

Central Navigation Intake and Screen Form

Updated 03/27/25

Personal Information		
First Name:	Last Name:	Middle Name:
Home Address: (Address, City, State, Zip Code)		
Date of Birth:	Age:	Today's Date:
Race/Ethnicity <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say	Navigator Assisting: <input type="checkbox"/> Destiny <input type="checkbox"/> Liv <input type="checkbox"/> Zayra <input type="checkbox"/> Erin <input type="checkbox"/> Josh <input type="checkbox"/> Other: _____

Contact Information:	
Phone #:	
Email:	

Situation Screen	
<u>How Did You Hear About Us? (Only select one)</u> <input type="checkbox"/> Doctor/Medical Provider <input type="checkbox"/> Therapist/Mental Health Provider <input type="checkbox"/> Case Manager -Welfare <input type="checkbox"/> Case Manager- Medicaid/Insurance <input type="checkbox"/> Case Manager- SNAP/other Economic Benefits <input type="checkbox"/> Internet Search <input type="checkbox"/> Family Member/Friend <input type="checkbox"/> Teacher/School Staff <input type="checkbox"/> Childcare Provider <input type="checkbox"/> Lawyer/Legal Services <input type="checkbox"/> Non-Profit Social Services Provider/Church	<u>What is your MOST Urgent Need? (Check ALL that apply)</u> <input type="checkbox"/> Daily Living (Clothing, hygiene, phone) <input type="checkbox"/> Dentist <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Finances <input type="checkbox"/> Food <input type="checkbox"/> General Life Skills <input type="checkbox"/> Housing <input type="checkbox"/> Legal Help <input type="checkbox"/> Mental Health (therapist/psychologist) <input type="checkbox"/> Parenting Assistance <input type="checkbox"/> Physical Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Other _____

Updated 03/14/25

NAVIGATION DATA COLLECTION FORM

Situation Screen Continued	THIS COLUMN IS FOR CASE MANAGERS ONLY!		
Do you have legal status in the U.S?	YES	NO	Prefer not to answer
Are you unconnected youth 16-24? (current/past foster care, homeless youth, not working or in school youth)	YES	NO	
Are you currently employed?	YES	NO	
If NO to the above, have you applied for unemployment?	YES	NO	Status:
Are you homeless, at risk of being homeless or dealing with housing insecurity	YES	NO	Explain:
Receiving support/assistance from any other agencies/churches/friends, etc. in the area?	YES	NO	CAP- SA- CSS- Churches-
Have you applied for any state aid through ACCESS NEBRASKA programs like: >>	YES	NO	Childcare Subside/Title XX- Food Stamps (SNAP)- ADC- Employment Services- Food Services- Housing Voucher/Section 8- Medicaid- LIHEAP- WIC-

Family	
Number of Adults in the Home : _____ Number of Children UNDER 19 in the Home: _____ Total Family Size: _____ How long have you lived in your current Home? _____ Rent / Own Are you currently expecting a child or pregnant? (Mother/Father) YES/ NO	
Names of Children UNDER 19 in the Home:	Childrens Birthdate and Age: (Ex 01/05/2022- 3yrs old)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.

NAVIGATION DATA COLLECTION FORM

Connection to Prevention System	Please Only Check One Box Per Question					
Questions and Rating Scale-Please answer the questions below with the following scale.	Strongly Disagree (NO)	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Strongly Agree (YES)
I know where to go for help if my family needs housing or utilities assistance.						
I know where to go for help if my family needs food						
I know where to go for help if my family has trouble making ends meet.						
If I need help finding a job, I know where to go for help.						
I know where to go for help finding quality medical and dental care (prescription access, health insurance)						
I know where to go for help if my family needs transportation						
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 know where to go for support.						
If there is a crisis, I have someone I can talk to						

Financial Situation Overview
<ul style="list-style-type: none"> <input type="checkbox"/> I/We can't buy the things I/we need sometimes. <input type="checkbox"/> I/We have just enough money for the things I/we need. <input type="checkbox"/> I/We have no problem buying the things I/we need and can also sometimes buy special things <input type="checkbox"/> I/We have enough money to buy almost anything I/we want. <input type="checkbox"/> Prefer Not to Respond

NAVIGATION DATA COLLECTION FORM

Concrete Supports	Please Only Check One Box Per Question					
Questions and Rating Scale-Please answer the questions below with the following scale.	Strongly Disagree (NO)	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Strongly Agree (YES)
In the last 30 days, it was easy for my family to access healthy and nutritious food.						
In the last 30 days, it was easy for my family to access acceptable housing that meets my family's needs.						
In the last 30 days, it was easy for my family to access basic utilities (heat, electricity, water).						
In the last 30 days, it was easy for my family to access quality medical and dental care (access to prescriptions, affordable health insurance).						
In the last 30 days, it was easy for my family to access transportation to get to work, school, appointments and other activities.						
In the last 30 days, my family has felt safe in my neighborhood.						

Insurance Info	(Please Circle One)		
Are you or a family member currently receiving Medicaid?	YES	NO	UNSURE
Do you and your family have health insurance?	YES	NO	UNSURE

We will not share your personal information with anyone outside of Bring Up Nebraska without your permission. Group level data will be reported to the Research and Evaluation team at the Nebraska Children and Families Foundation [NCFF]. This includes things like the age and race/ethnicity of people who connect to resources and support through Bring Up Nebraska. No specific information about you or your family will be shared publicly. Your information may be shared with our partners if you are referred to them, but only with your permission. You can change who can see your data at any time using the Findhelp® platform. Any information that you already shared will stay shared, but no new information will be shared with that partner. We would like to share your information with the Nebraska Children and Families Foundation Research and Evaluation team and their external evaluation partners. They are trying to understand how the work of Bring Up Nebraska and its partners helps families. They also want to help Bring Up Nebraska better serve families. They will NOT see information that could identify you, such as your name, address, and birthday. They will receive information about the services families received and how those services helped families. You may also be contacted and asked questions about your experience with Bring Up Nebraska.

