# Central Navigation Intake and Screen Form

Updated 08/28/25

| First Name: | Last Name: | Middle Name: |
|---|---|---|
| Preferred name, if different: | | Today's Date: |

How did you hear about us? ( Select only one)

- ☐ Internet Search
- ☐ Family Member / Friend
- ☐ Teacher / School Staff
- ☐ Doctor / Medical Provider
- ☐ Police / Law Enforcement
- ☐ Case Manager - Child Welfare
- ☐ Case Manager - SNAP / Other Economic Benefit
- ☐ Case Manager - Medicaid / Insurance
- ☐ Case Manager - Other
- ☐ Lawyer / Legal Services
- ☐ Childcare Provider
- ☐ Therapist / Mental Health Provider
- ☐ Nonprofit Social Services Provider / Church
- ☐ Prefer Not To Say
- ☐ Other_____

What is your MOST urgent need? (Check all that apply)

- ☐ Daily Living (Clothing, Hygiene, Phone)
- ☐ General Life Skills
- ☐ Parenting Assistance
- ☐ Supportive Relationships
- ☐ Education
- ☐ Employment
- ☐ Finances
- ☐ Housing
- ☐ Utilities
- ☐ Transportation
- ☐ Physical Health (doctor)
- ☐ Dentist
- ☐ Mental Health (therapist, psychologist, etc.)
- ☐ Substance Use
- ☐ Legal Help
- ☐ Food
- ☐ Other_____

| Phone: | Email: |
|---|---|
| Birthdate: | Street Address: |
| Sex (circle one): M F Prefer not to say | City, State, Zip Code: |

Race / Ethnicity (Select all that apply):

- ☐ Native American or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Prefer Not to Say
- ☐ Prefer to Self-Identify

Family Information:

- Number of Adults in the home: _____
- Number of Children UNDER 19 in the home: _____
- Are you pregnant or expecting a child? (Mother or Father):
  - Yes
  - No
  - Prefer not to say
- Spouse/Significant Other - Name:

  _____
- Spouse/Significant Other - Date of Birth:

| **Names** of children UNDER 19 in the home: | **Birthdate** of each child: |
|---|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

| | |
|---|---|
| Do you currently have any health insurance?<br>If yes, which do you have? ☐Private insurance ☐Medicaid ☐Medicare<br>If Medicaid, which managed care organization (MCO) do you use? ☐Molina ☐ United ☐Nebraska Total Care | YES NO |
| Do you have legal status in the U.S? | YES NO<br>Prefer not to answer |
| Do you have any open CPS cases? | YES NO |
| Are you an unconnected youth, age 16-24 (current/past foster care, homeless, not working, or in school)? | YES NO |
| Are you currently employed? | YES NO |
| If NO to the above, have you applied for unemployment? | YES NO |
| Are you homeless, at risk of being homeless, or dealing with housing insecurity? | YES NO |
| Are you receiving support/assistance from any other agencies/churches/friends, etc. in the area?<br>If yes, which agencies are providing support/assistance? | YES NO |
| Have you applied for any state aid through ACCESS NEBRASKA programs (such as ADC, Childcare Subsidy, Food Stamps (SNAP), LIHEAP, Employment Services, Housing Voucher/Section 8, WIC)?<br>If yes, which programs have you applied for? | YES NO |

**Terms and Privacy Policy:** By signing below, I affirm that (1) the information provided is true and accurate to the best of my knowledge, (2) I consent to allow the Community IMPACT Network to collect and store my profile information, to create and account for me and email me the account details as well as a link to return to my highlighted program search results, and (3) I reviewed the Nebraska Children and Families Foundation platform's Terms and Privacy Policy.

**Data sharing Disclosure:** 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. 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. Participation is entirely voluntary. You may choose not to give permission or withdraw your consent at any time. If you change your mind, no further information will be collected or used from that point forward.

**Participant/Parent/Guardian Consent:** I give permission to share information with Nebraska Children and Families Foundation Research and Evaluation Team and evaluation partners. My privacy will be protected, and my name, my child's name, date of birth, or any other identifying information will not be included in reports. ☐YES ☐ NO

**Minor Consent (ONLY complete if intake is being completed by a minor):** As a minor participating in this program, I give permission for my information to be shared and used to help improve the program. ☐ YES ☐ NO

Signature _____ Print Name _____ Nv. In. _____

# Pre-Service Survey

| | | |
|---|---|---|
| **Zip Code:** | **Full name:** | |
| **Phone:** | **Email:** | **Today's Date:** |

