

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

<b>Referral Agency</b>



## 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>	

Concrete Supports					
<b>In the past month, were you unable to pay for any of the following? Select all that apply</b>					
<input type="checkbox"/> Rent or Mortgage <input type="checkbox"/> Utilities or bills (electricity, gas, phone, etc.) <input type="checkbox"/> Groceries/food (including baby formula, diapers) <input type="checkbox"/> Childcare/daycare <input type="checkbox"/> Medicine, medical expenses, or co-pays <input type="checkbox"/> Basic household or personal hygiene items <input type="checkbox"/> Transportation (gas, bus passes, shared rides) <input type="checkbox"/> 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>					
<input type="checkbox"/> Delayed or did not receive medical or dental care <input type="checkbox"/> Evicted from home or apartment <input type="checkbox"/> Lived in a shelter, hotel/motel, abandoned building, or vehicle <input type="checkbox"/> Moved in with others due to inability to afford rent/mortgage/bills <input type="checkbox"/> Lost access to regular transportation (e.g., vehicle totals or repossessed) <input type="checkbox"/> Unemployed when you needed and wanted a job <input type="checkbox"/> 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>					
<input type="checkbox"/> Help with housing or utilizes assistance <input type="checkbox"/> Help with purchasing food <input type="checkbox"/> Help finding a job <input type="checkbox"/> Help finding quality medical or dental care <input type="checkbox"/> Help with transportation <input type="checkbox"/> Mental Health Support or resources <input type="checkbox"/> Advice about money, bills, or budgeting <input type="checkbox"/> Advice about relationships and/or my love life <input type="checkbox"/> Advice about stress, anxiety, and/or depression <input type="checkbox"/> Advice about parenting or my kids <input type="checkbox"/> None of these					
<b>How often do you experience the following?</b>					
	Never	Rarely	Sometimes	Often	Almost Always
I have trouble affording what I need each month					
I am able to afford the food I want to feed my family					
I feel connected to my community					
I feel safe in my neighborhood					
Someone in my family threatens to harm me					
Additional stress due to your own or family member's alcohol or drug use					
Additional stress due to your own or a family member's health status					

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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.?				

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

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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					