Participant ID (STAFF ONLY)

Buffalo County Community Response Participant Information

Please complete all of the following information:	
Date:	
Full Name:	

How else can we help? What are your most urgent needs? Check all that apply.	☐ Daily living ☐ Dentist ☐ Education ☐ Employment ☐ Finances ☐ General Life Skills ☐ Housing ☐ Legal Help	☐ Mental Health ☐ Parenting Assistance ☐ Physical Health ☐ Substance Use ☐ Supportive Relationships ☐ Transportation ☐ Utilities ☐ Other:_____
I am currently receiving the following services and supports (check all that apply):	☐ Education Services ☐ Employment Services ☐ Food Services ☐ Housing Services ☐ Legal Services ☐ Medical Services	☐ Mental Health Services ☐ Substance Use Services ☐ Transportation Services ☐ Other Specify:_____ ☐ Not applicable/None ☐ Prefer Not to Answer
I am currently receiving the following types of public assistance (check all that apply):	☐ Aid to Dependent Children/TANF ☐ Childcare subsidy/Title XX ☐ Food Stamps (SNAP) ☐ Housing Voucher/Section 8 ☐ Medicaid ☐ Unemployment	☐ Utilities Assist/LIHEAP ☐ WIC ☐ Other:_____ ☐ NA/None ☐ Prefer Not to Answer

Is there someone who doesn't live with you we can contact if we can't reach you?			
☐ Yes, please list below	☐ No	☐ Unsure	☐ Prefer not to say

Name		**Relationship to you**		**Phone**	

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?	☐ Yes ☐ No	☐ Unsure ☐ Prefer Not to Say

Do you have enough people to count on when you need someone to give you good advice?	☐ Yes	☐ No	☐ If yes, how many:_____

As of today's date are you between the ages of 14 and 25 (have not yet had your 26th birthday)?*	☐ Yes	☐ No

ONLY if you are between the ages of 14 and 25 (answered "yes above), have you experienced any of the following?			
☐ Foster care/state ward/placed outside of home	☐ In-home services for your family (from DHHS)	☐ Guardianship or Adoption	☐ Probation or Incarceration
☐ Homelessness	☐ Human Trafficking	☐ Prefer not to say	☐ N/A, no experience with any

Are you currently pregnant or expecting a child? (mother or father)	☐ Yes ☐ No	☐ Unsure ☐ Prefer Not to Say
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?	☐ Yes	☐ No	☐ If yes, how many:_____

Information to be completed by the referral agency:	
Referral Agency:	
Contact Phone Number:	
Referral Staff Member Name:	
Contact Email Address:	

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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.

Please complete all of the following information:	
Date:	
Full Name:	

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**	**N/A 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)	☐ Money/Bills/Budgeting ☐ Relationships and/or my love life ☐ Food/Nutrition			☐ Stress, Anxiety, and/or Depression ☐ Parenting/My kids (if applicable) ☐ 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 *(expenses include costs like rent, utility bills, food, transportation, child care, and medical expenses)*					
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. *(If you do not have children, answer for just yourself)*					
Over the past three months, I have found a job and/or worked when I needed to					

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Please answer all of the following information: **Date:**		**Full Name:**	
Please indicate which of the following agencies, if any, that you have attempted to receive support from. If you have received any financial support, please indicate the amount.			
☐ Community Action:_____	☐ Jubilee Center:_____	☐ DHHS:_____	☐ S.A.F.E. Center:_____
☐ Salvation Army:_____	☐ NE ERA Program:_____	☐ Other: (Agency:_____ Amount:_____)	
Do you struggle with any of the following?	☐ Injured Brain	☐ Language Barriers	☐ Emotional Neglect
Are you willing to meet with a coach to support your goals?	☐ Yes	☐ No	
If yes, please explain:			