

Participant ID (STAFF ONLY)



Referral Agency

Community Partners Response Participant Information

I am currently receiving the following services and supports (check all that apply):	<input type="checkbox"/> Education Services <input type="checkbox"/> Employment Services <input type="checkbox"/> Food Services <input type="checkbox"/> Housing Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Medical Services	<input type="checkbox"/> Mental Health Services <input type="checkbox"/> Substance Use Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> NA/None <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"/> Childcare subsidy/Title XX <input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> Housing Voucher/Section 8 <input type="checkbox"/> Medicaid <input type="checkbox"/> Unemployment	<input type="checkbox"/> Utilities Assist/LIHEAP <input type="checkbox"/> WIC <input type="checkbox"/> Other: _____ <input type="checkbox"/> NA/None <input type="checkbox"/> Prefer Not to Answer	
Are you currently covered by Health Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, Health Insurance Type?	<input type="checkbox"/> Medicaid <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Employer-Provided <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Medicare <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> COBRA <input type="checkbox"/> State Health Insurance <input type="checkbox"/> Other: _____	
What is your current housing status?	<input type="checkbox"/> Homeless <input type="checkbox"/> At-risk of homelessness	<input type="checkbox"/> At-risk of losing housing <input type="checkbox"/> Fleeing Violence	<input type="checkbox"/> Stably Housed
Are you a veteran or have active-duty military status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What is your highest level of school completed?	<input type="checkbox"/> No schooling <input type="checkbox"/> 5 th or 6 th grade <input type="checkbox"/> 9 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> High school diploma <input type="checkbox"/> Post-Secondary	<input type="checkbox"/> Nursery to 4 th grade <input type="checkbox"/> 7 th or 8 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 12 th grade <input type="checkbox"/> GED	
Are you a domestic violence survivor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when did the experience occur?	<input type="checkbox"/> Within past three months <input type="checkbox"/> 6 to 12 months	<input type="checkbox"/> Three to six months <input type="checkbox"/> More than a year ago	
If yes, are you currently fleeing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you struggle with any of the following?	<input type="checkbox"/> Injured Brain <input type="checkbox"/> Language Barriers <input type="checkbox"/> Emotional Neglect <input type="checkbox"/> Behavioral/Mental Health <input type="checkbox"/> Chronic Health Issues	<input type="checkbox"/> Alcohol Use <input type="checkbox"/> Substance Use <input type="checkbox"/> Both Alcohol/Substance Use <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Physical Mobility <input type="checkbox"/> Developmental	
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 any of your children have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many: _____
Are you currently pregnant or expecting a child? (mother or father)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Say
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"/> No	<input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Say

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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						