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| Referral Agency |
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|                             |
|-----------------------------|
| Participant ID (STAFF ONLY) |
|                             |

## Community Partners 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? \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>How many jobs do you currently have?</b> | <b>How many hours per week do you work?</b> | <b>What is your estimated monthly income?</b> |
|---|---|---|

**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 |
|              |           |      |

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Updated 7/8/2024