

COMPLETE WITH ALL CR AND CYI PARTICIPANTS AT BEGINNING

## CR/CYI PARTICIPANT INFORMATION FORM

Today's Date: \* \_\_\_\_/\_\_\_\_/\_\_\_\_

INSTRUCTIONS FOR STAFF: All parts of the Participant Information Form should be completed at the start of participation in Community Response or the Connected Youth Initiative. The form may be completed with the assistance of a Central Navigator or other service provider, if needed.

Your Preferred Name: \_\_\_\_\_ Your Preferred Pronoun(s): \_\_\_\_\_

### 1) How can we help?

What is your most urgent need? Check all that apply

<input type="checkbox"/> Daily living (tel., clothes, hygiene)	<input type="checkbox"/> Finances	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Supportive Relationships
<input type="checkbox"/> Dentist	<input type="checkbox"/> General Life Skills	<input type="checkbox"/> Parenting Assistance	<input type="checkbox"/> Transportation
<input type="checkbox"/> Education	<input type="checkbox"/> Housing	<input type="checkbox"/> Physical Health	<input type="checkbox"/> Utilities
<input type="checkbox"/> Employment	<input type="checkbox"/> Legal Help	<input type="checkbox"/> Substance Use	Other: _____

Is there anything else you need us to know?

### 2) Current services and supports

I am currently receiving the following services and supports... (check all that apply)

<input type="checkbox"/> Education Services (e.g. ETV, GED, tutoring)	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Transportation Services (e.g. IntelliRide)
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Other
<input type="checkbox"/> Food Services (e.g. local pantries)	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> NA/None
<input type="checkbox"/> Housing Services	<input type="checkbox"/> Substance Use Services	<input type="checkbox"/> Prefer Not to Answer

I am currently receiving the following types of public assistance... (check all that apply)

<input type="checkbox"/> Aid to Dependent Children/TANF	<input type="checkbox"/> Housing Voucher/Section 8	<input type="checkbox"/> Utilities Assist./LIHEAP	<input type="checkbox"/> NA/None
<input type="checkbox"/> Childcare Subsidy/Title XX	<input type="checkbox"/> Medicaid	<input type="checkbox"/> WIC	<input type="checkbox"/> Prefer Not to Answer
<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other	

### 3) A few questions about you...

Full LEGAL Name (first, middle, last)* _____		Phone Number _____		Email Address _____	Birth Date* ____/____/____
Current/Mailing Address _____		City _____	State _____	County* _____	Zip code _____
Is there someone who <u>doesn't live with you</u> we can contact if we can't reach you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If <u>yes</u> , please list the person's: Name: _____ Phone Number: _____ Relationship to you (ex: friend, foster parent): _____			
What is your gender? * <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Another Gender: _____ <input type="checkbox"/> Prefer not to say					
What is your race/ethnicity? (check all that apply)* <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Another race/ethnicity: _____ Are you part of a federally recognized tribe? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Prefer not to say					
Do you or your children <u>QUALIFY</u> for Medicaid, Title XX, and/or free and reduced lunch, even if you don't receive any of them? * <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer not to say			Do you have a disability? * <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say		
Do you have enough people to count on when you need someone to give you good advice? * <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say If yes, how many people? ____ (write in number)					
As of today's date are you between the ages of 14 and 25 (have not yet had your 26 <sup>th</sup> birthday)? * <input type="checkbox"/> Yes <input type="checkbox"/> No <b>ONLY</b> if you are between the ages of 14 and 25 (answered "yes" to above), have you experienced any of the following? * <input type="checkbox"/> Foster care/state ward/placed outside of the home <input type="checkbox"/> In-home services for your family (from DHHS) <input type="checkbox"/> Guardianship or Adoption <input type="checkbox"/> Probation or Incarceration <input type="checkbox"/> Homelessness <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Prefer not to say <input type="checkbox"/> N/A, no experience with any of these					
Are you currently pregnant or expecting a child (mother or father)? * <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say					

### 4) A few questions about your household...

Including yourself, how many ADULTS (people 18+) are in your household? \* \_\_\_\_\_

How many CHILDREN (people 17 and younger) are in your household? Enter 0 if no children live with you \* \_\_\_\_\_

Do any of your children have a disability? \* ☐ Prefer not to say ☐ N/A ☐ No ☐ Yes → If yes, how many? \_\_\_\_ (write in number)

**5) Authorization to Share Your Information for Evaluation (Consent)\***

I agree to have my information shared for the evaluation. \_\_\_\_\_ YES \_\_\_\_\_ NO

As part of the evaluation of Community Response and the Connected Youth Initiative, your data will be shared with Nebraska Children and their evaluators from Munroe-Meyer Institute. Your name will not be included in any of the information that is provided to the evaluation team. All data is summarized as a group. You can choose not to participate in the evaluation. If you have questions please call Dr. Barbara Jackson at 402-559-5765

