

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 _____

Last Name: _____

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

Birth Date: _____ / _____ / _____ **Required

First Name: _____ MI _____

Last Name: _____

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

Birth Date: _____ / _____ / _____ **Required

First Name: _____ MI _____

Last Name: _____

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

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 \$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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
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<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 \$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____