

CONNECTED YOUTH COMMON REFERRAL FORM

Name: _____
First Middle Last

Today's Date: ___/___/___

All parts of the Common Referral Form should be completed prior to receiving Connected Youth Initiative services. The Common Referral Form may be completed with the support of either a Coach or Central Access Navigator, who may answer questions and offer help as needed.

1. How can we help?

I am here for... (check all that apply)

Opportunity Passport Need Based Fund Youth Leadership Other supportive services (check most important need below)

<input type="checkbox"/> Education	<input type="checkbox"/> Employment	<input type="checkbox"/> Housing	<input type="checkbox"/> Finances
<input type="checkbox"/> Physical Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Use	<input type="checkbox"/> Dentist
<input type="checkbox"/> Transportation	<input type="checkbox"/> Legal Documents	<input type="checkbox"/> Supportive Relationships	
<input type="checkbox"/> Other: _____			

2. Current services and supports

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

<input type="checkbox"/> Opportunity Passport	<input type="checkbox"/> Need Based Fund (in the past 12 mo.)	<input type="checkbox"/> Youth Leadership Council
<input type="checkbox"/> Bridge to Independence Services	<input type="checkbox"/> Other Indep. Living/Life Skills Services	<input type="checkbox"/> Housing Services
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Education Services (e.g. ETV, GED, tutoring)	<input type="checkbox"/> Mentoring Services
<input type="checkbox"/> Family Finding Services	<input type="checkbox"/> Transportation Services (e.g. IntelliRide)	<input type="checkbox"/> Food Services (e.g. local pantries)
<input type="checkbox"/> Medical Services	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Substance Use Services
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Credit Repair Services	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Other: _____		

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

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Aid to Dependent Children
<input type="checkbox"/> Childcare Subsidy/Title XX	<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> WIC
<input type="checkbox"/> Housing Voucher/Section 8	<input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Other: _____		

3. A few questions about you...

Phone Number	Email Address	Birth Date ___/___/___	Last 4 digits of SSN
Current/Mailing Address	City	State	County
		Zip	

Did you move to NE from another state? No Yes (state: _____) What is your gender? Woman Man Another Gender: _____ 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	→ Are you part of a federally recognized tribe? Y or N
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander					<input type="checkbox"/> Other: _____
<input type="checkbox"/> Prefer not to say					

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	<input type="checkbox"/> Adoption
<input type="checkbox"/> Probation	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Prefer not to say

X _____ Date: ___/___/___
Young Person's Signature

X _____ Date: ___/___/___
Legal Guardian's Signature (if applicable)

Referral Agency	Referral Individual	Contact Phone Number	Contact Email Address
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