

CR/CYI PARTICIPANT INFORMATION FORM

Today's Date: * ___/___/___

If you are needing emergency assistance, please contact 911. If you are interested in non-emergency assistance please text "HELP" to 402-226-5842 or 308-280-8383 to be connected with someone in your local area.

Your Preferred Name: _____

Your 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 doesn't live with you we can contact if we can't reach you? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes , 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: _____ <input type="checkbox"/> Prefer not to say Are you part of a federally recognized tribe? Y or N							
Do you or your children QUALIFY 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 th birthday)? * <input type="checkbox"/> Yes <input type="checkbox"/> No							
ONLY 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. Amanda Prokasky at 402-552-6865

If you marked YES above, complete the following section

Name of participant		Participant Signature Date	
Participant Signature			
Required if young person is 18 or younger – Signature of parent or legal guardian		Parent or Legal Guardian Signature Date	
<i>Next Section to be completed by staff witness</i>			
Witness Signature	Staff position of witness	Witness Signature Date	

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:

Referral Agency Name	Referral Staff Member Name
Contact Phone Number	Contact Email Address

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)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. ___ Money/Bills/Budgeting</td> <td style="width: 33%;">C. ___ Food/Nutrition</td> <td style="width: 33%;">E. ___ Parenting/My Kids (if applicable)</td> </tr> <tr> <td>B. ___ Relationships and/or My Love Life</td> <td>D. ___ Stress, Anxiety, and/or Depression</td> <td>F. ___ None of the above</td> </tr> </table>							A. ___ Money/Bills/Budgeting	C. ___ Food/Nutrition	E. ___ Parenting/My Kids (if applicable)	B. ___ Relationships and/or My Love Life	D. ___ Stress, Anxiety, and/or Depression	F. ___ None of the above
A. ___ Money/Bills/Budgeting	C. ___ Food/Nutrition	E. ___ Parenting/My Kids (if applicable)										
B. ___ Relationships and/or My Love Life	D. ___ Stress, Anxiety, and/or Depression	F. ___ None of the above										

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, Clarity, or Child Plus)**