



Referral Agency

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? _____

How many jobs do you currently have?	How many hours per week do you work?	What is your estimated monthly income?
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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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