

COMMUNITY RESPONSE/CONNECTED YOUTH INITIATIVE INTAKE FORM

TODAY'S DATE: _____



PARTICIPANT ADDRESS & PHONE		
Preferred Name:		
Street Address:		
City:	State:	ZIP Code:
County of Current Residence:	Email:	
Home Phone #:	Cell Phone #:	Work Phone #:

	HEAD OF HOUSEHOLD NAME:	ADULT #2 NAME:
FIRST NAME		
MIDDLE NAME		
LAST NAME		
SUFFIX (JR, III)		
MAIDEN/ALIAS OR PREFERRED NAME		
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	<input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> Prefer Not to Answer
DATE OF BIRTH (E.G. 10/23/1978)		
GENDER	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female) <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female) <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer
U.S. MILITARY VETERAN	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
RACE (SELECT UP TO 2)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer
SEXUAL ORIENTATION	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Questioning/ <input type="checkbox"/> Gay Unsure <input type="checkbox"/> Lesbian <input type="checkbox"/> I don't know <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to <input type="checkbox"/> Other answer	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Questioning/ <input type="checkbox"/> Gay Unsure <input type="checkbox"/> Lesbian <input type="checkbox"/> I don't know <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to <input type="checkbox"/> Other answer

ETHNICITY	<input type="checkbox"/> Non-Hispanic / Non-Latino <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Non-Hispanic / Non-Latino <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer		
DO YOU HAVE A DISABLING CONDITION?	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		
ARE YOU CURRENTLY PREGNANT OR EXPECTING A CHILD? (MOTHER OR FATHER)	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		
ARE YOU CURRENTLY COVERED BY HEALTH INSURANCE?	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		
IF YOU ARE BETWEEN THE AGES OF 14 TO 25, HAVE YOU EXPERIENCED 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 answer <input type="checkbox"/> N/A, no experience with any of these	<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 answer <input type="checkbox"/> N/A, no experience with any of these
AS A CHILD, WERE YOU EVER IN FOSTER CARE OR ARE YOU NOW?	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		
ARE YOU A DOMESTIC VIOLENCE VICTIM/SURVIVOR?	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		
WHAT IS YOUR HIGHEST LEVEL OF EDUCATION ATTAINED	<input type="checkbox"/> No schooling completed <input type="checkbox"/> Nursery School to 4th grade <input type="checkbox"/> 5th grade or 6th grade <input type="checkbox"/> 7th grade or 8th grade <input type="checkbox"/> 9th grade <input type="checkbox"/> 10th grade <input type="checkbox"/> 11th grade <input type="checkbox"/> 12th grade, no diploma <input type="checkbox"/> Some High School <input type="checkbox"/> High School diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary School	<input type="checkbox"/> Some College <input type="checkbox"/> Some Technical School <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Certification <input type="checkbox"/> Education not in U.S. Years <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> No schooling completed <input type="checkbox"/> Nursery School to 4th grade <input type="checkbox"/> 5th grade or 6th grade <input type="checkbox"/> 7th grade or 8th grade <input type="checkbox"/> 9th grade <input type="checkbox"/> 10th grade <input type="checkbox"/> 11th grade <input type="checkbox"/> 12th grade, no diploma <input type="checkbox"/> Some High School <input type="checkbox"/> High School diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary School	<input type="checkbox"/> Some College <input type="checkbox"/> Some Technical School <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Certification <input type="checkbox"/> Education not in U.S. Years <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
HOUSEHOLD RELATIONSHIP INFORMATION	<input type="checkbox"/> Blended <input type="checkbox"/> Couple with No Children <input type="checkbox"/> Couple (Parent & Friend) w/ child(ren) <input type="checkbox"/> Non-Custodial Caregiver(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparent(s) and Child(ren) <input type="checkbox"/> Single Female Parent <input type="checkbox"/> Single Male Parent <input type="checkbox"/> Single Person <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Other			

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

What is your need? About how much does it cost? Please include as much detail as possible.

How else can we help? What are your most urgent needs? Check all that apply.

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

Have you been financially impacted by COVID-19?

Yes No Unsure Prefer not to say

If yes, please explain:

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

Is there someone who doesn't live with you we can contact if we can't reach you?

