

# Buffalo County Coaching Referral Form



<b>Date:</b> _____
<b>Family Point of Contact:</b> _____
<b>Family Address:</b> _____
<b>Family Phone:</b> _____ <b>Family Email:</b> _____
<b>Are Community Response Forms Complete?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

A coach from Families Care or COMPASS will call you to schedule a time to meet.

## Reason for Referral:

**Assistance in the following areas:**  Education  Employment  Housing  Finances  Life Skills  
 Physical Health  Mental Health  Substance Abuse  Dentist  Parenting  Transportation  Legal  
 Supportive Relationships  Other:

## Person Being Served:

- *Treat the coach with respect.*
- *Commit to meeting with the coach based on the agreed upon schedule. Face-to-face communication is encouraged, but may not always be possible.*
- *Return messages and/or texts from the coach.*
- *Communicate with the coach as soon as possible if there is a need to reschedule.*
- *Be willing to communicate needs to the coach.*
- *Be open to suggestions from the coach of activities and resources that may be useful to the person being served.*
- *Realize that funds are limited to help meet their needs and the coach may be asked how much they can contribute from their own resources when they can.*
- *Understand that, when fund requests are approved (are made available), CR is helping to support the person being served with the goal of creating the means to better manage future expenses. This will include working with the coach to lay out a sustainability plan.*
- *When CR has met your needs (When person being served is equipped with skills, tools, and support), communicate with the coach to schedule a final meeting in order to complete final surveys and to end coaching services. The surveys help us to improve coaching and allow us to continue assisting other people who are experiencing hardships.*

\_\_\_\_\_  
Name of Person being served

\_\_\_\_\_  
Signature of Person being served

\_\_\_\_\_  
Date

# Buffalo County Coaching Referral Form



**Coach** - *Per the coaching agency contract with the Buffalo County Community Response Team, the agency will:*

- Treat the person being served with respect.
- Contact the person being served in a timely manner after referral has been made.
- Promptly return any phone calls of other inquiries made by the person being served.
- Commit to meeting with the person being served preferably on a weekly basis on a mutually agreed time.
- Identify and explain resources available to the person being served and assist them in the process of connecting with those resources.
- Help the person being served develop goals to become more self-sufficient.
- Assist the person being served in developing the skills, tools, and support needed to reach goals.
- Be active in community connector meetings to receive referrals by a Central Navigator to enroll a child, youth, or family (client) into coaching
- Be an active member of the Buffalo County Community Response Team to assist in fulfilling mission of this community work
- Complete enrollment forms and submit to Central Navigators for approval of a client into the program
- Will agree to an incentive for client when program is completed to encourage family engagement
- Meet with client in person, however, virtual meetings are allowable during COVID-19 pandemic
- Provide bills by the 10<sup>th</sup> of each month, and be reimbursed within 30 days of receipt of bill
- Be paid \$100 for initial enrollment of client
- Be paid \$50 per hour for every hour following enrollment
  - Hourly rate shall include travel to and from client home or place of service
- Meet with client (child, youth, or family) up to 5 hours per week, up to three months according to needs of client (child, youth, or family)
- *Agreement can be terminated by either party with a 30-day written notice, delivered by mail or by email to [dzwiener@bcchp.org](mailto:dzwiener@bcchp.org)*
- *Agreement is void if funding by Nebraska Children and Family Foundation is not awarded to owner*

If you have any questions, please contact Wanda Fedorchik at [positivepressure@bcchp.org](mailto:positivepressure@bcchp.org)  
or Martha Marfileno at [wellness@bcchp.org](mailto:wellness@bcchp.org).

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(308) 865-2284

<https://bcchp.org/>



## THE REST OF THIS PACKET IS THE CR COACHING SURVEY AND SATISFACTION SURVEY

- **ONLY** give this part of the packet to **CR PARTICIPANTS WHO ENGAGE IN COACHING**
  - Do not use with CYI participants
  - Do not use with CR Participants who only access Support Services Funds
- **GIVE AT** the anticipated last coaching visit and/or within 30-90 days of enrollment into CR.
- **BEST PRACTICE**: Fill in the grey box at the top of page 1 of the survey for all people at the start of CR participation so that this coaching survey and satisfaction survey can quickly be handed out by staff and completed by CR Participants
- **SUBMIT TO**: Central Navigator uploads hard copy form to community-specific folder on Box.com (no data entry required). If participant takes survey online, no hard copy data submission is needed.

