

Name: First _____ MI _____ Last: _____

Phone Number: _____ Number in Household: _____

I consent to receive automated and other communication from Buffalo County Community Partners via: email text message phone
(Msg & data rates may apply. Msg frequency varies. May opt out at any time.)

Gender:

<input type="checkbox"/> Woman (Girl)	<input type="checkbox"/> Man (Boy)	<input type="checkbox"/> Transgender	<input type="checkbox"/> Questioning
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Different Identity	<input type="checkbox"/> Culturally Specific	<input type="checkbox"/> Other

Social Security Number: _____ - _____ - _____ OR Unknown OR Refused

Date of Birth ____/____/____ Required*

Address: _____
Street Apt. #

City State Zip Code

County: _____

Mailing Address If Different: _____

Previous Zip Code if different than above: _____

Preferred Method of Contact: _____

Email Address : _____

Total Monthly Household Income: _____

Pending Eviction: Yes No if yes, date: _____

Length of time in current location:

<input type="checkbox"/> One Day or less	<input type="checkbox"/> 2-6 Days	<input type="checkbox"/> 1 Week-Less thanMonth
<input type="checkbox"/> 1-3 Months	<input type="checkbox"/> 3 Months-1 Year	<input type="checkbox"/> 1 Year or longer

*Type of living situation:

<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other Permanent
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Subsidized	<input type="checkbox"/> Homeless (Where)
<input type="checkbox"/> DV Shelter	<input type="checkbox"/> Hotel	<input type="checkbox"/> Other:

*Number of times homeless or shelter in the last 3 years:

<input type="checkbox"/> Never	<input type="checkbox"/> One	<input type="checkbox"/> Two
<input type="checkbox"/> Three	<input type="checkbox"/> Four or More	

Veteran: Yes No Active Military: Yes No

Domestic Violence Victim? Yes No When: _____ Fleeing Now: Yes or No

Race & Ethnicity:

<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Hispanic/Latino/Latina	

*Primary language spoken _____

*Ever in Foster Care? Yes No
 *Referred to Dept. of Labor? Yes No (18+ Only)
 *Are you Pregnant? Yes or No If Yes, Due Date: _____
Household Type:

<input type="checkbox"/> Single Person	<input type="checkbox"/> Single Female Parent	<input type="checkbox"/> Single Parent Male
<input type="checkbox"/> Foster	<input type="checkbox"/> Two Parent House	<input type="checkbox"/> Couple(No Children)
<input type="checkbox"/> Blended	<input type="checkbox"/> Couple (Parent and Friend) and child(ren)	<input type="checkbox"/> Multigenerational
	<input type="checkbox"/> G'parent(s) and Child	<input type="checkbox"/> Other

Marital Status: Single Married Separated
 Divorced Widowed

Highest Level of Education:

<input type="checkbox"/> None	<input type="checkbox"/> Education not in US	<input type="checkbox"/> Nursery-4 th	<input type="checkbox"/> 5 th or 6 th	<input type="checkbox"/> 7 th or 8 th
<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th	<input type="checkbox"/> 12 th no diploma
<input type="checkbox"/> Some HS	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree
<input type="checkbox"/> Some Tech	<input type="checkbox"/> Tech Cert	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Post-Secondary	<input type="checkbox"/> Client Refused

Employment/Work Status

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Migrant Worker	<input type="checkbox"/> Retired
<input type="checkbox"/> Unemployed -6 months	<input type="checkbox"/> Unemployed 6+ months	<input type="checkbox"/> Seeking?	<input type="checkbox"/> Unemployed Not in Labor Force

Source of Income Amounts for Self:

Employment	SSA	SSI	SSDI	TANF
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	VA	Other	Other	Other
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Court Ordered Child Support Eligible? Yes No

Disability Type (Select all that Apply): Yes or No (Mark Below)

<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Both Drug/Alcohol	<input type="checkbox"/> Developmental
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Chronic Health	<input type="checkbox"/> Physical Mobility