Yes, please list below: No Unsure Prefer not to say

Name: _____ Phone: _____

Relationship to you (ex. friend, foster parent, etc): _____

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

Yes, how many? (write in number) No Unsure Prefer not to say

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#: _____

The NMIS # is created from the first two letters of the participants first name, the first two letters of last name, two digit month of birth, two digit day of birth (ex: Sally Jones DOB 10/16/80 – SAJO1016).

CHILD INTAKE FORM					
	CHILD #1	CHILD #2	CHILD #3	CHILD #4	CHILD #5
LAST NAME					
FIRST NAME					
LAST 4 DIGITS OF SSN					
DATE OF BIRTH					
GENDER	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female) <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female) <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female) <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female) <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female) <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer
RACE	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer
ETHNICITY	<input type="checkbox"/> Non-Hispanic / Non-Latino <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Non-Hispanic / Non-Latino <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Non-Hispanic / Non-Latino <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Non-Hispanic / Non-Latino <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Non-Hispanic / Non-Latino <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer

DISABLING CONDITION	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer
RELATIONSHIP TO HEAD OF HOUSE	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Data not collected	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Data not collected	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Data not collected	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Data not collected	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Data not collected
COVERED BY INSURANCE	<input type="checkbox"/> Yes (check all that apply below) <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes (check all that apply below) <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes (check all that apply below) <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes (check all that apply below) <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes (check all that apply below) <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer
HEALTH INSURANCE (check all the apply if YES is marked on the question COVERED BY INSURANCE)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> Veteran's Affairs <input type="checkbox"/> Head of household's employer <input type="checkbox"/> Head of household's COBRA <input type="checkbox"/> Private Pay <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> Veteran's Affairs <input type="checkbox"/> Head of household's employer <input type="checkbox"/> Head of household's COBRA <input type="checkbox"/> Private Pay <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> Veteran's Affairs <input type="checkbox"/> Head of household's employer <input type="checkbox"/> Head of household's COBRA <input type="checkbox"/> Private Pay <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> Veteran's Affairs <input type="checkbox"/> Head of household's employer <input type="checkbox"/> Head of household's COBRA <input type="checkbox"/> Private Pay <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> Veteran's Affairs <input type="checkbox"/> Head of household's employer <input type="checkbox"/> Head of household's COBRA <input type="checkbox"/> Private Pay <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Other: _____

	Head of Household			Adult #2		
Employer						
Hourly Wage						
Hours of Work per Week						
Are you out of work because of COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> I don't know		<input type="checkbox"/> Yes	<input type="checkbox"/> I don't know	
	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer	
Have you applied for Unemployment?	<input type="checkbox"/> Yes	<input type="checkbox"/> I don't know		<input type="checkbox"/> Yes	<input type="checkbox"/> I don't know	
	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer	

Source of Income	Yes	No	If yes, monthly amount from source:
Alimony or Other Spousal Support			\$
Annuities, Dividends, Interest			\$
Child Support			\$
Contributions from Other People			\$
Earned Income (from job)			\$
Pension/Retirement Income from Former Job			\$
Self-Employment Wages			\$
SSA - Social Security			\$
SSDI - Social Security Disability Income			\$
SSI - Supplemental Security Income			\$
Stipend (foster care, stimulus, etc.)			\$
TANF - Temporary Assistance for Needy Families			\$
Unemployment			\$
VA Non-service Connected Disability Pension			\$
VA Service Connected Disability Compensation			\$
Worker's Compensation			\$
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 - <i>Low Income Home Energy Program</i>			\$
SNAP - <i>Supplemental Nutrition Assistance Program</i>			\$
WIC - <i>Special Supplemental Nutrition Program for Women, Infants, and Children</i>			\$
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		Day Care/Baby Sitting	
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	

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	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					

NMIS#: _____
The NMIS # is created from the first two letters of the participants first name, the first two letters of last name, two digit month of birth, two digit day of birth (ex: Sally Jones DOB 10/16/80 – SAJO1016).

Community Response and Homeless Management Information System (HMIS) Services Consumers Informed Consent & Release of Information Authorization

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.

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.

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.
- ✓ Have my information shared for the CR/CYI evaluation.
- ✓ 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 (mm/dd/yyyy)

Witness Name

Witness Signature

Date (mm/dd/yyyy)