Participant ID (STAFF ONLY)	Referral Agency

Community Partners Response Participant Information

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

Is there someone who doesn't live with you we can contact if we can't reach you?

☐ Yes, please list below	☐ No	☐ Unsure	☐ Prefer not to say				
Name		**Relationship to you**		**Phone**			

Do any of your children have a disability?	☐ Yes	☐ No	☐ If yes, how many:_____
Are you currently pregnant or expecting a child? (mother or father)	☐ Yes ☐ No	☐ Unsure ☐ 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?	☐ Yes	☐ No	☐ Unsure ☐ Prefer Not to Say
Do you currently have an open case with the DHHS Child Welfare system (this will not affect your eligibility):	☐ Yes	☐ No	☐ Unsure
Are you currently a U.S. Citizen	☐ Yes	☐ No	☐ Prefer not to answer