Participant ID (STAFF ONLY)

Community Partners Response Intake Form

Referral Agency

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	____ Internet Search
____ Therapist / Mental Health Provider	____ Family Member or Friend
____ Case Manager – Child Welfare	____ Teacher / School Staff
____ Case Manager – Medicaid / Insurance Provider	____ Childcare Provider
____ Case Manager – SNAP or Other Economic Benefits	____ Lawyer / Legal Services
____ Other (Please complete the box below)	____ Non-Profit Social Services Provider / Church

Other (if applicable)

WHAT IS YOUR URGENT NEED? (please check all that apply)

____ Daily Living (clothing, hygiene, phone)	____ Mental Health (therapist, psychologist, etc.)
____ Dentist	____ Parenting Assistance
____ Education	____ Physical Health (doctor)
____ Employment	____ Substance Use
____ Finances	____ Supportive Relationships
____ General Life Skills	____ Transportation
____ Housing	____ Utilities
____ Legal Help	____ 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

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BUFFALO COUNTY community partners

BRING UP NEBRASKA
SUPPORTIVE COMMUNITIES ▲ THRIVING FAMILIES
Bring Up Nebraska is administered by Nebraska Children and Families Foundation.

Referral Agency

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

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