COMMUNITY RESPONSE/CONNECTED YOUTH INITIATIVE INFORMATION FORM





For office use only: NMIS#:		Entered into Clarity:
vou are interested in	TODAY'S DATE:	

If you are needing emergency assistance, please contact 911. If you are interested in

non-	emergency assistance please	text "HELF	" to 402-22	26-584	12 to be	connecte	ed with some	one in your local area.			
SE	CTION I-a: Participant	/Client Ir	nformatio	on							
Ful	Legal Name (first, middle	, last)*:									
Ма	iden/Alias:		Suff	īx (Jr	, III):		Preferred I	Name:			
Str	eet Address:										
City	/ :				State:			Zip:			
Co	unty*:						Email:	·			
Ho	me or Cell Phone #:							Date of Birth*:			
	st 4 digits of Social curity Number:								□Prefe	er Not to Ar	nswer
Wł	nat is your nder?:*	☐ Man ☐ I dor	nen (Fem (Male) n't know er not to	ŕ		☐ Prefer Not to Answer ☐ Another Gender: ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-Conforming (not exclusively male or female)					
Ra	ce (Select up to 2):	Asia	ck or African American Prefer not to answer					slander			
Eth	nnicity:		-Hispanio panic/Lati	nic/Non-Latino							
U.S. Military Veteran Yes							10	☐ I don't know	□P	refer not to	answer
Do you have a disabling condition? ☐Yes			⁄es		N	10	☐ I don't know	P	refer not to	answer	
	Answer 'Yes' or 'No' for						mnlete the s	haded sections helow	V		
	Disability Type	ior arry are	Yes	No.	Ic	must also complete the shaded sections below. Is your disability expected to be long-term and indefinite duration or substantially impairs your ability to live independently?					
	Alcohol Abuse]	□ Yes		□I don't know		er not to an	
	Drug Abuse				[□ Yes	□ No	☐ I don't know			swer
	Developmental Disability				[Yes	□ No	☐ I don't know			swer
	HIV/AIDS				[Yes	□ No	☐ I don't know	□ Pref	er not to an	swer
	Mental Health Problem				[□ Yes	□ No	☐ I don't know	□ Pref	er not to an	swer
	Physical Disability				[∃ Yes	□ No	☐ I don't know	□ Pref	er not to an	swer
	Chronic Health Condition	1			[□ Yes	□ No	☐ I don't know	□ Pref	er not to an	swer
Ar	e you currently covere	d by Hea	alth Insu	ranc	e?	☐ Ye:		☐ I don't k ☐ Prefer r	now not to ans	swer	
Answer 'Yes' or 'No' for each health insurance sources that have been terminated, even if they we complete the shaded section below.											
	Health Insurance Type				Yes	No	Health Ins	urance Type		Yes	No
	Medicaid						Health Insu COBRA	urance obtained throu	ıgh		
	Medicare						Private Pag	y Health Insurance			
	State Children's Health In	nsurance F	Program				State Heal	th Insurance for Adult	S		
	Veteran's Administration	(VA) Medi	ical Servic	es			Indian Hea	lth Services Program			
Employer-Provided Health Insurance						Other (specify):					