**Concrete Support**

| In the past **month**, were you unable to pay for any of the following? Select all that apply. | In the past **year**, have you experienced any of the following? Select all that apply. | I HAVE people or resources I trust if my family or I need any of the following. Select all that apply. |
|---|---|---|
| ☐ Rent or Mortgage<br>☐ Utilities or Bills<br>☐ Groceries<br>☐ Childcare<br>☐ Medical Expenses<br>☐ Basic Household or Hygiene items<br>☐ Transportation (gas, rides)<br>☐ I WAS able to pay for all of these | ☐ Delayed medical or dental care<br>☐ Evicted from home/apartment<br>☐ Lived in a shelter/hotel/vehicle<br>☐ Moved in with others<br>☐ Lost access to regular transportation (total, repossessed)<br>☐ Unemployed when you needed/wanted a job<br>☐ NONE of these apply to me | ☐ Help with housing or utilities<br>☐ Help with purchasing food<br>☐ Help with finding a job<br>☐ Help finding medical/dental care<br>☐ Help with transportation<br>☐ Mental health support or resources<br>☐ Advice about money, bills, budgeting<br>☐ Advice about relationships and/or my love life<br>☐ Advice about stress, anxiety, and/or depression<br>☐ Advice about parenting or my kids<br>☐ NONE of the above |

**How often do you experience the following?**

| I have trouble affording what I need each month | I am able to afford the food I want to feed my family | I feel connected to my community | I feel safe in my neighborhood |
|---|---|---|---|
| ☐ Never<br>☐ Rarely<br>☐ Sometimes<br>☐ Often<br>☐ Almost Always | ☐ Never<br>☐ Rarely<br>☐ Sometimes<br>☐ Often<br>☐ Almost Always | ☐ Never<br>☐ Rarely<br>☐ Sometimes<br>☐ Often<br>☐ Almost Always | ☐ Never<br>☐ Rarely<br>☐ Sometimes<br>☐ Often<br>☐ Almost Always |

| Someone in my family threatens to harm me | I have additional stress due to my own or a family member's alcohol or drug use | I have additional stress due to my own or a family member's health |
|---|---|---|
| ☐ Never<br>☐ Rarely<br>☐ Sometimes<br>☐ Often<br>☐ Almost Always | ☐ Never<br>☐ Rarely<br>☐ Sometimes<br>☐ Often<br>☐ Almost Always | ☐ Never<br>☐ Rarely<br>☐ Sometimes<br>☐ Often<br>☐ Almost Always |

**Hope Scale**

| I can think of many ways to get out of a jam | I energetically pursue my goals | There are a lot of ways around any problem | Even when things are tough, I can stay motivated to achieve my goals |
|---|---|---|---|
| ☐ Strongly Disagree<br>☐ Disagree<br>☐ Neutral<br>☐ Agree<br>☐ Strongly Agree | ☐ Strongly Disagree<br>☐ Disagree<br>☐ Neutral<br>☐ Agree<br>☐ Strongly Agree | ☐ Strongly Disagree<br>☐ Disagree<br>☐ Neutral<br>☐ Agree<br>☐ Strongly Agree | ☐ Strongly Disagree<br>☐ Disagree<br>☐ Neutral<br>☐ Agree<br>☐ Strongly Agree |

# **Pre-Service Survey** (continued)

| **Brief Resilience Scale** | | | | | |
|---|---|---|---|---|---|
| I tend to bounce back quickly after hard times | I have a hard time making it through stressful events | It does not take me long to recover from a stressful event | It is hard for me to snap back when something bad happens | I usually come through difficult times with little trouble | I tend to take a long time to get over setbacks in my life |
| ☐ Strongly Disagree<br>☐ Disagree<br>☐ Neutral<br>☐ Agree<br>☐ Strongly Agree | ☐ Strongly Disagree<br>☐ Disagree<br>☐ Neutral<br>☐ Agree<br>☐ Strongly Agree | ☐ Strongly Disagree<br>☐ Disagree<br>☐ Neutral<br>☐ Agree<br>☐ Strongly Agree | ☐ Strongly Disagree<br>☐ Disagree<br>☐ Neutral<br>☐ Agree<br>☐ Strongly Agree | ☐ Strongly Disagree<br>☐ Disagree<br>☐ Neutral<br>☐ Agree<br>☐ Strongly Agree | ☐ Strongly Disagree<br>☐ Disagree<br>☐ Neutral<br>☐ Agree<br>☐ Strongly Agree |

| **Protective Factors Survey (Complete this section ONLY if you are a parent/guardian)** | | | |
|---|---|---|---|
| The future looks good for our family | In my family, we take time to listen to each other | There are things we do as a family that are special just to us | My child misbehaves just to upset me |
| ☐ Not at all like my life<br>☐ Not much like my life<br>☐ Somewhat like my life<br>☐ Quite a lot like my life<br>☐ Just like my life | ☐ Not at all like my life<br>☐ Not much like my life<br>☐ Somewhat like my life<br>☐ Quite a lot like my life<br>☐ Just like my life | ☐ Not at all like my life<br>☐ Not much like my life<br>☐ Somewhat like my life<br>☐ Quite a lot like my life<br>☐ Just like my life | ☐ Not at all like my life<br>☐ Not much like my life<br>☐ Somewhat like my life<br>☐ Quite a lot like my life<br>☐ Just like my life |
| I feel like I'm always telling my kids "no" or "stop" | I have frequent power struggles with my kids | How I respond to my child depends on how I'm feeling | I have people who believe in me |
| ☐ Not at all like my life<br>☐ Not much like my life<br>☐ Somewhat like my life<br>☐ Quite a lot like my life<br>☐ Just like my life | ☐ Not at all like my life<br>☐ Not much like my life<br>☐ Somewhat like my life<br>☐ Quite a lot like my life<br>☐ Just like my life | ☐ Not at all like my life<br>☐ Not much like my life<br>☐ Somewhat like my life<br>☐ Quite a lot like my life<br>☐ Just like my life | ☐ Not at all like my life<br>☐ Not much like my life<br>☐ Somewhat like my life<br>☐ Quite a lot like my life<br>☐ Just like my life |
| I have someone in my life who gives me advice, even when it's hard to hear | When I am trying to achieve 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 | Thank you! |
| ☐ Not at all like my life<br>☐ Not much like my life<br>☐ Somewhat like my life<br>☐ Quite a lot like my life<br>☐ Just like my life | ☐ Not at all like my life<br>☐ Not much like my life<br>☐ Somewhat like my life<br>☐ Quite a lot like my life<br>☐ Just like my life | ☐ Not at all like my life<br>☐ Not much like my life<br>☐ Somewhat like my life<br>☐ Quite a lot like my life<br>☐ Just like my life | |

