 years
<input type="checkbox"/>	Age 65 or older

WHAT IS YOUR ETHNICITY?	
<input type="checkbox"/>	African American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	White

EMPLOYMENT STATUS	
<input type="checkbox"/>	Employed for wages
<input type="checkbox"/>	Self-employed
<input type="checkbox"/>	Out of work and looking for work
<input type="checkbox"/>	Out of work but not currently looking for work
<input type="checkbox"/>	A homemaker
<input type="checkbox"/>	A student
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Unable to work

WHAT IS YOUR MARITAL STATUS?	
<input type="checkbox"/>	Single (never married)
<input type="checkbox"/>	Married
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Divorced

WHAT IS YOUR EDUCATION LEVEL?	
<input type="checkbox"/>	Completed some high school
<input type="checkbox"/>	High school graduate
<input type="checkbox"/>	Completed some college
<input type="checkbox"/>	Associate degree
<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	Master/Doctorate degree

HOW MANY HOURS PER WEEK DO YOU USUALLY WORK AT YOUR JOB?	
<input type="checkbox"/>	35 hours a week or more
<input type="checkbox"/>	Less than 35 hours a week

May HSH follow up with you for feedback, additional opportunities and future projects? Yes No