	a child were you ever ir u now?	n Foste	er Care o	or are	Ye] I don't knov Prefer not t	
	If YES, number of years:								
	Less than 1 year – Enter	number	of month	ns:	1 – 2 ye	ars	3 – 5 c	r more years	Prefer not to answer
	If YES, how long ago did	you exi	t Foster	Care?				-	
	☐ 90 days	6 mon	iths		9 months		12 mo	onths	More than 12 months
had you and of th Ar	As of today's date are you between the ages of 14 to 25 (have not yet had your 26th birthday)?* ONLY if you are between the ages of 14 and 25, have you experienced any of the following? Are you a domestic						 ☐ Homelessness ☐ Human Trafficking ☐ Prefer not to answer ☐ N/A, no experience with any of these ☐ I don't know ☐ Prefer not to answer 		
	If YES, when did the expe	erience d							10 5
Within the past three months Three to six months ago					From s	seven to twelve months ago			
	More than a year ago		Ī	 Client	does not k	now		Prefer	not to answer
	→If YES, Is the client cur	rently fl	leeing?						
	☐ Yes [No			CI	ient doesn	't know	Client refu	sed Data not collected
Se	xual Orientation	Het	terosexu	ıal 🗌	Gay			_esbian	Bisexual
		Oth			Question	ning/Unsu		don't know	☐ Prefer not to answer
	e you currently pregnan ild? (Mother or Father)*	t or ex	pecting	a `	Yes [No	I	don't know	☐ Prefer not to answer
	If pregnant, projected dat	te of bir	th?			1		1	
leve	at is your Highest Number of education	ursery S h grade	oling con School - e or 6th (e or 8th (npleted 4th grad grade	e	grade grade grade grade, no	Date o diploma	☐ High So diploma ☐ I don't l	a School
SE	CTION I-b: Adult #2 in F	Househ	nold						
	CTION I-b: Adult #2 in F st Name:	Househ		ddle Name	e:		Las	st Name:	
Fir		Househ	Mic Sut	ffix (Jr, III)		eferred Nar	me:		
Fir:	st Name:	Househ	Mic	ffix (Jr, III)		eferred Nar	me:	st Name: te of Birth:	
First Market Em	st Name: iden/Alias: nail: st 4 digits of Social	Househ	Mic Sut	ffix (Jr, III)		eferred Nar	me:		□ Prefer Not to Answer
First Market Em La Se	st Name: iden/Alias: nail: st 4 digits of Social curity Number:		Sui	ffix (Jr, III) #:): Pre		me:		☐ Prefer Not to Answer
First Market Mar	st Name: iden/Alias: nail: st 4 digits of Social		Sut Phone #	ffix (Jr, III) #:	Pre	ther Genc	me: Da der:	te of Birth:	nale)
First Market Mar	st Name: iden/Alias: nail: st 4 digits of Social curity Number: nat is your]Wome]Man (I]I don't	Phone # en (Fema Male) know	ffix (Jr, III) #: ale)): Pre	ther Genons Femalens Male (F	der:	te of Birth: T Male to Fenemale to Male	nale) le)
Em La Se Wi	st Name: iden/Alias: nail: st 4 digits of Social curity Number: nat is your ender?:*] Wome] Man (I] I don't] Prefer	Phone # en (Fema Male) know not to a	ffix (Jr, III) #: ale)): Pre	ther Genc ns Female ns Male (F nder Non-0	me: Da der: e (MTF or TM or For Conformit	te of Birth: T Male to Fenemale to Maling (not exclu	nale) le) usively male or female)
Em La Se Wi	st Name: iden/Alias: nail: st 4 digits of Social curity Number: nat is your] Wome] Man (I] I don't] Prefer] Americ	Phone # en (Fema Male) know not to a	ffix (Jr, III) #: ale)): Pre	ther Genc ns Female ns Male (F nder Non-0	der: e (MTF or TM or F Conform	te of Birth: T Male to Fenemale to Maling (not exclutive Hawaiiai	nale) le)
Em La Se Wi	st Name: iden/Alias: nail: st 4 digits of Social curity Number: nat is your ender?:*] Wome] Man (I] I don't] Prefer] Amerid] Asian	Phone and the ph	ffix (Jr, III) #: ale) answer an or Ala	Ano Trar Trar Ger ska Nativ	ther Genc ns Female ns Male (F nder Non-0	der: e (MTF or FConformi	te of Birth: Male to Fenemale to Maling (not exclutive Hawaiian	nale) le) usively male or female) n or Other Pacific Islander
Em La Se Wi	st Name: iden/Alias: nail: st 4 digits of Social curity Number: nat is your ender?:*] Wome] Man (I] I don't] Prefer] Amerid] Asian	Phone and the ph	ffix (Jr, III) #: ale)	Ano Trar Trar Ger ska Nativ	ther Genc ns Female ns Male (F nder Non-0	der: e (MTF or FConformi	te of Birth: T Male to Fenemale to Maling (not exclutive Hawaiiai	nale) le) usively male or female) n or Other Pacific Islander
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Em La Se Wi Ge	st Name: iden/Alias: nail: st 4 digits of Social curity Number: nat is your ender?:*	Wome Man (I I don't Prefer Americ Asian Black White	Phone and the ph	ffix (Jr, III) #: ale) answer an or Ala an Americ	Ano Ano Tran Ger ska Nativo	ther Genc ns Female ns Male (F nder Non-0	der: e (MTF or Conformi	te of Birth: T Male to Fenemale to Maling (not exclutive Hawaiian on't knowefer not to andon't knowefer don't knowefer heter not to andon't knowefer heter	nale) le) usively male or female) n or Other Pacific Islander uswer
Em La Se WI Ge	st Name: iden/Alias: nail: st 4 digits of Social curity Number: nat is your ender?:*] Wome] Man (I] I don't] Prefer] Amerid] Asian] Black] White] Non-H] Hispar ☐ Yes	Phone and the ph	ffix (Jr, III) #: ale) answer an or Ala an Americ	Ano Trar Ger ska Native	ther Genc ns Female ns Male (F nder Non-0	der: e (MTF or TM or F Conformi Na I de Pre	r Male to Fenemale to Maling (not exclutive Hawaiian on't knowefer not to andon't knowefer not to andon't knowefer not to a	male) le) usively male or female) n or Other Pacific Islander uswer
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Em La Se WI Ge	st Name: iden/Alias: nail: st 4 digits of Social curity Number: nat is your ender?:* Ice (Select up to 2): Indicity: S. Military Veteran Ice you have a disabling co	Wome Man (I I don't Prefer Asian Black White Non-H Hispar Yes onditio	Phone and the property of the	ffix (Jr, III) #: ale) an or Ala an Americ (Non-Lati	Ano Ano Trar Ger ska Native can No No hite). ust also co	ther Gence ns Female ns Male (F nder Non- e mplete the isability ex	der: e (MTF or TM or F Conformi Na I do Pre	r Male to Fenemale to Maling (not exclutive Hawaiian on't knowefer not to andon't knowefer not to adon't knowefer knowefer not to adon't knowefer not adon't knowefer not to adon't knowefer not to adon't knowefer not to adon't knowefer not to adon't knowefer not knowefer not	nale) le) usively male or female) n or Other Pacific Islander swer Prefer not to answer Prefer not to answer mand indefinite duration or
Em La Se WI Ge	st Name: iden/Alias: nail: st 4 digits of Social curity Number: nat is your ender?:* Ince (Select up to 2): Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indicity: Indic	Wome Man (I I don't Prefer Asian Black White Non-H Hispar Yes onditio	Phone and the property of the	ffix (Jr, III) #: ale) an or Ala an Americ (Non-Lati	Ano Ano Trar Ger ska Native can No No hite). ust also co	ther Gence ns Female ns Male (F nder Non- e e mplete the isability ex bstantially	der: e (MTF or TM or F Conformi	r Male to Fenemale to Maling (not exclutive Hawaiian on't know efer not to and don't know refer not to a don't know ections below o be long-ternyour ability to	male) le) usively male or female) n or Other Pacific Islander uswer Prefer not to answer Prefer not to answer m and indefinite duration or o live independently?
Em La Se WI Ge	st Name: iden/Alias: nail: st 4 digits of Social curity Number: nat is your ender?:* Ice (Select up to 2): Chinicity: S. Military Veteran you have a disabling co Answer 'Yes' or 'No' for e If the client selects 'Yes' for Disability Type Alcohol Abuse	Wome Man (I I don't Prefer Asian Black White Non-H Hispar Yes onditio	Phone and Phone	ffix (Jr, III) #: ale) an or Ala an Americ (Non-Lati	Ano Ano Trar Ger ska Native can No No hite). ust also co	ther Gence ns Female ns Male (F nder Non- e mplete the isability ex	der: e (MTF or TM or F Conformi	r Male to Fenemale to Maling (not exclutive Hawaiian on't knowefer not to andon't knowefer not to adon't knowefer knowefer not to adon't knowefer not adon't knowefer not to adon't knowefer not to adon't knowefer not to adon't knowefer not to adon't knowefer not knowefer not	nale) le) usively male or female) n or Other Pacific Islander swer Prefer not to answer Prefer not to answer mand indefinite duration or
Em La Se WI Ge	st Name: iden/Alias: nail: st 4 digits of Social curity Number: nat is your ender?:* ce (Select up to 2): hnicity: S. Military Veteran you have a disabling co Answer 'Yes' or 'No' for e If the client selects 'Yes' for Disability Type	Wome Man (I I don't Prefer Asian Black White Non-H Hispar Yes onditio	Phone and the ph	ffix (Jr, III) #: ale) an or Ala an Americ Non-Lati to Yes ype (in wi pe, you m	Ano Aran Tran Ger ska Native can No No hite). ust also co Is your d su Yes	ther Genoms Female (Finder Non-fine) mplete the isability expenses (Section 1) in the control of the control o	der: e (MTF or TM or F Conformi Na I do Pre I do shaded s xpected t y impairs	te of Birth: T Male to Fenemale to Maling (not exclutive Hawaiian on't know efer not to andon't know efer not to a don't know ections below o be long-termyour ability to a't know	male) le) usively male or female) n or Other Pacific Islander swer Prefer not to answer Prefer not to answer m and indefinite duration or o live independently? Prefer not to answer