*If you marked **YES** above, complete the following section*

<b>Name of participant</b>	<b>Participant Signature</b>	<b>Participant Signature Date</b>
<i>Next Section to be completed by staff witness</i>		
<b>Witness Signature</b>	<b>Staff position of witness</b>	<b>Witness Signature Date</b>

**6) Information to be completed by the referral agency and/or Central Navigator**

**Step 1: Referral agency- please fill in the following before submitting this form to the Central Navigator:**

<b>Referral Agency Name</b>	<b>Referral Staff Member Name</b>
<b>Contact Phone Number</b>	<b>Contact Email Address</b>

**Step 2: Central Navigator – Assign a participant ID number to this participant**


- Has this participant referred into central navigation before? If not, assign them a participant ID number. This is the first two letters of the participant's first name, first two letters of last name, two digit month of birth, two digit day of birth (ex: Sally Jones DOB 10/16/80 would be SAJO1016)
- IF A RECORD ALREADY EXISTS FOR THIS PARTICIPANT, USE THEIR EXISTING PARTICIPANT ID NUMBER.
- Participant's ID Number: \_\_\_\_\_

## CR/CYI Participant Information Survey

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

INSTRUCTIONS: All parts of the Participant Information Survey should be completed at the start of participation in Community Response or the Connected Youth Initiative. The form may be completed with the assistance of a Central Navigator or other service provider, if needed.

For each of the following, mark the response that most closely matches how you feel

Social Connections	A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life	Not applicable - I do not have kids
I have people who believe in me.						
I have someone in my life who gives me advice, even when it's hard to hear.						
When I am trying to work on achieving a goal, I have friends who will support me.						
When I need someone to look after my kids on short notice, I can find someone I trust						
I have people I trust to ask for advice about (check all that apply)						
<div style="display: flex; justify-content: space-between;"> <div>A. ____ Money/Bills/Budgeting B. ____ Relationships and/or My Love Life</div> <div>C. ____ Food/Nutrition D. ____ Stress, Anxiety, and/or Depression</div> <div>E. ____ Parenting/My Kids (if applicable) F. ____ None of the above</div> </div>						

Concrete Supports	A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life
I was able to cover all my expenses last month ( <i>expenses include costs like rent, utility bills, food, transportation, child care, and medical expenses</i> )					
The transportation I use is reliable and consistent					
My housing situation is affordable, safe, and stable					
Over the past three months, my children and I have been able to see a doctor when we needed to. ( <i>If you do not have children, answer for just yourself</i> )					
Over the past three months, I have found a job and/or worked when I needed to					

## FOR CENTRAL NAVIGATOR

## 1) Write Participant's ID number below

- Refer to Section 6 of participant's CR/CYI Participant Information Form.
- Write the **SAME** Participant ID number below.

Participant's ID Number: \_\_\_\_\_

## 2) Enter this data into your electronic data system (Quick Base, Service Point, or Child Plus)

PARTICIPANT AND STAFF COMPLETE ONLY IF FUNDS APPLIED FOR

## CR/CYI SUPPORT SERVICES FUND APPLICATION FORM

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 1) How can we help?

What is your need? About how much does it cost? Please include as many details as you can.

### 2) Documents needed

You will be asked to provide documentation for certain needs such as rent support or unpaid bills, so bring them with you if you can. Examples include: Shut-off notices from utility companies, eviction notices, unpaid medical bills, estimate of health services.

### 3) A few questions about you

Full LEGAL Name (first, middle, last)

Birth Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number

Email Address (optional)

Current/Mailing Address

City

State

County

Zip code

### 4) Where should we send the payment?

Business name

Business contact person name

Business phone number

Business address (incl. city, state, zip)

### 5) Information to be completed by the Central Navigator\* (Applicants DO NOT fill out this section)

#### Payment Information

Date of payment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment method: ☐ Check (check # \_\_\_\_\_) ☐ Gift card ☐ Other:

Housing amount \$	Detailed need (ex: rent, hotel stay)	Employment amount \$	Detailed need (ex: uniform)
Utilities amount \$	Detailed need (ex: electric bill)	Physical/dental health amount \$	Detailed need (ex: copay)
Daily living amount \$	Detailed need (ex: hygiene products, cell phone payment, clothes for self)	Mental health amount \$	Detailed need (ex: copay)
Education amount \$	Detailed need (ex: textbooks, fees)	Parenting amount \$	Detailed need (ex: childcare, diapers, formula, car seat, kids' clothes)
Transportation amount \$	Detailed need (ex: car repairs, license plates)	Other amount \$	Detailed need (ex: storage unit)

**DON'T FORGET! Enter this form into your electronic data system!**

Last update 7/1/20