

# Community Partners Response Intake Form

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



<b>Referral Agency</b>

FULL LEGAL NAME	
First Name	Middle Name
Last Name	Preferred Name (if different)

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

WHAT IS YOUR URGENT NEED? (please check all that apply)	
<input type="checkbox"/> Daily Living (clothing, hygiene, phone) <input type="checkbox"/> Dentist <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Finances <input type="checkbox"/> General Life Skills <input type="checkbox"/> Housing <input type="checkbox"/> Legal Help	<input type="checkbox"/> Mental Health (therapist, psychologist, etc.) <input type="checkbox"/> Parenting Assistance <input type="checkbox"/> Physical Health (doctor) <input type="checkbox"/> Substance Use <input type="checkbox"/> Supportive Relationships <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> 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

## DEMOGRAPHIC QUESTIONS

### GENDER IDENTITY - Do you currently describe yourself as:

 Woman Prefer Not to Say Man Prefer to Self Identify: \_\_\_\_\_

### RACE / ETHNICITY (please check all that apply)

 Native American or Alaska Native Native Hawaiian or Pacific Islander Asian White Black or African American Prefer Not to Say Hispanic or Latino Prefer to Self Identify: Middle Eastern or North African

\_\_\_\_\_

## 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

NAME OF EACH CHILD UNDER 19 YEARS OLD	CHILD'S BIRTH DATE

### Are you currently pregnant or expecting a child? (Mother or Father):

 Yes  No

### Based on the people in your household, is your income below 200% of the poverty level? (1 person is \$31,300; then add \$11,000 for each additional family member):

 Yes  No

### Do you currently have any health insurance?

 Yes, Private/ACA  
  Yes, Medicaid  
  Yes, Medicare  
  Medicaid application in progress  
  No

You understand that we will not share your personal information with anyone outside of the Collaborative without your permission. I understand that the information I provide will be used to create group-level reports. I give permission for my information to be used by the program and by individuals or organizations evaluating the program such as Nebraska Children and Families Foundation's Research and Evaluation Team to better understand how it supports families and how it can be improved. My privacy will be protected, and my name, my child's name, date of birth, or other identifying information will not be included in reports. Participation is voluntary. I may choose not to give permission or may change my mind at any time before the information is used. If I withdraw my consent, no additional information will be collected or used from that point forward. If I don't have an account in Findhelp, the system will create one for me and email me the details.

### Do you give permission for us to give some of your information to the Nebraska Children & Families Foundation Research and Evaluation team and their partners?

 Yes  No\_\_\_\_\_  
Participant Signature\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

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## Lawful Presence in the United States Attestation

I attest as follows (*this will not affect your eligibility for Buffalo County Community Partners' support*):

\_\_\_ I am a citizen of the United States.

— OR —

\_\_\_ I am a qualified immigrant under the federal Immigration and Nationality Act. In addition to this Form, I have included a current and legible copy of the front and back of one or more of the available USCIS forms, (listed below), required for verification.

- \_\_\_ I-327 (Reentry Permit)
- \_\_\_ I-551 (Permanent Resident Card)
- \_\_\_ I-571 (Refugee Travel Document)
- \_\_\_ I-766 (Employment Authorization Card)
- \_\_\_ Certificate of Citizenship
- \_\_\_ Naturalization Certificate
- \_\_\_ Machine Readable Immigrant Visa (with Temporary I-551 Language) Temporary
- \_\_\_ I-551 Stamp (on passport or I-94)
- \_\_\_ I-94 (Arrival/Departure Record)
- \_\_\_ Unexpired Foreign Passport (must include an I-94)
- \_\_\_ I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- \_\_\_ DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

**I hereby attest that my response and the information provided on this form are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.**

Print Name \_\_\_\_\_  
(First, Middle, Last)

Signature \_\_\_\_\_

Date \_\_\_\_\_

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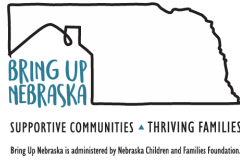


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### Community Partners Response Participant Information