Do you have Health Care Coverage? Yes No

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> State CHIP	<input type="checkbox"/> VA	<input type="checkbox"/> Employer Provided
<input type="checkbox"/> COBRA	<input type="checkbox"/> Private Pay	<input type="checkbox"/> State Health for Adults	<input type="checkbox"/> Through the ACA	<input type="checkbox"/> Other

*Have you applied for Medicaid and it's in process? Yes No

Non-Cash Benefits? Yes No

Food Stamps \$ _____	LIHEAP \$ _____	TANF Child Care \$ _____	Housing Voucher \$ _____	ACA Subsidy \$ _____
HUD-VASH \$ _____	Public Housing \$ _____	WIC \$ _____	Head Start \$ _____	Other \$ _____



Additional Family Member Information

First Name: _____ MI _____

First Name: _____ MI _____

First Name: _____ MI _____

Last Name: _____

Last Name: _____

Last Name: _____

SSN (opt.) _____ - _____ - _____ OR (Refused or Unknown)

SSN (opt.) _____ - _____ - _____ OR (Refused or Unknown)

SSN (opt.) _____ - _____ - _____ OR (Refused or Unknown)

Birth Date: _____ / _____ / _____ **Required

Birth Date: _____ / _____ / _____ **Required

Birth Date: _____ / _____ / _____ **Required

<input type="checkbox"/> Woman	<input type="checkbox"/> Man	<input type="checkbox"/> Transgender	<input type="checkbox"/> Questioning
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Different Identity	<input type="checkbox"/> Culturally Specific	<input type="checkbox"/> Other

<input type="checkbox"/> Woman	<input type="checkbox"/> Man	<input type="checkbox"/> Transgender	<input type="checkbox"/> Questioning
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Different Identity	<input type="checkbox"/> Culturally Specific	<input type="checkbox"/> Other

<input type="checkbox"/> Woman	<input type="checkbox"/> Man	<input type="checkbox"/> Transgender	<input type="checkbox"/> Questioning
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Different Identity	<input type="checkbox"/> Culturally Specific	<input type="checkbox"/> Other

Race/Ethnicity:

<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Hispanic/Latino/Latina	

Race/Ethnicity:

<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Hispanic/Latino/Latina	

Race/Ethnicity:

<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Hispanic/Latino/Latina	

Relationship to the Head of Household

(Specify: Husband, Wife, Son, Daughter, Friend)

Relationship to the Head of Household

(Specify: Husband, Wife, Son, Daughter, Friend)

Relationship to the Head of Household

(Specify: Husband, Wife, Son, Daughter, Friend)

Are you Pregnant? Yes or No If Yes, Due Date: _____

Highest Level of Education:

<input type="checkbox"/> None	<input type="checkbox"/> Education not in US	<input type="checkbox"/> Nursery-4 th	<input type="checkbox"/> 5 th or 6 th	<input type="checkbox"/> 7 th or 8 th
<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th	<input type="checkbox"/> 12 th no diploma
<input type="checkbox"/> Some HS	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree
<input type="checkbox"/> Some Tech	<input type="checkbox"/> Tech Cert	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Post-Secondary	<input type="checkbox"/> Client Refused

Are you Pregnant? Yes or No If Yes, Due Date: _____

Highest Level of Education:

<input type="checkbox"/> None	<input type="checkbox"/> Education not in US	<input type="checkbox"/> Nursery-4 th	<input type="checkbox"/> 5 th or 6 th	<input type="checkbox"/> 7 th or 8 th
<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th	<input type="checkbox"/> 12 th no diploma
<input type="checkbox"/> Some HS	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree
<input type="checkbox"/> Some Tech	<input type="checkbox"/> Tech Cert	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Post-Secondary	<input type="checkbox"/> Client Refused

Are you Pregnant? Yes or No If Yes, Due Date: _____

Highest Level of Education:

