

**FULL LEGAL NAME**

First Name

Middle Name

Last Name

Preferred Name (if different)

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

Other (if applicable)

**WHAT IS YOUR URGENT NEED? (please check all that apply)**☐ Daily Living (clothing, hygiene, phone)☐ Dentist☐ Education☐ Employment☐ Finances☐ General Life Skills☐ Housing☐ Legal Help☐ Mental Health (therapist, psychologist, etc.)☐ Parenting Assistance☐ Physical Health (doctor)☐ Substance Use☐ Supportive Relationships☐ Transportation☐ Utilities☐ Other (Please complete the box below)

Other (if applicable)

**CONTACT INFORMATION**

Phone Number

Email Address

Birth Date

Street Address (if you do not have stable housing, please only enter your zip code)

City

State

County

Zip Code

<b>Participant ID (STAFF ONLY)</b>



<b>Referral Agency</b>

DEMOGRAPHIC QUESTIONS	
<b>GENDER IDENTITY</b> - Do you currently describe yourself as:	
<input type="checkbox"/> Woman <input type="checkbox"/> Man	<input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self Identify: _____
RACE / ETHNICITY (please check all that apply)	
<input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self Identify: _____

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

*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 [NCFF]. 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