I am currently receiving the following services and supports (check all that apply):	<input type="checkbox"/> Education Services	<input type="checkbox"/> Mental Health Services
	<input type="checkbox"/> Employment Services	<input type="checkbox"/> Substance Use Services
I am currently receiving the following types of public assistance (check all that apply):	<input type="checkbox"/> Food Services	<input type="checkbox"/> Transportation Services
	<input type="checkbox"/> Housing Services	<input type="checkbox"/> Other Specify: _____
What is your current housing status?	<input type="checkbox"/> Legal Services	<input type="checkbox"/> NA/None
	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Prefer Not to Answer
What is your current housing status?	<input type="checkbox"/> Aid to Dependent Children/TANF	<input type="checkbox"/> Utilities Assist/LIHEAP
	<input type="checkbox"/> Childcare subsidy/Title XX	<input type="checkbox"/> WIC
What is your current housing status?	<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Housing Voucher/Section 8	<input type="checkbox"/> NA/None
What is your current housing status?	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Prefer Not to Answer
	<input type="checkbox"/> Unemployment	
What is your current housing status?	<input type="checkbox"/> Homeless	<input type="checkbox"/> At-risk of losing housing
	<input type="checkbox"/> At-risk of homelessness	<input type="checkbox"/> Fleeing Violence
Are you a veteran or have active-duty military status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your highest level of school completed?	<input type="checkbox"/> No schooling	<input type="checkbox"/> Nursery to 4 <sup>th</sup> grade
	<input type="checkbox"/> 5 <sup>th</sup> or 6 <sup>th</sup> grade	<input type="checkbox"/> 7 <sup>th</sup> or 8 <sup>th</sup> grade
What is your highest level of school completed?	<input type="checkbox"/> 9 <sup>th</sup> grade	<input type="checkbox"/> 10 <sup>th</sup> grade
	<input type="checkbox"/> 11 <sup>th</sup> grade	<input type="checkbox"/> 12 <sup>th</sup> grade
What is your highest level of school completed?	<input type="checkbox"/> High school diploma	<input type="checkbox"/> GED
	<input type="checkbox"/> Post-Secondary	
Are you a domestic violence survivor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when did the experience occur?	<input type="checkbox"/> Within past three months	<input type="checkbox"/> Three to six months
	<input type="checkbox"/> 6 to 12 months	<input type="checkbox"/> More than a year ago
If yes, are you currently fleeing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you struggle with any of the following?	<input type="checkbox"/> Injured Brain	<input type="checkbox"/> Alcohol Use
	<input type="checkbox"/> Language Barriers	<input type="checkbox"/> Substance Use
Do you struggle with any of the following?	<input type="checkbox"/> Emotional Neglect	<input type="checkbox"/> Both Alcohol/Substance Use
	<input type="checkbox"/> Behavioral/Mental Health	<input type="checkbox"/> HIV/AIDS
Do you struggle with any of the following?	<input type="checkbox"/> Chronic Health Issues	<input type="checkbox"/> Physical Mobility
		<input type="checkbox"/> Developmental
<b>Is there someone who doesn't live with you we can contact if we can't reach you?</b>		
<input type="checkbox"/> Yes, please list below	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<input type="checkbox"/> Yes, please list below	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
<b>Name</b>	<b>Relationship to you</b>	<b>Phone</b>
Do any of your children have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your children have a disability?		<input type="checkbox"/> If yes, how many: _____
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Unsure
Do you currently have an open case with the DHHS Child Welfare system (this will not affect your eligibility):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Unsure

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### 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

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## Community Partner Response Pre Survey

*INSTRUCTIONS: All parts of the Pre 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.*

<b>Date:</b>	
<b>Full Name:</b>	

<b>Concrete Supports</b>
<b>In the past month, were you unable to pay for any of the following? Select all that apply</b>

- Rent or Mortgage   
  Utilities or bills (electricity, gas, phone, etc.)   
  Groceries/food (including baby formula, diapers)  
 Childcare/daycare   
  Medicine, medical expenses, or co-pays   
  Basic household or personal hygiene items  
 Transportation (gas, bus passes, shared rides)   
  I was able to pay for all of these

