COMPLETE WITH ALL CR AND CYI PARTICIPANTS AT BEGINNING

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.

1) How can we help?

What is your most urgent need? Check all that apply

☐ Education ☐ Employment ☐ Housing ☐ Finances ☐ General Life Skills
☐ Physical Health ☐ Mental Health ☐ Substance Use ☐ Dentist ☐ Parenting Assistance
☐ Transportation ☐ Legal Documents ☐ Supportive Relationships ☐ Other:_____

Is there anything else you need us to know?

2) Current services and supports

I am <u>currently</u> receiving the following services and supports… (check all that apply)

☐ Opportunity Passport
☐ Bridge to Independence Services
☐ Employment Services
☐ Family Finding Services
☐ Medical Services
☐ Dental Services
☐ Support Services Fund (in the past 12 mo.)
☐ Not Applicable/None
☐ Other Indep. Living/Life Skills Services
☐ Education Services (e.g. ETV, GED, tutoring)
☐ Transportation Services (e.g. IntelliRide)
☐ Mental Health Services
☐ Credit Repair Services
☐ Other: _____
☐ Prefer Not to Answer
☐ Youth Leadership Council
☐ Housing Services
☐ Mentoring Services
☐ Food Services (e.g. local pantries)
☐ Substance Use Services
☐ Legal Services

I am <u>currently</u> receiving the following types of public assistance… (check all that apply)

☐ Medicaid
☐ Childcare Subsidy/Title XX
☐ Housing Voucher/Section 8
☐ Not Applicable/None
☐ Food Stamps (SNAP)
☐ SSI/SSDI
☐ Unemployment
☐ Prefer Not to Answer
☐ Aid to Dependent Children/TANF
☐ WIC
☐ 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 <u>doesn't live with you</u> we can contact if we can't reach you? ☐ Yes ☐ No → **If <u>yes</u>, please list the person's:** Name: _____ Phone Number:_____ Relationship to you (ex: friend, foster parent): _____

Did you move to NE from another state? ☐ No ☐ Yes (state: _____)

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 <u>QUALIFY</u> 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

<u>ONLY</u> 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 ☐ Adoption
☐ Probation ☐ Homelessness ☐ Recent Incarceration (last 6 mos.) ☐ 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
Are you currently a parent or caring for a child (for example, foster parent, grandparent, aunt) ☐ Yes ☐ No ☐ Prefer not to say
if you are currently a parent or caring for a child (answered "yes" to above) please also complete section 4, next page

4) A few questions about your children…

If you do not currently have any children, you do not need to complete this section

Number of children in household under 18 (enter 0 if no children live with you) _____

Do any of your children have a disability? ☐ Prefer not to say ☐ no ☐ yes → **If yes, how many?** _____ (write in number)

5) Authorization to Share Your Information For Evaluation (Consent)

The following information is collected as part of the **CR/CYI Evaluation**

- You and/or your child(ren)'s basic information
  - Demographic Information
  - Current Services & Supports
- The following items as applicable
  - Support Services Fund Application Form
  - Survey responses to the following
    - Community Response Coaching Survey
    - Transitional Services Survey

I hereby grant permission for the local Community Well Being coordinator and/or necessary staff and _____ (CR/CYI Agency or agencies) to share this information with Nebraska Children and their contracted evaluators including Munroe-Meyer Institute, as part of the evaluation of this program that is funded in part by Nebraska Children. You are not required to share this information. If you decide not to have this information shared, it will not affect you or your standing in our program in any way. For evaluation reporting purposes, your information will always be combined and will not be identifiable at the individual family level.

*If you **AGREE** to provide your information, complete the following section:*

Name of participant	**Name(s) of participant's child(ren), if applicable**

Participant Signature	**Participant Signature Date**

Next Section to be completed by staff witness

Witness Signature	**Staff position of witness**	**Witness Signature Date**

If you have questions about the evaluation, please contact Barbara Jackson at Munroe-Meyer Institute at 402-559-5765 or Catherine Brown at Nebraska Children and Families Foundation at 402-302-1588.