<input type="checkbox"/> None	<input type="checkbox"/> Education not in US	<input type="checkbox"/> Nursery-4 th	<input type="checkbox"/> 5 th or 6 th	<input type="checkbox"/> 7 th or 8 th
<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th	<input type="checkbox"/> 12 th no diploma
<input type="checkbox"/> Some HS	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree
<input type="checkbox"/> Some Tech	<input type="checkbox"/> Tech Cert	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Post-Secondary	<input type="checkbox"/> Client Refused

Ever in Foster Care? Yes No

*Referred to Dept. of Labor? Yes No (18+)

Veteran: Yes No // Active: Yes No

Domestic Violence Victim? Yes No

When: _____ Fleeing: _____

Ever in Foster Care? Yes No

*Referred to Dept. of Labor? Yes No (18+)

Veteran: Yes No // Active: Yes No

Domestic Violence Victim? Yes No

When: _____ Fleeing: _____

Ever in Foster Care? Yes No

*Referred to Dept. of Labor? Yes No (18+)

Veteran: Yes No // Active: Yes No

Domestic Violence Victim? Yes No

When: _____ Fleeing: _____

Employment/Work Status

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Migrant	<input type="checkbox"/> Retired
<input type="checkbox"/> Unemployed -6 months	<input type="checkbox"/> Unemployed 6+ months	<input type="checkbox"/> Seeking?	<input type="checkbox"/> Not in labor force

Employment/Work Status

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Migrant	<input type="checkbox"/> Retired
<input type="checkbox"/> Unemployed -6 months	<input type="checkbox"/> Unemployed 6+ months	<input type="checkbox"/> Seeking?	<input type="checkbox"/> Not in labor force

Employment/Work Status

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Migrant	<input type="checkbox"/> Retired
<input type="checkbox"/> Unemployed -6 months	<input type="checkbox"/> Unemployed 6+ months	<input type="checkbox"/> Seeking?	<input type="checkbox"/> Not in labor force

Source of Income

Employment	SSA	SSI	SSDI	TANF
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	Other	Other	Other	Other
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Court Ordered Child Support Eligible: _____ Yes _____ No

Source of Income

Employment	SSA	SSI	SSDI	TANF
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	Other	Other	Other	Other
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Court Ordered Child Support Eligible: _____ Yes _____ No

Source of Income

Employment	SSA	SSI	SSDI	TANF
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	Other	Other	Other	Other
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Court Ordered Child Support Eligible: _____ Yes _____ No

Disabled? _____ Yes _____ No

Disability Type (Select all that Apply):

<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Both Drug & Alcohol	<input type="checkbox"/> Developmental
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Chronic Health	<input type="checkbox"/> Physical Mobility

Disabled? _____ Yes _____ No

Disability Type (Select all that Apply):

<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Both Drug & Alcohol	<input type="checkbox"/> Developmental
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Chronic Health	<input type="checkbox"/> Physical Mobility

Disabled? _____ Yes _____ No

Disability Type (Select all that Apply):

<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Both Drug & Alcohol	<input type="checkbox"/> Developmental
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Chronic Health	<input type="checkbox"/> Physical Mobility

Do you have insurance? _____ Yes _____ No

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Employer Provided	<input type="checkbox"/> VA	<input type="checkbox"/> State CHIP
<input type="checkbox"/> COBRA	<input type="checkbox"/> Private Pay	<input type="checkbox"/> State Health for Adults	<input type="checkbox"/> ACA	<input type="checkbox"/> Other : _____

Do you have insurance? _____ Yes _____ No

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Employer Provided	<input type="checkbox"/> VA	<input type="checkbox"/> State CHIP
<input type="checkbox"/> COBRA	<input type="checkbox"/> Private Pay	<input type="checkbox"/> State Health for Adults	<input type="checkbox"/> ACA	<input type="checkbox"/> Other : _____

Do you have insurance? _____ Yes _____ No

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Employer Provided	<input type="checkbox"/> VA	<input type="checkbox"/> State CHIP
<input type="checkbox"/> COBRA	<input type="checkbox"/> Private Pay	<input type="checkbox"/> State Health for Adults	<input type="checkbox"/> ACA	<input type="checkbox"/> Other : _____