Do you give permission for us to give you information to the Nebraska Children and Families Foundation Research and Evaluation Team and their external evaluation partners? YES NO

Participants Signature

Signature Date

Guardian Signature for Participate

Signature Date



TODAY'S DATE: _____

Household Income and Expenses Information		
	Participant/Head of Household	Adult #2
Employer		
Hourly Wage		
Hours of Work per Week		
List Additional Adults Living In The Home		Monthly Income for Other Adults
		\$
		\$
		\$

Source of Income	Yes	No	If yes, monthly amount from 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 Care (ADC)			\$
Other (specify):			\$
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 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 (specify):			\$
TOTAL NON-CASH BENEFIT:			\$

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	
2nd Mortgage/Mobile Home Space		Alimony/Child Support	
Property Tax		EDUCATION	
Renters/Homeowners Ins		Tuition/School Expense	
Home Furnishings (ex. rent to own)		Music or Other Lessons	
Repairs & Improvements		Student Loans	
UTILITIES		ENTERTAINMENT	
Electricity/Water		Movie Rentals/Netflix	
Gas		Dining Out	
Trash		Sports/Hobbies	
FOOD		Vacations	
Groceries		Lottery/Gambling	
Food Bought at Work			
School Lunches		PERSONAL	
TRANSPORTATION		Hair Cut/Nails	
Car Payment #1		Toiletries/Cosmetics	
Car Payment #2		Tobacco/Alcohol/Drugs	
Gasoline		BUNDLED SERVICES	
Auto Insurance		Phone	
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	

SECTION VII: 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.

I agree to have my information shared for the Evaluation below:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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		
Participant Signature:	Date:	

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	N/A 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)	<input type="checkbox"/> Money/Bills/Budgeting <input type="checkbox"/> Relationships and/or my love life <input type="checkbox"/> Food/Nutrition		<input type="checkbox"/> Stress, Anxiety, and/or Depression <input type="checkbox"/> Parenting/My kids (if applicable) <input type="checkbox"/> 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 (<i>expenses include costs like rent, utility bills, food, transportation, child care, and medical expenses</i>)					
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. (<i>If you do not have children, answer for just yourself</i>)					
Over the past three months, I have found a job and/or worked when I needed to					

I, _____ understand information about me and/or my dependents listed in this application is entered into a database system called Clarity Human Services. This system helps to better understand homelessness, to improve service delivery, and to evaluate the effectiveness of services provided. Participation in data collection is a critical component of our community’s ability to provide the most effective services and housing possible. The information that is collected is protected by limiting access to the database and limiting what information may be shared. Access to the data and sharing of the data is in compliance with the standards set by the federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the system has signed an agreement to maintain the security and confidentiality of the information.

By signing this form, I authorize the following:

The information collected by this agency will be included in Clarity Human Services and only partner agencies, which have entered into an HMIS Agency Participation Agreement, may use it to:

- Produce a client profile at intake that will be shared with collaborating agencies
- Produce aggregate level reports regarding use of services
- Track individual program-level outcomes
- Identify unfilled service needs and plan for enhancements
- Allocate resources among agencies engaged in services
- Share information from the CR/CYI evaluation

By signing this form, I authorize the following:

I authorize the partner agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling, and/or other services.

The information may consist of the following PPI (Personal Protected Information):

- | | | |
|---------------------------|------------------------------------|--------------------------|
| ● Housing information | ● Residence Prior to Project Entry | ● Disabling Condition |
| ● Name | ● Gender | ● Homeless History |
| ● Date of Birth | ● Social Security Number | ● Photo (if applicable) |
| ● Family Composition | ● Ethnicity and Race | ● Domestic Violence |
| ● Health Insurance Status | ● Client Location | ● Program Entry and Exit |
| ● Income/Non-cash | ● Veteran Status | ● Assessments |
| ● VI-SPDAT | ● Services Provided | |

I Understand That:

- ✓ The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS partner agencies.
- ✓ Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- ✓ The release of my information does not guarantee that I will receive assistance; my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- ✓ My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- ✓ This authorization will remain in effect until I revoke it in writing, and I may revoke authorization at any time, if I revoke my authorization, all information about me already in the database will remain.
- ✓ This release is valid for one year from the date of my signature below.
- ✓ I understand I may withdraw my consent at any time.
- ✓ I understand that the United Ways of South Central Nebraska Response System, the Central Navigator, and its partners and community assistance organizations cannot condition decisions about my treatment, payment, enrollment or eligibility for benefits or services on whether or not I sign this authorization. A copy of this authorization shall be as valid as the original.

Partner Agencies: A list of the partner agencies within the Nebraska Homeless Management Information System may be viewed prior to signing this form.

- ✓ Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development and Nebraska Department of Health and Human Services Homeless Assistance Program may see my complete file in HMIS if services received are funded by their Department/s.

Please initial one of the following levels of consent:

____ I give authorization to have Protected Personal and relevant Information for me and my dependents entered into the NMIS and shared between Partner Agencies.

OR

____ I do not consent to the inclusion of personal information in the NMIS about me and any dependents.

Participant Name

Participant/Client Signature

Date

Witness Name

Witness Position Title

Witness Signature

Date

Information to be completed by the referral agency and/or Central Navigator	
Referral agency – please fill in the following before submitting this form to the Central Navigator:	
Referral Agency Name:	
Contact Phone Number:	
Referral Staff Member Name:	
Contact Email Address:	

NMIS#: _____