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**	**Contact Phone Number**	**Contact Email Address**

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:_____

COMPLETE WITH ALL CR AND CYI PARTICIPANTS AT BEGINNING

CR/CYI Participant Information Survey

INSTRUCTIONS: All parts of the Participant Information 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.

For each of the following, mark the response that most closely matches how you feel

Social Connections	**A. Not at all like my life**	**B. Not much like my life**	**C. Somewhat like my life**	**D. Quite a lot like my life**	**E. Just like my life**	**Not applicable - I do not have kids**
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 work on achieving 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	☐	☐	☐	☐	☐	☐

I have people I trust to ask for advice about (check all that apply)

A. ☐ Money/Bills/Budgeting
B. ☐ Relationships and/or My Love Life
C. ☐ Food/Nutrition
D. ☐ Stress, Anxiety, and/or Depression
E. ☐ Parenting/My Kids (if applicable)
F. ☐ None of the above

Concrete Supports	**A. Not at all like my life**	**B. Not much like my life**	**C. Somewhat like my life**	**D. Quite a lot like my life**	**E. Just like my life**
I was able to cover all my expenses last month *(expenses include costs like rent, utility bills, food, transportation, child care, and medical expenses)*	☐	☐	☐	☐	☐
The transportation I use is reliable and consistent	☐	☐	☐	☐	☐
My housing situation is affordable, safe, and stable	☐	☐	☐	☐	☐
Over the past three months, my children and I have been able to see a doctor when we needed to. *(If you do not have children, answer for just yourself)*	☐	☐	☐	☐	☐
Over the past three months, I have found a job and/or worked when I needed to	☐	☐	☐	☐	☐

FOR CENTRAL NAVIGATOR

1) **Write Participant's ID number below**
   - Refer to Section 6 of participant's *CR/CYI Participant Information Form*.
   - Write the **SAME** Participant ID number below.
   - Participant's ID Number:_____

2) **Upload THIS PAGE ONLY to your community's survey folder on Box.com**

PARTICIPANT AND STAFF COMPLETE ONLY IF FUNDS APPLIED FOR

CR/CYI SUPPORT SERVICES FUND APPLICATION FORM

Today's Date: ____/____/_____

1) How can we help?

What is your need? About how much does it cost? Please include as many details as you can.

2) Documents needed

You will be asked to provide documentation for certain needs such as rent support or unpaid bills, so bring them with you if you can. Examples include: Shut-off notices from utility companies, eviction notices, unpaid medical bills, estimate of health services.

3) A few questions about you

Full LEGAL Name (first, middle, last)	**Birth Date**
	____/____/_____

Phone Number	**Email Address** (optional)

Current/Mailing Address	**City**	**State**	**County**	**Zip code**

4) Where should we send the payment?

Business name	**Business contact person name**	**Business phone number**

Business address (incl. city, state, zip)

5) Information to be completed by the Central Navigator (Applicants DO NOT fill out this section)

Payment Information

Date of payment: _____/_____/_____ Payment method: ☐ Check (check #_____) ☐ Gift card ☐ Other:

Housing amount $	**Detailed need (ex: rent)**	**Employment amount** $	**Detailed need (ex: uniform)**
Utilities amount $	**Detailed need (ex: electric bill)**	**Physical/dental health amount** $	**Detailed need (ex: copay)**
Daily living amount $	**Detailed need (ex: hygiene products)**	**Mental health amount** $	**Detailed need (ex: copay)**
Education amount $	**Detailed need (ex: textbooks, fees)**	**Parenting amount** $	**Detailed need (ex: childcare, diapers)**
Transportation amount $	**Detailed need (ex: car repairs)**	**Other amount** $	**Detailed need**

DON'T FORGET! Enter this form into your electronic data system!