Non-Cash Benefits? _____ Yes _____ No

SNAP	LIHEAP	TANF Childcare	Housing Voucher	ACA Subsidy
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
HUD VASH	Public Housing	WIC	Head Start	Other \$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Non-Cash Benefits? _____ Yes _____ No

SNAP	LIHEAP	TANF Childcare	Housing Voucher	ACA Subsidy
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
HUD VASH	Public Housing	WIC	Head Start	Other \$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Non-Cash Benefits? _____ Yes _____ No

SNAP	LIHEAP	TANF Childcare	Housing Voucher	ACA Subsidy
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
HUD VASH	Public Housing	WIC	Head Start	Other \$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____



Participant ID (STAFF ONLY)

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

Community Response and Homeless Management Information System (HMIS) Services Consumers Informed Consent & Release of Information Authorization

The Nebraska Management Information System (NMIS) manages a database of homeless services information in order to improve coordination of services that support people who are homeless or at risk of homelessness and to better understand homelessness, improve service delivery, and evaluate the effectiveness of services provided. Participation in data collection is a critical component of our community’s ability to provide the most effective services and housing possible. The information that is collected is protected by limiting access to the database and limiting what information may be shared.

The information to be collected and shared may include:

- name, date of birth, gender, race, ethnicity, social security number, contact information, location, prior residence
- disabling condition, veteran status, domestic violence, photo (if applicable)
- family composition, income, non-cash benefits, homeless history, housing information, health insurance
- program entry and exit, assessments, services provided

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.

Buffalo County Community Partners (BCCP) is a collaborative approach to connecting households needing assistance with basic needs and/or experiencing housing stressors (e.g., unable to meet rental or utility obligations, facing eviction, fleeing domestic violence, or other unstable housing situations) with support and financial assistance. BCCP does not discriminate on the basis of race, color, national origin, sex, sexual orientation/identity, age, religion, political affiliation, marital status, family status, disability status, or any other protected basis of discrimination as provided under applicable state and federal law.

By signing this form, I authorize/certify the following:

- That to the best of my knowledge the information contained herein is true, correct and complete, and that all the attachments provided by me, verifying my income, are valid.
- consent to share information with agencies and partners of the BCCRT who are reviewing my application and providing financial assistance and other services.
- consent for the agencies that comprise the BCCRT to discuss the information for the purpose of assessing my/our needs for housing, utility assistance, food, counseling, legal services, coaching, and/or other services.

I agree to have my information shared for the evaluation. _____ YES _____ NO

By signing this form, I authorize the Participating Agencies and their representatives to share basic information regarding me and my family members listed below.

- My information will be shared for the purpose of assessing my needs for housing, utility assistance, food, counseling, and/or other services.
- Every person and every agency that is authorized to read or enter information into the system has signed an agreement to maintain the security and confidentiality of the information. I have the right to view the client confidentiality policies used by the NMIS Participating Agencies and to see a list of Participating Agencies before signing this form.
- NMIS data access and sharing comply with federal, state, and local regulations protecting the confidentiality of client records. My information cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development and the Nebraska Department of Health and Human Services Homeless Assistance Program may see my complete file if services received are funded by their organization.
- Signing this Release of Information does not guarantee that I will receive assistance.
- Refusal to authorize sharing of my information does not disqualify me from receiving assistance.
- This release is valid for one year from the date of my signature below, unless noted otherwise*.
- I may withdraw my consent at any time. This authorization will remain in effect until I revoke it in writing. If I revoke my authorization, all information about me already in the database will remain.

Participant ID (STAFF ONLY)

CLIENT RELEASE OF INFORMATION

___ YES, I agree to share my NMIS information. *Expiration Date (if other than 1 year): _____
Or
___ NO, I do not agree to share my NMIS information. Only our agency will see your program participation information.

