

Participant ID (STAFF ONLY)



Referral Agency

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?

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