	Mental Health Problem			□ '	Yes	□ No	☐ I doı	n't know	□ P	refer no	t to ar	iswer
	Physical Disability			□ `	Yes	□ No	□ I do	n't know	□P	refer no	t to ar	nswer
	Chronic Health Condition			□ '	Yes	□ No	□ I doı	n't know	□P	refer no	t to ar	nswer
	e you currently covered by Hea	alth		_ =	Yes				t know			
Ins	surance?				No				r not to a			
	Answer 'Yes' or 'No' for each her sources that have been terminated complete the shaded section below	, even if th	ey were	e rece	. Ansv ived i	wer 'Yes' fo n the past.	r any sou If the clier	rce that is o	currently r Yes' for a	received ny insura	. Ans ance t	wer 'No' for ype,
	Health Insurance Type		Ye	es	No	Health In	surance	Туре			Yes	No
	Medicaid]		Health Insurance obtained through COBRA						
	Medicare			<u> </u>		ł	•	Insurance				
	State Children's Health Insurance F	-	<u> </u>		Ц_			nce for Ad			Ц.	
	Veteran's Administration (VA) Med		es	<u> </u>	<u>Ц</u>	+		ces Progra	am		<u> </u>	
_	Employer-Provided Health Insurance					Other (sp	ecify):					
	s a child were you ever in Foste u now?	er Care oi	r are] Ye			l don't k Prefer n	now ot to ans	swer		
	If YES, number of years:											
	Less than 1 year –Enter number	of months:		<u> </u>	– 2 ye	ears	3 – 5 c	r more yea	ars	Pref	fer not	to answer
	If YES, how long ago did you exit	t Foster C	are?									
	☐ 90 days ☐ 6 mon	nths		9 mo	nths		12 m	onths		More th	nan 12	months
As the had you and	of today's date are you between ages of 14 to 25 (have not yet your 26th birthday)?* ONLY if are between the ages of 14	In-home (from Dh Guardia	HHS) nship d	or Ado	option	1			ssness Traffickii ot to ans	•		
of t	he following?	Probatio	n or In	carce	eratio	n				nce with	any	of these
	e you a domestic Dlence victim/survivor?	Yes No] I don't l] Prefer r	know not to an	swer		
	If YES, when did the experience of	occur?										
	Within the past three months		Three	e to si	x mor	nths ago		Fro	m seven t	to twelve	e mon	ths ago
	☐ More than a year ago] Clien	t does not know Prefer not to answer								
	If YES, Is the client currently fle					(I IOW						
	En TES, is the chefit currently he	eing?				(I I O W						
	Yes No	eeing?			c	lient doesn	t know	Client	refused	☐ Da	ata no	t collected
Se	Yes No	terosexua	al [Gay	<u></u> y	lient doesn		 _esbian		Bisexu	ıal	
Ar	Yes No No No No Oth Oth Oth Oth No Oth Oth Oth No Oth Oth Oth Oth No Oth Ot	terosexua ner		•	y estio		re 🔲 l		w \square	Bisexu Prefer	ial not to	o answer
Ar	Yes No xual Orientation Her Oth	terosexua ner pecting a		Qu	y estio	lient doesn	re 🔲 l	 esbian don't kno	w \square	Bisexu Prefer	ial not to	o answer
Ar ch What	Yes No No No No No No No No	terosexua ner pecting a th?	oleted th graderade	Que	y estions s 9 th (lient doesn	re l	esbian don't kno don't kno High diplo	w	Bisexu Prefer Prefer	not to not to not to Year ost-S chool	econdary
Ar ch Whatleve	Yes No No No No No No No No	terosexua ner pecting a th? bling comp School - 4 e or 6th gr	oleted th graderade	Que	y estions s 9 th (lient doesn' ning/Unsur No / grade grade grade grade	re l	esbian don't kno don't kno High diplo	w	Bisexu Prefer Prefer	not to not to Year ost-S chool refer	econdary
Ar ch What leve atta	Yes No No No No No No No No	terosexuaner pecting a th? bling comp School - 4 e or 6th gr e or 8th gr ion inded iple with N iple (Pare i-Custodia ter Parent	poleted ade ade ade al Care (t(s)	Que q	9 th (10 th 11 th 12 th (s)	lient doesn' ning/Unsur No / grade grade grade grade grade, no	Date	esbian don't kno don't kno High diplo	w	Bisexu Prefer Prefer	not to not to Year ost-S chool refer	econdary
Ar ch Whatever atta	Yes No No No No Other you currently pregnant or expendent of the pregnant, projected date of bir No school Nursery State of education Sth grade The grade The grade Sth grade No Sth grade The grade Sth grade The grade Sth gra	terosexuaner pecting a th? bling comp School - 4 e or 6th gr e or 8th gr ion Inded Iple with N Iple (Pare IndedIple with N Iple (Pare Indparent(Iple Gegory 1 — Iple Gegory 2 — Iple Gegory 3 — Iple Gegory 4 — IndedIple With N Iple (Pare IndedIple With N Iple (Pare Iple Gegory 1 — Iple Gegory 2 — Iple Gegory 3 — Iple Gegory 4 — Iple Gegory 4 — Index Iple Gegory 4 — Inde	No Chilint & Fral Caret(s) s) and Homel At imm	dren Childers in inen iess i	y estions 9th () 10th () 11th () (s)	lient doesn' ning/Unsur No / grade grade grade grade grade, no	Date Date	esbian don't kno don't kno don't kno High diplo I dor ingle Fem ingle Male ingle Pers wo Paren other	w	Bisexu Prefer Prefer	not to no	econdary not to

