

Participant ID (STAFF ONLY)

Referral Agency



Community Partner Response Pre Survey

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.

Date:							
Full Name:							
Connection to Prevention System							
<i>Please complete all the following information by placing an X or Checkmark in the space:</i>							
	Strongly Disagree	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Strongly Agree	Prefer Not to Say
I have people in my life who believe in me.							
I know where to go for help if my family needs housing or utilities assistance.							
I know where to go for help if my family needs food.							
I know where to go for help if my family has trouble making ends meet.							
If I need help finding a job, I know where to go for help.							
I know where to go for help finding quality medical and dental care (prescription access, health insurance)							
I know where to go for help if my family needs transportation							
I have someone in my life who gives me advice, even when it's hard to hear.							
When I am trying to achieve a goal, I know where to go for support.							
When I need someone to look after my kids on short notice, I can							

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find someone I trust.							
If there is a crisis, I have someone I can talk to.							
I have people I trust to ask for advice about: (check all that apply)	<input type="radio"/> Money/Bills/Budgeting <input type="radio"/> Relationships and/or my love life <input type="radio"/> Food/Nutrition				<input type="radio"/> Stress, Anxiety, and/or Depression <input type="radio"/> Parenting/My kids (if applicable) <input type="radio"/> None of the above		

Financial Situation: Please select one of the following by placing an X or Checkmark by your response	
I/we can't buy the things I/we need sometimes.	
I/We have just enough money for the things I/we need.	
I/We have no problem buying the things I/we need and can also sometimes buy special things	
I/We have enough money to buy almost anything I/we want.	
Prefer Not to Respond	

How often in the last 30 days did you:	Never	Sometimes	Most of the time	Always
Review and evaluate your spending habits?				
Track down where money was spent?				
Estimate your monthly household income and expenses?				
Identify your own financial goals for the future?				
Pay your bills on time?				
Follow your financial goals?				
Follow a weekly or monthly budget?				
Make payments toward your debt?				
Use a bank account?				
Pay more than the interest on your loans, credit, etc.?				

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Concrete Supports	Strongly Disagree	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Strongly Agree	Prefer Not to Say
In the last 30 days, it was easy for my family to access healthy and nutritious food.							
In the last 30 days, it was easy for my family to access acceptable housing that meets my family's needs							
In the last 30 days, it was easy for my family to access basic utilities. (heat, electricity, water)							
In the last 30 days, it was easy for my family to access quality medical and dental care. (access to prescriptions, affordable health insurance)							
In the last 30 days, it was easy for my family to access transportation to get to work, school, appointments and other activities.							
In the last 30 days, my family has felt safe in my neighborhood.							
In the last 30 days, I have found a job and/or worked when I needed to							

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Resilience: Please rate how true the following statements were for you <u>before accessing the prevention system</u>				
	Not at all true	Somewhat true	Mostly true	Completely true
I tend to bounce back quickly				
I have a hard time making it through stressful events				
It does not take me long to recover from a stressful event				
It is hard for me to snap back when something bad happens				
I usually come through difficult times with little trouble				
I tend to take a long time to get over set-backs in my life				

Hope: Please rate how true or false the following statements are for you <u>right now</u>								
	Definitely false	Mostly false	Somewhat false	Slightly false	Slightly true	Somewhat true	Mostly true	Definitely true
If I should find myself in a jam, I could think of many ways to get out of it.								
At the present time, I am energetically pursuing my goals.								
There are lots of ways around any problem that I face.								
Right now, I see myself as being pretty successful.								
I can think of many ways to reach my current goals.								
At this time, I am meeting the goals I have set for myself.								