

Participant ID (STAFF ONLY)

# Community Partners Response Intake Form

Referral Agency



| FULL LEGAL NAME |                               |
|-----------------|-------------------------------|
| First Name      | Middle Name                   |
| Last Name       | Preferred Name (if different) |

| HOW DID YOU HEAR ABOUT US? (SELECT ONLY ONE)                            |   |
|---|---|
| <input type="checkbox"/> Doctor / Medical Provider                      | <input type="checkbox"/> Internet Search                              |
| <input type="checkbox"/> Therapist / Mental Health Provider             | <input type="checkbox"/> Family Member or Friend                      |
| <input type="checkbox"/> Case Manager – Child Welfare                   | <input type="checkbox"/> Teacher / School Staff                       |
| <input type="checkbox"/> Case Manager – Medicaid / Insurance Provider   | <input type="checkbox"/> Childcare Provider                           |
| <input type="checkbox"/> Case Manager – SNAP or Other Economic Benefits | <input type="checkbox"/> Lawyer / Legal Services                      |
| <input type="checkbox"/> Other (Please complete the box below)          | <input type="checkbox"/> Non-Profit Social Services Provider / Church |
| Other (if applicable)   |   |

| WHAT IS YOUR URGENT NEED? (please check all that apply)          |  |
|--|--|
| <input type="checkbox"/> Daily Living (clothing, hygiene, phone) | <input type="checkbox"/> Mental Health (therapist, psychologist, etc.) |
| <input type="checkbox"/> Dentist                                 | <input type="checkbox"/> Parenting Assistance                          |
| <input type="checkbox"/> Education                               | <input type="checkbox"/> Physical Health (doctor)                      |
| <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 (Please complete the box below)         |
| Other (if applicable)  |  |

| CONTACT INFORMATION                 |       |   |          |
|-------------------------------------|-------|---|----------|
| Phone Number<br>____ - ____ - _____ |       | Email Address   |          |
| Birth Date<br>____ / ____ / _____   |       | Street Address (if you do not have stable housing, please only enter your zip code) |          |
| City                                | State | County  | Zip Code |

## DEMOGRAPHIC QUESTIONS

**GENDER IDENTITY** - Do you currently describe yourself as:

Woman

Prefer Not to Say

Man

Prefer to Self Identify: \_\_\_\_\_

**RACE / ETHNICITY** (please check all that apply)

Native American or Alaska Native

Native Hawaiian or Pacific Islander

Asian

White

Black or African American

Prefer Not to Say

Hispanic or Latino

Prefer to Self Identify:

Middle Eastern or North African

\_\_\_\_\_

## PLEASE ANSWER A FEW QUESTIONS ABOUT YOUR FAMILY

Number of Adults in the Home: \_\_\_\_\_

Number of Children Under 19 Years in the Home: \_\_\_\_\_

**NAME OF EACH CHILD UNDER 19 YEARS OLD**

**CHILD'S BIRTH DATE**

| NAME OF EACH CHILD UNDER 19 YEARS OLD | CHILD'S BIRTH DATE |
|---------------------------------------|--------------------|
|                                       |                    |
|                                       |                    |
|                                       |                    |
|                                       |                    |
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|                                       |                    |

*We will not share your personal information with anyone outside of the Collaborative without your permission. Group level data will be reported to the Research and Evaluation team at the Nebraska Children and Families Foundation [NCFE]. This includes things like the age and race/ethnicity of people who connect to resources and support through the Collaborative. No specific information about you or your family will be shared publicly. Your information may be shared with our partners if you are referred to them, but only with your permission. You can change who can see your data at any time using the FindHelp® platform. Any information that you already shared will stay shared, but no new information will be shared with that partner.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date