

# CR/CYI PARTICIPANT INFORMATION FORM

COMPLETE WITH ALL CR AND CYI PARTICIPANTS AT

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 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"/> Dentist <input type="checkbox"/> Education <input type="checkbox"/> Employment	<input type="checkbox"/> Finances <input type="checkbox"/> General Life Skills <input type="checkbox"/> Housing <input type="checkbox"/> Legal Help	<input type="checkbox"/> Mental Health <input type="checkbox"/> Parenting Assistance <input type="checkbox"/> Physical Health <input type="checkbox"/> Substance Use	<input type="checkbox"/> Supportive Relationships <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities Other: _____
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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"/> Food Stamps (SNAP)	<input type="checkbox"/> WIC
	<input type="checkbox"/> Prefer Not to Answer
	<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 <u>doesn't live with you</u> we can contact if we can't reach you? ___ Yes ___ No	If <b>yes</b> , please list the person's: Name: _____ Phone _____ Number: _____ Relationship to you (ex: friend, foster parent): _____ _____			
What is your gender?* ___ Woman ___ Man ___ Another Gender: _____ ___ Prefer not to say				
What is your race/ethnicity? (check all that apply)* ___ White ___ Black or African American ___ Hispanic or Latino ___ Asian ___ or Alaskan Native <i>American Indian Are you part of a federally recognized tribe? Y or N</i> ___ Native Hawaiian or Other Pacific Islander ___ Another race/ethnicity: _____ ___ Prefer not to say				
Do you or your children <b>QUALIFY</b> 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	Do you have a disability?* ___ Yes ___ No ___ Prefer Not to Say			
Do you have enough people to count on when you need someone to give you good advice?* ___ Yes ___ No ___ Prefer Not to Say <b>If yes, how many people?</b> ___ (write in number)				
As of today's date are you between the ages of 14 and 25 (have not yet had your 26 <sup>th</sup> birthday)?* ___ Yes ___ No <b>ONLY if you are between the ages of 14 and 25</b> (answered "yes" to above), have you experienced any of the following?* ___ Foster care/state ward/placed outside of the home ___ In-home services for your family (from DHHS) ___ Guardianship or Adoption ___ Probation or Incarceration ___ Homelessness ___ Human Trafficking ___ Prefer not to say ___ N/A, no experience with any of these				
Are you currently pregnant or expecting a child (mother or father)?* ___ Yes ___ No ___ Prefer Not to Say				
<h3>4) A few questions about your household...</h3> 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* _____ Ages of the children _____ Do any of your children have a disability?* ___ Prefer not to say ___ N/A ___ No ___ Yes <input type="checkbox"/> <b>If yes, how many?</b> _____ (write in number)				

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**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

*Next Section to be completed by staff witness*

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**

ξ 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)

ξ IF A RECORD ALREADY EXISTS FOR THIS PARTICIPANT, USE THEIR EXISTING PARTICIPANT ID NUMBER.

ξ Participant’s ID Number: \_\_\_\_\_

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**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 applica ble - 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) A. ____ Money/Bills/Budgeting C. ____ Food/Nutrition E. ____ Parenting/My Kids (if applicable) B. ____ Relationships and/or My D. ____ Stress, Anxiety, and/or Love Life Depression F. ____ None of the above						

Concrete Supports	A. Not at all like my life	B. Not much like my life	C. Somew hat 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					

**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 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 \$

Utilities amount \$

Daily living amount \$

Education amount \$

Transportation amount

\$

Detailed need (ex: \_\_\_\_\_)

Detailed need (

Detailed need (ex: uniform)

Detailed need (ex: hyg

phone payment, cloth Detailed need (ex: copay) Detailed need (ex:

copay)

Detailed need (ex: tex

Detailed need (ex: childcare, diapers, formula,

Detailed need (ex: car seat, kids' clothes)

Detailed need (ex: storage unit)

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