Including yourself, how man	y adults (pe	ople 1	18+) are in y	our housel	hold?*			
How many CHILDREN (peop no children live with you.*	le 17 and yo	ounger	r) are in you	r househol	ld? Ente	r 0 if		
Do any of your children have	a disability	/?*	□Yes	, how many	/		I don't kno	w
	•	•	□ No	,			Prefer not	
Do you have full custody of y	/our		☐Yes	1			I don't kno	
child/children?			⊢⊟No	,			Prefer not	
Do you have an open or volu					I don't kno			
Child Protective Services/ Di		with ti	le	•			Prefer not	
Clina Frotective Services/ Di	1110:						Preier not	to answer
SECTION III: Assistance Re	aquest							
You will be asked to provide		tion fo	or cortain no	ande euch a	ae ront e	unnort o	r unnaid hi	ille en nlagen
bring them with you if you ca unpaid medical bills, estimat	an. Example	s incl	ude: Shut o	ff notices f	rom utili			
What is your most urgent n	eed? Ahout	how r	much does i	it cost? Ple	ase incl	ude as m	uch detail	as nossible
Check all that apply:	TOWN ADOU		Explain you					
Child Care Assistance	e		information		o maon .	aotan ao	poccibio ii	
Daily living (tel., cloth		1 -		-				
Dentist	55, 11, giorio,	'						
☐ Education								
Employment								
Finances								
General Life Skills								
Housing								
Legal Help								
Mental Health								
Parenting Assistance								
Physical Health								
☐ Substance Use								
Supportive Relations	hips							
☐ Transportation								
Utilitie's								
Other:								
N/I								
Where should we send pay	ment?				I	DI "		
Business Name:		Conta	act Name:			Phone #		
Ctus at A dalus and		0:4				04-4-		7:
Street Address:		City:				State:		Zip:
Have you been financially in		COVII	D-19?					
☐Yes	☐ No			Unsure			☐ Prefer	not to say
If yes, please explain:								
Do you or your children QU	ALIFY for N	/ledica	id. Title XX.	and/or free	e and rec	duced lur	nch, even i	f vou don't
receive any of them? *	, ten 1 101 h	ou.ou	14, 11110 7171,	una/or mod	o una roc	adood idi	,	. you don't
☐ Yes	□ No			Unsure			Prefe	r not to say
Is there someone who does		י ווטע ו	ve can cont		an't reac	h vou?	1 1 1010	st to day
Yes, please list below:	□ No		. J Jan Cont	Unsure	1000	y 5u i	Prefe	r not to say
Name:		•		Phone:				i not to say
Relationship to you (ex. friend	l foeter para	ant etc	٠١٠	i ilolic.				
				comconc t	to give v	011 0000	advica?*	
Do you have enough people		n wne						n n a 1 1 a
Yes, how many? (write in r	number)		[No	∐ Uns	sure		r not to say