# Household Income and Expenses Information

| Full name: | Today's Date: |
|---|---|

| | Participant/Head of Household | Adult #2 |
|---|---|---|
| **Employer** | | |
| **Hourly wage** | | |
| **Hours of work per week** | | |

| List additional adults living in the home: | |
|---|---|
| 1. | Monthly income for this adult: |
| 2. | Monthly income for this adult: |
| 3. | Monthly income for this adult: |

| Source of Income | Yes | No | If yes, monthly amount from this source: |
|---|---|---|---|
| Earned Income (from employment) | | | $ |
| Unemployment | | | $ |
| SSI - Supplemental Security Income | | | $ |
| SSDI - Social Security Disability Income | | | $ |
| VA Service Connected Disability Compensation | | | $ |
| VA Non-Service Connected Disability Pension | | | $ |
| Private Disability Insurance | | | $ |
| Worker's Compensation | | | $ |
| TANF - Temporary Assistance for Needy Families | | | $ |
| General Assistance (GA) | | | $ |
| SSA - Social Security | | | $ |
| Pension/Retirement Income from Former Job | | | $ |
| Child Support | | | $ |
| Alimony or Other Spousal Support | | | $ |
| Contributions from Other People | | | $ |
| Aid to Dependent Children (ADC) | | | $ |
| Other: _____ | | | $ |
| **TOTAL MONTHLY INCOME FROM ALL SOURCES** | | | $ |

| PUBLIC BENEFITS - Do you have any non-cash benefits from any source? | | | |
|---|---|---|---|
| **Source of Public Benefit** | **Yes** | **No** | **If yes, monthly amount from this source:** |
| Housing Voucher / Section 8 | | | $ |
| LIHEAP - *Low Income Home Energy Program* | | | $ |
| SNAP- *Supplemental Nutrition Assistance Program* | | | $ |
| WIC -Special Supplemental Nutrition Program for *Women, Infants, and Children* | | | $ |
| TANF Child Care Services | | | $ |
| TANF Transportation Services | | | $ |
| Other TANF-funded Services | | | $ |
| Other: _____ | | | $ |
| **TOTAL NON-CASH BENEFIT** | | | $ |

# Household Income and Expenses Information (continued)

## CURRENT MONTHLY LIVING EXPENSES

| Expense Category | Amount of Expense | Expense Category | Amount of Expense |
|---|---|---|---|
| **SAVINGS** | | **FAMILY** | |
| **Emergency Plan** | | Life Insurance | |
| **HOUSING** | | Childcare | |
| Rent/Mortgage | | Allowance / Spending Money | |
| Second Mortgage / Mobile Home Space | | Alimony / Child Support | |
| Property Tax | | **EDUCATION** | |
| Renter's/Homeowner's Insurance | | Tuition / School Expense | |
| Home Furnishings (Ex. rent to own) | | Music or Other Lessons | |
| Repairs and Improvements | | Student Loans | |
| **UTILITIES** | | **ENTERTAINMENT** | |
| Electricity / Water | | Streaming Services | |
| Gas | | Dining Out | |
| Trash | | Sports / Hobbies | |
| **FOOD** | | Vacations | |
| Groceries | | Lottery / Gambling | |
| Food Bought at Work | | | |
| School Lunches | | **PERSONAL** | |
| **TRANSPORTATION** | | Hair Care / Nails | |
| Car Payment #1 | | Toiletries / Cosmetics | |
| Car Payment #2 | | Tobacco / Alcohol / Drugs | |
| Gas | | **BUNDLED SERVICES** | |
| Auto Insurance | | Telephone | |
| Maintenance / Tires | | Cable / Satellite | |
| Parking / Carpool | | Internet | |
| **CLOTHING** | | **MISC** | |
| For Family | | Pet Care | |
| Laundry | | Other Debts / Garnishments | |
| **HEALTH CARE** | | | |
| Health Insurance | | **TOTAL EXPENSES** | |
| **Doctor/Dentist/Eye Care** | | **TOTAL INCOME** | |
| Prescriptions | | | |
| Other | | **NET MONTHLY INCOME** | |