Participant ID (STAFF ONLY)

Referral Agency

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 Signature of Person

_____
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/Friend
____ Case Manager – Child Welfare	____ Teacher/School Staff
____ Case Manager – Medicaid / Insurance	____ Childcare Provider
____ Case Manager – SNAP or Other Economic Benefits	____ Lawyer/Legal Services
____ 211 NE Warmline	____ Non-Profit Social Services Provider / Church
	____ Police/Law Enforcement

Other

WHAT IS YOUR URGENT NEED? Check all that apply:

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

Other

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)	Referral Agency

DEMOGRAPHIC QUESTIONS

Sex

____ Female	____ Prefer Not to Say
____ Male	____ 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. To help connect you to services, information you share will be entered into a safe, secure system called findhelp. This allows trusted providers to work together and better support your needs. At a minimum, we will record that you received assistance. Some questions are required, while others are optional, for optional questions you do not want to answer, you may select "Prefer not to respond." Please note that sharing less information may limit the referrals or resources we are able to connect you with. Participant, Parent or Guardian Consent to participate in the evaluation: By saying "yes," you agree that the information you provide through our prevention system can be used by our evaluation team and evaluation partners to understand how the program is working. Information will only be reported in group form - your name or any identifying details will never appear in reports. Participation is voluntary and does not affect eligibility for services. If you say "no," your information will not be included in the evaluation.

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