SECTION IV:	Child/Children Intal				
	CHILD #1	CHILD #2	CHILD #3	CHILD #4	CHILD #5
Last Name					
First Name					
Last 4 Digits of SSN					
Date of Birth					
Gender	Female Male Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non- Conforming (not exclusively male or female) I don't know Prefer not to answer	Female Male Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non- Conforming (not exclusively male or female) I don't know Prefer not to answer	Female Male Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non- Conforming (not exclusively male or female) I don't know Prefer not to answer	☐ Female ☐ Male ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non- Conforming (not exclusively male or female) ☐ I don't know ☐ Prefer not to answer	Female Male Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non- Conforming (not exclusively male or female) I don't know Prefer not to answer
Race	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White I don't know Prefer not to answer	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White I don't know Prefer not to answer	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White I don't know Prefer not to answer	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ I don't know ☐ Prefer not to answer	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native ☐ Hawaiian or Other Pacific Islander ☐ White ☐ I don't know ☐ Prefer not to answer
Ethnicity	Non- Hispanic / Non-Latino Hispanic / Latino I don't know Prefer not to answer	☐ Non- Hispanic / Non-Latino ☐ Hispanic / Latino ☐ I don't know ☐ Prefer not to answer	☐ Non- Hispanic / Non-Latino ☐ Hispanic / Latino ☐ I don't know ☐ Prefer not to answer	☐ Non- Hispanic / Non-Latino ☐ Hispanic / Latino ☐ I don't know ☐ Prefer not to answer	☐ Non- Hispanic / Non-Latino ☐ Hispanic / Latino ☐ I don't know ☐ Prefer not to answer
Disabling Condition	☐ Yes☐ No☐ I don't know☐ Prefer not to answer	☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer	☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer	☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer	☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer

