



<b>Participant ID (STAFF ONLY)</b>

## Buffalo County Community Response Participant Employment Information

Please complete all of the following information:

**Are you currently employed?**  Yes, full-time  Yes, part-time  
 No, but searching for a job  No, not searching for a job. Why? \_\_\_\_\_

**How many jobs do you currently have?**

**How many hours per week do you work?**

**Who is your current employer(s)?**

**If you have a personal need, are you comfortable approaching your employer about any of the following:**

- Childcare  Daily Living  Dentist  Education  Employment  Finances  General Life Skills  Housing  Legal Help  
 Mental Health  Parenting  Physical Health  Relationships  Substance Abuse  Transportation  Utilities

**Are you interested in receiving one on one support (parenting, budgeting, mentoring, etc.)?**

- Yes, I am interested in receiving support  No, I am not interested in receiving support

**What other assistance do you need to meet your basic needs?**

**Do you give permission for Buffalo County Community Partners to contact your employer to follow-up with them regarding the information listed on this form?**  Yes  No

**What resources has your employer offered you that have been most helpful to you and your family?**

**What do you wish your community or employer knew about your hopes for your family?**

By signing below, you agree that all the information on this page is accurate, and give permission for Buffalo County Community Partners to contact other partnering agencies regarding your request.

Printed Name

Signature

Date