<b>In the past month, have you experienced any of the following? Select all that apply</b>
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- Delayed or did not receive medical or dental care   
  Evicted from home or apartment  
 Lived in a shelter, hotel/motel, abandoned building, or vehicle  
 Moved in with others due to inability to afford rent/mortgage/bills  
 Lost access to regular transportation (e.g., vehicle totals or repossessed)  
 Unemployed when you needed and wanted a job   
  None of these apply to me

<b>I have people or resources I trust if my family or I need any of the following. Select all that apply.</b>
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- Help with housing or utilizes assistance   
  Help with purchasing food   
  Help finding a job  
 Help finding quality medical or dental care   
  Help with transportation   
  Mental Health Support or resources  
 Advice about money, bills, or budgeting   
  Advice about relationships and/or my love life  
 Advice about stress, anxiety, and/or depression   
  Advice about parenting or my kids   
  None of these

<b>How often do you experience the following?</b>
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	Never	Rarely	Sometimes	Often	Almost Always
<b>I have trouble affording what I need each month</b>					
<b>I am able to afford the food I want to feed my family</b>					
<b>I feel connected to my community</b>					
<b>I feel safe in my neighborhood</b>					
<b>Someone in my family threatens to harm me</b>					
<b>Additional stress due to your own or family member's alcohol or drug use</b>					
<b>Additional stress due to your own or a family member's health status</b>					

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

<b>Hope Scale</b>					
<b>Please mark how much you agree or disagree with each statement</b>					
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>I can think of many ways to get out of a jam</b>					
<b>I energetically pursue my goals</b>					
<b>There are lots of ways around any problem</b>					
<b>Even when things are tough, I can stay motivated to achieve my goals</b>					

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Resilience Scale					
Please mark how much you agree or disagree with each statement					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I tend to bounce back quickly after hard times					
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 setbacks in my life					

Protective Factors					
For each statement, select the option that best describes your experience. (Only complete this section if you are a parent/guardian.)					
	Not at all like my life	Not much like my life	Somewhat like my life	Quite a lot like my life	Just like my life
The future looks good for our family					
In my family, we take time to listen to each other					
There are things we do as a family that are special just to us					
My child misbehaves just to upset me					
I feel like I'm always telling my kids "no" or "stop"					
I have frequent power struggles with my kids					
How I respond to my child depends on how I'm feeling					
I have people who believe in me					
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 have friends who will support me					
When I need someone to look after my kids on short notice, I can find someone I trust					



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## Community Partner Response Flex Fund Form

**Please attach or send any leases, bills, and documents with this form.**

*Please complete all of the following information:*

<b>Date:</b>	
<b>Full Name:</b>	

**How can we help? What is your need? About how much does it cost? Please include as many details as you can.**

**Where should we send the payment? – will be required to complete a W9**

<b>Vendor Name</b>	
<b>Vendor Contact Name</b>	
<b>Vendor Phone Number</b>	
<b>Vendor Address</b>	

**Please indicate any support you have received from the following agencies, if any, in the blanks below:**

Community Action: _____	Jubilee Center: _____	DHHS: _____	S.A.F.E. Center: _____
Salvation Army: _____	NE ERA Program: _____	Other: (Agency: _____ Amount: _____)	

<b>Total Amount Requested from Flex Funds</b>	
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<b>Are you willing to meet with a coach to support your goals?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>If yes, please explain:</b>	
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**IN OFFICE USE ONLY**

<b>Date of Payment:</b>	<b>Payment Method:</b>	<input type="checkbox"/> Gift Card
	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card	<input type="checkbox"/> Other: _____

<b>Housing Amount:</b>	<b>Detailed need:</b>	<b>Employment Amount:</b>	<b>Detailed need:</b>
<b>Utilities Amount:</b>	<b>Detailed need:</b>	<b>Physical/Dental amount:</b>	<b>Detailed need:</b>
<b>Daily Living Amount:</b>	<b>Detailed need:</b>	<b>Mental Health Amount:</b>	<b>Detailed need:</b>
<b>Education Amount:</b>	<b>Detailed need:</b>	<b>Parenting Amount:</b>	<b>Detailed need:</b>
<b>Transportation Amount:</b>	<b>Detailed need:</b>	<b>Other/Coaching Amount:</b>	<b>Detailed need:</b>