Type of	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
Disabling	Abuse	Abuse	Abuse	Abuse	Abuse
Condition	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse	Drug Abuse
(check all	Development	Development	Development	Development	Development
the apply if YES is	al Disability	al Disability	al Disability	al Disability	al Disability
marked on	HIV/AIDS	HIV/AIDS	HIV/AIDS	HIV/AIDS	HIV/AIDS
the	☐ Mental	☐ Mental	☐ Mental	☐ Mental	☐ Mental
previous	Health Problem	Health Problem	Health Problem	Health Problem	Health Problem
question	☐ Physical	Physical	Physical	Physical	☐ Physical
Disabling	Disability	Disability	Disability	Disability	Disability
Condition)	Chronic	Chronic	☐ Chronic	Chronic	☐ Chronic
	Health	Health	Health	Health	Health
	Condition	Condition	Condition	Condition	Condition
Relationship	☐ Head of	☐ Head of	☐ Head of	☐ Head of	☐ Head of
to	household's	household's	household's	household's	household's
Participant/	child	child	child	child	child
Client	☐ Head of	☐ Head of	☐ Head of	☐ Head of	☐ Head of
	household's	household's	household's	household's spouse or	household's
	spouse or partner	spouse or partner	spouse or partner	partner	spouse or partner
	☐ Head of	Head of	Head of	Head of	☐ Head of
	household's	household's	household's	household's	household's
	other relation	other relation	other relation	other relation	other relation
	member	member	member	member	member
	(other	(other	(other	(other	(other
	relation to	relation to	relation to	relation to	relation to
	head of	head of	head of	head of	head of
	household)	household)	household)	household)	household)
	Other: non-	Other: non-	Other: non-	Other: non-	Other: non-
	relation member	relation member	relation member	relation member	relation member
	Prefer not to	Prefer not to	Prefer not to	Prefer not to	Prefer not to
	answer	answer	answer	answer	answer
Covered by	Yes (check	Yes (check	Yes (check	Yes (check	Yes (check
Insurance	all that apply	all that apply	all that apply	all that apply	all that apply
	below)	below)	below)	below)	below)
	☐ No	☐ No	☐ No	☐ No	☐ No
	I don't know	I don't know	I don't know	I don't know	I don't know
	Prefer not to	☐ Prefer not to	☐ Prefer not to	☐ Prefer not to	☐ Prefer not to
Uaalth	answer	answer	answer	answer	answer
Health Insurance	☐ Medicaid☐ Medicare	☐ Medicaid☐ Medicare	☐ Medicaid ☐ Medicare	☐ Medicaid☐ Medicare	
(check all	☐ Medicare	CHIP	CHIP	CHIP	CHIP
the apply if	☐ Veteran's	☐ Veteran's	☐ Veteran's	│	☐ Veteran's
YES is	Affairs	Affairs	Affairs	Affairs	Affairs
marked on	☐ Head of	Head of	☐ Head of	☐ Head of	☐ Head of
the question	household's	household's	household's	household's	household's
"Covered by	employer	employer	employer	employer	employer
Insurance")	☐ Head of	☐ Head of	☐ Head of	☐ Head of	☐ Head of
	household's	household's	household's	household's	household's
	COBRA	COBRA	COBRA	COBRA	COBRA
	☐ Private Pay	Private Pay	☐ Private Pay	Private Pay	☐ Private Pay
	☐ Indian Health Services	☐ Indian Health Services	☐ Indian Health Services	☐ Indian Health Services	☐ Indian Health Services
	Other:	Other:	Other:	Other:	Other:
	U Other		U Other		U Other

