Buffalo County Coaching Referral Form

BUFFALO COUNTY community partners

Date: _____
Family Point of Contact:_____
Family Address:_____
Family Phone:_____ Family Email:_____
Are Community Response Forms Complete? ___ Yes ___ No

A coach from Families Care, COMPASS, or the SAFE Center will call you to schedule a time to meet.

The Buffalo County Community Partners Coaching Program is a free, participation-based service that helps individuals and families get the support they need. Coaches work with participants to set goals and meet regularly — in person, by phone, or virtually — to move toward sufficiency.

To keep receiving help and resources, participants must stay engaged by responding to calls or texts and letting their coach know if plans change. If contact cannot be made after several attempts, services will close, and support will end. The program is built on teamwork, with the coach and participant taking one step at a time toward a more stable future.

Reason for Referral:

Assistance in the following areas: ☐ Education ☐ Employment ☐ Housing ☐ Finances ☐ Life Skills ☐ Physical Health ☐ Mental Health ☐ Substance Abuse ☐ Dentist ☐ Parenting ☐ Transportation ☐ Legal ☐ Supportive Relationships ☐ Childcare ☐ Other:_____

Preferred Agency:

Please select the agency you would prefer out of the three we contract with to provide coaching services. These agencies do provide other services, but if you are contacted by them, it is for coaching.

☐ Families Care ☐ Safe Center ☐ Compass ☐ No Preference

Coaching services are free and voluntary. If you have been referred for coaching from an agency after seeking financial assistance from community resources, ***the coaching agency will not fulfill the financial request****. Your coach may be able to help access resources from other sources,* ***but the contracted coaching agency will not directly pay for a financial need****.*

As a participant, I will: (Please initial in the blank next to each statement to show your agreement)

- *Treat my coach with respect.* _____
- *Meet regularly for up to three months, in person when possible.* _____
- *Respond to calls, texts, or emails promptly.* _____
- *Share my needs openly and be willing to try suggestions.* _____
- *Communicate with my coach if I need to reschedule.* _____
- *Complete surveys and final steps when my goals are met.* _____

_____ _____

Name of Person being served Signature of Person being served

_____

Date

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

Participant ID (STAFF ONLY)

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 authorize Buffalo County Community Partners, and Community Response Team member agencies to share information to verify eligibility and coordinate services. All information will remain confidential.

Your privacy and the protection of your personal information are our top priorities. Any information you share will be stored securely and only accessed by authorized staff for the purpose of improving services and supporting families.

Your name, your child's name, date of birth, or any other identifying information will never appear in shared reports. All reporting is conducted at the group level to ensure your identity remains confidential.

You will be invited to allow your information to be used by the program and its evaluation partners—such as the Nebraska Children and Families Foundation's Research and Evaluation Team—to better understand what's working and how services can be strengthened.

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