Client Printed Name Client Signature Date

Signature of Guardian or Authorized Representative (when required) Relationship to Client Date

Agency Staff Printed Name Date

This Release of Information also applies to the following dependent children in the household who are 18 years of age or younger:

First Name	Last Name	Birthdate	First Name	Last Name	Birthdate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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.	<input type="checkbox"/> Daily living	<input type="checkbox"/> Mental Health
	<input type="checkbox"/> Dentist	<input type="checkbox"/> Parenting Assistance
	<input type="checkbox"/> Education	<input type="checkbox"/> Physical Health
	<input type="checkbox"/> Employment	<input type="checkbox"/> Substance Use
	<input type="checkbox"/> Finances	<input type="checkbox"/> Supportive Relationships
	<input type="checkbox"/> General Life Skills	<input type="checkbox"/> Transportation
	<input type="checkbox"/> Housing	<input type="checkbox"/> Utilities
	<input type="checkbox"/> Legal Help	<input type="checkbox"/> Other: _____

I am currently receiving the following services and supports (check all that apply):	<input type="checkbox"/> Education Services	<input type="checkbox"/> Mental Health Services
	<input type="checkbox"/> Employment Services	<input type="checkbox"/> Substance Use Services
	<input type="checkbox"/> Food Services	<input type="checkbox"/> Transportation Services
	<input type="checkbox"/> Housing Services	<input type="checkbox"/> Other Specify: _____
	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Not applicable/None
	<input type="checkbox"/> Medical 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"/> Utilities Assist/LIHEAP
	<input type="checkbox"/> Childcare subsidy/Title XX	<input type="checkbox"/> WIC
	<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Housing Voucher/Section 8	<input type="checkbox"/> NA/None
	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Prefer Not to Answer
	<input type="checkbox"/> Unemployment	

Is there someone who doesn't live with you we can contact if we can't reach you?

<input type="checkbox"/> Yes, please list below	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	<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"/> 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)?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

ONLY if you are between the ages of 14 and 25 (answered "yes above), have you experienced any of the following?

<input type="checkbox"/> Foster care/state ward/placed outside of 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

Are you currently pregnant or expecting a child? (mother or father)	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many: _____
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Information to be completed by the referral agency:

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

Participant ID (STAFF ONLY)



Buffalo County Community Response Participant Information

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)	<input type="checkbox"/> Money/Bills/Budgeting <input type="checkbox"/> Relationships and/or my love life <input type="checkbox"/> Food/Nutrition			<input type="checkbox"/> Stress, Anxiety, and/or Depression <input type="checkbox"/> Parenting/My kids (if applicable) <input type="checkbox"/> 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						

Participant ID (STAFF ONLY)



Buffalo County Community Response Flex Fund Form

Please attach/send any leases, bills, and documents with this form.

Please complete all of the following information:

Date:	
Full Name:	

How can we help? What is your need? About how much does it cost? Please include as many details as you can.

Where should we send the payment? – will be required to complete a W9

Vendor Name	
Vendor Contact Name	
Vendor Phone Number	
Vendor Address	

Please indicate any support you have received from the following agencies, if any, in the blanks below:

Community Action: _____	Jubilee Center: _____	DHHS: _____	S.A.F.E. Center: _____
Salvation Army: _____	NE ERA Program: _____	Other: (Agency: _____ Amount: _____)	

Total Amount Requested from Flex Funds	
---	--

Do you struggle with any of the following?	<input type="checkbox"/> Injured Brain	<input type="checkbox"/> Language Barriers	<input type="checkbox"/> Emotional Neglect
---	--	--	--

Are you willing to meet with a coach to support your goals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If yes, please explain:

IN OFFICE USE ONLY

Date of Payment:	Payment Method:	<input type="checkbox"/> Gift Card
	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card	<input type="checkbox"/> Other: _____

Housing Amount:	Detailed need:	Employment Amount:	Detailed need:
Utilities Amount:	Detailed need:	Physical/Dental amount:	Detailed need:
Daily Living Amount:	Detailed need:	Mental Health Amount:	Detailed need:
Education Amount:	Detailed need:	Parenting Amount:	Detailed need:
Transportation Amount:	Detailed need:	Other/Coaching Amount:	Detailed need: