Participant ID (STAFF ONLY)	Referral Agency

Community Partners Response Participant Information

I am currently receiving the following services and supports (check all that apply):	☐ Education Services ☐ Employment Services ☐ Food Services ☐ Housing Services ☐ Legal Services ☐ Medical Services	☐ Mental Health Services ☐ Substance Use Services ☐ Transportation Services ☐ Other Specify:_____ ☐ NA/None ☐ Prefer Not to Answer
I am currently receiving the following types of public assistance (check all that apply):	☐ Aid to Dependent Children/TANF ☐ Childcare subsidy/Title XX ☐ Food Stamps (SNAP) ☐ Housing Voucher/Section 8 ☐ Medicaid ☐ Unemployment	☐ Utilities Assist/LIHEAP ☐ WIC ☐ Other:_____ ☐ NA/None ☐ Prefer Not to Answer
What is your current housing status?	☐ Homeless ☐ At-risk of homelessness ☐ At-risk of losing housing ☐ Fleeing Violence	☐ Stably Housed
Are you a veteran or have active-duty military status?	☐ Yes	☐ No
What is your highest level of school completed?	☐ Less than high school ☐ High school diploma or GED ☐ Some college, no college ☐ Certificate or trade credential	☐ Associate degree ☐ Bachelor's degree ☐ Graduate or professional degree ☐ Prefer not to answer
Are you a domestic violence survivor?	☐ Yes	☐ No
If yes, when did the experience occur?	☐ Within past three months ☐ 6 to 12 months	☐ Three to six months ☐ More than a year ago
If yes, are you currently fleeing?	☐ Yes	☐ No
Do you struggle with any of the following?	☐ Injured Brain ☐ Language Barriers ☐ Emotional Neglect ☐ Behavioral/Mental Health ☐ Chronic Health Issues	☐ Alcohol Use ☐ Substance Use ☐ Both Alcohol/Substance Use ☐ HIV/AIDS ☐ Physical Mobility ☐ Developmental

Is there someone who doesn't live with you we can contact if we can't reach you?

☐ Yes, please list below	☐ No	☐ Unsure	☐ Prefer not to say				
Name		**Relationship to you**		**Phone**			

Do any of your children have a disability?	☐ Yes	☐ No	☐ 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?	☐ Yes	☐ No	☐ Unsure ☐ Prefer Not to Say
Do you currently have an open case with the DHHS Child Welfare system (this will not affect your eligibility):	☐ Yes	☐ No	☐ Unsure

Participant ID (STAFF ONLY)

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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