

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? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes , please list the person's: Name: _____ Phone Number: _____ Relationship to you (ex: friend, foster parent): _____				
What is your gender?*							
<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Another Gender: _____ <input type="checkbox"/> Prefer not to say							
What is your race/ethnicity? (check all that apply)*							
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Another race/ethnicity: _____ <input type="checkbox"/> 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?*				Do you have a disability?*			
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer not to say				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say			
Do you have enough people to count on when you need someone to give you good advice?*							
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 26 th birthday)?* <input type="checkbox"/> Yes <input type="checkbox"/> No							
ONLY if you are between the ages of 14 and 25 (answered "yes" to above), have you experienced any of the following?*							
<input type="checkbox"/> Foster care/state ward/placed outside of the home <input type="checkbox"/> In-home services for your family (from DHHS) <input type="checkbox"/> Guardianship or Adoption <input type="checkbox"/> Probation or Incarceration <input type="checkbox"/> Homelessness <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Prefer not to say <input type="checkbox"/> N/A, no experience with any of these							
Are you currently pregnant or expecting a child (mother or father)?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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
<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
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: _____

CR/CYI Participant Information Survey

Today's Date: ___/___/___

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)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. ___ Money/Bills/Budgeting</td> <td style="width: 33%;">C. ___ Food/Nutrition</td> <td style="width: 33%;">E. ___ Parenting/My Kids (if applicable)</td> </tr> <tr> <td>B. ___ Relationships and/or My Love Life</td> <td>D. ___ Stress, Anxiety, and/or Depression</td> <td>F. ___ None of the above</td> </tr> </table>							A. ___ Money/Bills/Budgeting	C. ___ Food/Nutrition	E. ___ Parenting/My Kids (if applicable)	B. ___ Relationships and/or My Love Life	D. ___ Stress, Anxiety, and/or Depression	F. ___ None of the above
A. ___ Money/Bills/Budgeting	C. ___ Food/Nutrition	E. ___ Parenting/My Kids (if applicable)										
B. ___ Relationships and/or My Love Life	D. ___ Stress, Anxiety, and/or Depression	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 <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					

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) Enter this data into your electronic data system (Quick Base, Service Point, or Child Plus)

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, hotel stay)	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, cell phone payment, clothes for self)	Mental health amount \$	Detailed need (ex: copay)
Education amount \$	Detailed need (ex: textbooks, fees)	Parenting amount \$	Detailed need (ex: childcare, diapers, formula, car seat, kids' clothes)
Transportation amount \$	Detailed need (ex: car repairs, license plates)	Other amount \$	Detailed need (ex: storage unit)

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

Fill this out to the best of your ability. We need to see a picture of what a month is like for you.

MONTHLY INCOME			EMPLOYMENT			
			Individual 1		Individual 2	
Income	Current	Projected	Employer:			
Income earned from any type of work			Hourly wage:	\$		
Child Support			Hours of work per week			
ADC			Employer:			
Alimony			Hourly wage:	\$		
Friends/Family			Hours of work per week			
Financial Aid for schooling			Are you out of work because of COVID-19?	Yes	No	
SNAP			Have you applied for Unemployment?	Yes	No	
Social Security			Do you have Medicaid?	Yes	No	

Total Gross Income: _____

Total Net Income: _____

MONTHLY LIVING EXPENSES					
Expense	Current	Projected	Expense	Current	Projected
SAVINGS			FAMILY		
Emergency Plan			Life Insurance		
HOUSING			Day Care/Baby Sitting		
Rent/Mortgage			Diapers		
2nd Mortgage/Mobile Home Space			Allowance/Spending Money		
Property Tax			Alimony/Child Support (<i>you pay</i>)		
Renters/Homeowners Ins			EDUCATION		
Home Furnishings			Tuition/School Expense (not covered by financial aid)		
Repairs & Improvements			Music or Other Lessons		
UTILITIES			Student Loans		
Electricity/Gas/Water			OTHER		
Trash			Credit Card Payments		
Expense	Current	Projected	Expense	Current	Projected
FOOD			ENTERTAINMENT		
Groceries/Household Supplies			Movie Rentals/Netflix		
School Lunches			Dining Out		
			Sports/Hobbies		
TRANSPORTATION			Vacations		
Car Payment #1			Lottery/gambling		
Car Payment #2			PERSONAL		
Gasoline			Hair Cut/ Nails		
Auto Insurance			Toiletries/Cosmetics		
Maintenance/Tires			Tobacco/Alcohol/Drugs		
Registration/Licenses			BUNDLED SERVICES-List here----->		
Parking/Carpool			Phone		
CLOTHING			Cable/Satellite		
For the Family			Internet		
Laundry			MISC		
HEALTH CARE			Pet Care		
Health Insurance			Other Debts/Garnishments		
Doctor/Dentist/Eye Care					
Prescriptions			Total Income		
Other			Total Expenses		
			Total Left per month		

Central Navigation Community Response Service

Request and Authorization for Release of Confidential Information

I, _____, hereby authorize the United Way of South Central Nebraska Response System, its partners and community assistance organizations to communicate with and disclose to one another in verbal, written, electronic or facsimile in regard to services that are provided to me and my family on an as needed basis only. The purpose of disclosing basic information such as name and type/amount of assistance provided is to better coordinate services for the family and make the best use of limited community resources. The primary responsibility of the Central Navigator and partners is to assess needs and determine goals as a partner with the family in order to provide case manage and connections to community resources.

I agree to have information shared with all parties listed above, excluding the following parties:

I understand that the United Way of South Central Nebraska Response System, 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.

Client Signature

Date Signed

Witness Signature

Send this application and necessary documentation to navigator@unitedwayscne.org



Central Navigator Phone: (402) 594-1332
301 S Burlington Avenue, Hastings, NE 68901