OPTIONAL - Section V: Childcare Information				
This section needs to ONLY be completed if you are	e in need	d of chil	dcare assi	stance.
Name of Childcare Provider:				Veekly Childcare
			Cost:	-
Childcare Provider Phone #:				umber of hours per
Childcare Provider Address:				r child/children
			attend chi	idcare:
SECTION VI: Household Income and Expenses Info				
	Particip	ant/Cli	ent	Adult #2
Employer				
Hourly Wage				
Hours of Work per Week				
Are you out of work because of COVID-	=	I don't		Yes I don't know
19?		Prefer		☐ No ☐ Prefer not to
Have you applied for Unampleyment?		answe I don't		answer Yes I don't know
Have you applied for Unemployment?	=	Prefer		No Prefer not to
	,	answe		answer
Sarring of Imagin	Vas			
Source of Income	Yes	No	-	, monthly amount from source:
Earned Income (from job/jobs)			\$	
Unemployment			\$	
SSI - Supplemental Security Income			\$	
SSDI - Social Security Disability Income	1		\$	
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 A	II SOII	DCES.	\$	
			1 ·	
PUBLIC BENEFITS – Do you hav				•
Source of Public Benefit	Yes	No	\$, monthly amount from source
Housing Voucher/Section 8	1			
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):			\$	
Other (specify).	ACH DE	NEELT.	Ψ ¢	

