

CR/CYI PARTICIPANT INFORMATION FORM

Today's Date: * ___/___/___

INSTRUCTIONS FOR STAFF: All parts of the Participant Information Form 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.

Your Preferred Name: _____ Your Preferred Pronoun(s): _____

1) How can we help?

What is your most urgent need? Check all that apply

<input type="checkbox"/> Daily living (tel., clothes, hygiene)	<input type="checkbox"/> Finances	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Supportive Relationships
<input type="checkbox"/> Dentist	<input type="checkbox"/> General Life Skills	<input type="checkbox"/> Parenting Assistance	<input type="checkbox"/> Transportation
<input type="checkbox"/> Education	<input type="checkbox"/> Housing	<input type="checkbox"/> Physical Health	<input type="checkbox"/> Utilities
<input type="checkbox"/> Employment	<input type="checkbox"/> Legal Help	<input type="checkbox"/> Substance Use	Other: _____

Is there anything else you need us to know?

2) Current services and supports

I am currently receiving the following services and supports... (check all that apply)

<input type="checkbox"/> Education Services (e.g. ETV, GED, tutoring)	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Transportation Services (e.g. IntelliRide)
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Other
<input type="checkbox"/> Food Services (e.g. local pantries)	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> NA/None
<input type="checkbox"/> Housing Services	<input type="checkbox"/> Substance Use Services	<input type="checkbox"/> Prefer Not to Answer

I am currently receiving the following types of public assistance... (check all that apply)

<input type="checkbox"/> Aid to Dependent Children/TANF	<input type="checkbox"/> Housing Voucher/Section 8	<input type="checkbox"/> Utilities Assist./LIHEAP	<input type="checkbox"/> NA/None
<input type="checkbox"/> Childcare Subsidy/Title XX	<input type="checkbox"/> Medicaid	<input type="checkbox"/> WIC	<input type="checkbox"/> Prefer Not to Answer
<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other	

3) A few questions about you...

Full LEGAL Name (first, middle, last)*	Phone Number	Email Address	Birth Date* ___/___/___
Current/Mailing Address	City	State	County* Zip code

Is there someone who doesn't live with you we can contact if we can't reach you? Yes No →

If yes, please list the person's:
 Name: _____ Phone Number: _____
 Relationship to you (ex: friend, foster parent): _____

What is your gender?*

Woman Man Another Gender: _____ Prefer not to say

What is your race/ethnicity? (check all that apply)*

White Black or African American Hispanic or Latino Asian American Indian or Alaskan Native → Are you part of a federally recognized tribe? **Y** or **N**

Native Hawaiian or Other Pacific Islander Another race/ethnicity: _____ Prefer not to say

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 have a disability?*

Yes No Prefer Not to Say

Do you have enough people to count on when you need someone to give you good advice?*

Yes No Prefer Not to Say

If yes, how many people? _____ (write in number)

As of today's date are you between the ages of 14 and 25 (have not yet had your 26th birthday)?* Yes No

ONLY if you are between the ages of 14 and 25 (answered "yes" to above), have you experienced any of the following?*

Foster care/state ward/placed outside of the home In-home services for your family (from DHHS) Guardianship or Adoption

Probation or Incarceration Homelessness Human Trafficking Prefer not to say N/A, no experience with any of these

Are you currently pregnant or expecting a child (mother or father)?* Yes No Prefer Not to Say

4) A few questions about your household...

Including yourself, how many ADULTS (people 18+) are in your household?*

How many CHILDREN (people 17 and younger) are in your household? Enter 0 if no children live with you*

Do any of your children have a disability?*

Prefer not to say N/A No Yes → If yes, how many? _____ (write in number)

5) Authorization to Share Your Information for Evaluation (Consent)*

I agree to have my information shared for the evaluation. _____ YES _____ NO

As part of the evaluation of Community Response and the Connected Youth Initiative, your data will be shared with Nebraska Children and their evaluators from Munroe-Meyer Institute. Your name will not be included in any of the information that is provided to the evaluation team. All data is summarized as a group. You can choose not to participate in the evaluation. If you have questions please call Dr. Barbara Jackson at 402-559-5765

If you marked YES above, complete the following section

Name of participant	Participant Signature	Participant Signature Date
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<i>Next Section to be completed by staff witness</i>		
Witness Signature	Staff position of witness	Witness Signature Date

6) Information to be completed by the referral agency and/or Central Navigator

Step 1: Referral agency- please fill in the following before submitting this form to the Central Navigator:

Referral Agency Name	Referral Staff Member Name
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Contact Phone Number	Contact Email Address
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Step 2: Central Navigator – Assign a participant ID number to this participant

- Has this participant referred into central navigation before? If not, assign them a participant ID number. This is the first two letters of the participant’s first name, first two letters of last name, two digit month of birth, two digit day of birth (ex: Sally Jones DOB 10/16/80 would be SAJO1016)
- IF A RECORD ALREADY EXISTS FOR THIS PARTICIPANT, USE THEIR EXISTING PARTICIPANT ID NUMBER.
- Participant’s ID Number: _____