### **THERE IS AN ONLINE SURVEY OPTION!**

**DIRECT PARTICIPANTS HERE IF THEY WANT TO TAKE THE SURVEY  
ON A COMPUTER OR OTHER ELECTRONIC DEVICE:**

**<https://tinyurl.com/CRCoachingSurvey>**

## CR Coaching Survey

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

**INSTRUCTIONS FOR STAFF:** Please ask CR coaching participants to complete this survey at the anticipated last coaching visit (i.e. the end of the current period of Community Response participation) AND/OR within 30-90 days of a family's participation in Community Response. This survey should only be completed for families participating in Community Response and that are receiving coaching (i.e. do not complete for families who have only accessed Support Services Funds).

**Want to take this survey online? Go here: <https://tinyurl.com/CRCoachingSurvey>**

**FOR STAFF PROVIDING THIS SURVEY TO PARTICIPANT:**


1) Write in the participant ID number below. 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)

➤ Participant's ID Number: \_\_\_\_\_

2) Write in your information:

Agency Name	
Staff Name	
CWB/CYI Community Name	

**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.					
Over the past three months, I have found a job and/or worked when I needed to					

CR Coaching Survey (continued)

Please think back to three months ago. For each of the following items, mark the first row based on how you felt or what you experienced at that time. On the second row, respond based on how you feel or what you experience NOW.

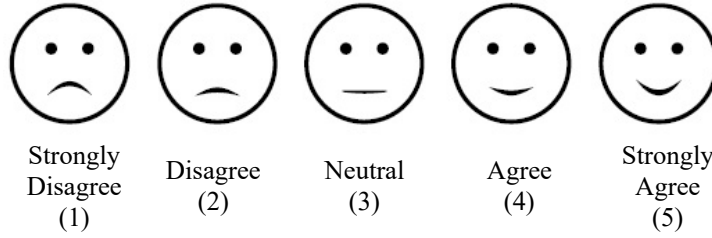
Resilience		Not at all true	Somewhat true	Mostly True	Completely True
I tend to bounce back quickly after hard times	3 mos. ago				
	Now				
I have a hard time making it through stressful events	3 mos. ago				
	Now				
It does not take me long to recover from a stressful event	3 mos. ago				
	Now				
It is hard for me to snap back when something bad happens	3 mos. ago				
	Now				
I usually come through difficult times with little trouble	3 mos. ago				
	Now				
I tend to take a long time to get over set-backs in my life	3 mos. ago				
	Now				

Hope		Definitely false	Mostly false	Somewhat false	Slightly false	Slightly true	Somewhat true	Mostly true	Definitely true
If I should find myself in a jam, I could think of many ways to get out of it.	3 mos. ago								
	Now								
At the present time, I am energetically pursuing my goals.	3 mos. ago								
	Now								
There are lots of ways around any problem that I face.	3 mos. ago								
	Now								
Right now, I see myself as being pretty successful.	3 mos. ago								
	Now								
I can think of many ways to reach my current goals.	3 mos. ago								
	Now								
At this time, I am meeting the goals I have set for myself.	3 mos. ago								
	Now								

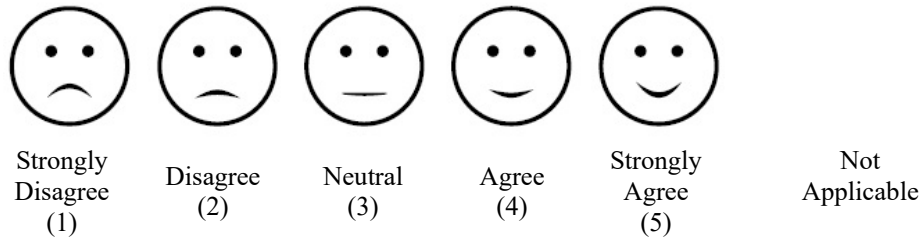
Accessing Services		Not at all true	Somewhat true	Mostly True	Completely True
If I need help, I know where to go and/or who to talk to.	3 mos. ago				
	Now				

**SATISFACTION SURVEY**

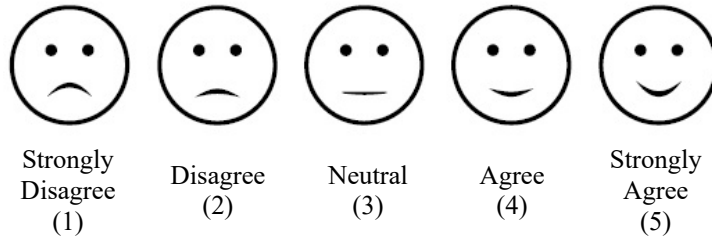
1. I felt respected and valued as a participant. Circle the option that best describes your opinion.



2. I have learned new techniques that improve my interactions with my child or children. Circle the option that best describes your opinion, or note if not applicable.



3. I feel my family relationships are better than before. Circle the option that best describes your opinion.



4. What could we have done differently to make things better?

5. What were the benefits to you and your family?

**THANK YOU for completing this survey!**