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	

INSTRUCTIONS: All parts of the Community Response or the Community Response or the Community Revice proving a community of the Community Response in the Community Reviews Institute of the Com	Connected Yout	h Initiative. The					
I agree to have my informat			n below:		Y	'es	No
As part of the evaluation of C Nebraska Children and their of information that is provided to participate in the evaluation.	ommunity Resp evaluators from the evaluation	oonse and the C Munroe-Meyer team. All data	Connected Youth Institute. Your is summarized a	name as a g	ative, your will not be roup. You	data will be she included in an can choose no	ared with y of the
Participant Signature:					Date:		
Required if young person is 18 or Signature of parent or legal guard					Date:		
For each of the following, ma	ark the respon	se that most c		how	you feel.		
SOCIAL CONNECTIONS	A. NOT AT ALL LIKE MY LIFE	B. NOT MUCH LIKE MY LIFE	C. SOMEWHAT LIKE MY LIFE	LII	D. JITE A LOT KE 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)	Relati	y/Bills/Budgetin onships and/or Nutrition				nxiety, and/or [/My kids (if app he above	
CONCRETE SUPPORTS		A. NOT AT ALL LIKE MY LIFE	B. NOT MUCH LIKE MY LIFE	LII	C. MEWHAT KE MY LIFE	D. QUITE A LOT LIKE MY LIFE	E. JUST LIKE MY LIFE
I was able to cover all my exp month (expenses include cos utility bills, food, transportatio and medical expenses)	ts like rent,						
The transportation I use is rel consistent							
My housing situation is afford and stable Over the past three months, r							
and I have been able to see a we needed to. (If you do not I answer for just yourself)	doctor when have children,						
Over the past three months, I job and/or worked when I nee							
			NMIS#:				

SECTION VII: CR/CYI Participant Information Survey



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.

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.

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

- Housing information
- Name
- · Date of Birth
- Family Composition
- Health Insurance Status
- Income/Non-cash
- VI-SPDAT

- Residence Prior to Project Entry
- Gender
- Social Security Number
- Ethnicity and Race
- Client Location
- Veteran Status
- Services Provided

- Disabling Condition
- Homeless History
- Photo (if applicable)
- Domestic Violence
- Program Entry and Exit
- Assessments

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 polices 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 confidentially 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.

COMMUNITY RESPONSE/CONNECTED YOUTH INITIATIVE - PARTICIPANT INTAKE FORM - 4/2/2021

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.

U
Laive authorization to have Protected Personal and relevant Information for me and my dependents entered into the

Please initial one of the following levels of consent:

NMIS and shared between Partner Agencies	i.	
OR		
I do not consent to the inclusion of pers	sonal information in the NMIS about me and	any dependents.
Participant Name		
Participant/Client Signature	Date	
Adult #2 Name		
Adult #2 Signature	Date	
Witness Name	Witness Position Title	
Witness Signature	Date	
Information to be completed by the referral a	gency and/or Central Navigator	
Referral agency – please fill in the following	before submitting this form to the Central Nav	vigator:
Referral Agency Name:		
Contact Phone Number:		
Referral Staff Member Name:		
Contact Email Address:		