

CONNECTED YOUTH COMMON REFERRAL FORM

Name: _____
First Middle Last

Today's Date: ___/___/___

All parts of the Common Referral Form should be completed prior to receiving Connected Youth Initiative services. The Common Referral Form may be completed with the support of either a Coach or Central Access Navigator, who may answer questions and offer help as needed.

1. How can we help?

I am here for... (check all that apply)

Opportunity Passport
 Need Based Fund/Support Services Fund
 Youth Leadership
 Other supportive services
 ↓ (check most important need below)

<input type="checkbox"/> Education	<input type="checkbox"/> Employment	<input type="checkbox"/> Housing	<input type="checkbox"/> Finances
<input type="checkbox"/> Physical Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Use	<input type="checkbox"/> Dentist
<input type="checkbox"/> Transportation	<input type="checkbox"/> Legal Documents	<input type="checkbox"/> Supportive Relationships	
<input type="checkbox"/> Other: _____			

2. Current services and supports

I am **currently** receiving the following services and supports... (check all that apply)

<input type="checkbox"/> Opportunity Passport	<input type="checkbox"/> Need Based Fund (in the past 12 mo.)	<input type="checkbox"/> Youth Leadership Council
<input type="checkbox"/> Bridge to Independence Services	<input type="checkbox"/> Other Indep. Living/Life Skills Services	<input type="checkbox"/> Housing Services
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Education Services (e.g. ETV, GED, tutoring)	<input type="checkbox"/> Mentoring Services
<input type="checkbox"/> Family Finding Services	<input type="checkbox"/> Transportation Services (e.g. IntelliRide)	<input type="checkbox"/> Food Services (e.g. local pantries)
<input type="checkbox"/> Medical Services	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Substance Use Services
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Credit Repair Services	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Support Services Fund (in the past 12 mo.)	<input type="checkbox"/> Other: _____	

I am **currently** receiving the following types of public assistance... (check all that apply)

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Aid to Dependent Children
<input type="checkbox"/> Childcare Subsidy/Title XX	<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> WIC
<input type="checkbox"/> Housing Voucher/Section 8	<input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Other: _____		

3. A few questions about you...

Phone Number	Email Address	Birth Date ___/___/___	Last 4 digits of SSN
Current/Mailing Address		City	State
		County	Zip

Did you move to NE from another state? No Yes (state: _____)
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
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander
 Other: _____
 → Are you part of a federally recognized tribe? **Y** or **N** Prefer not to say

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
 Adoption
 Probation
 Homelessness
 Other: _____ Prefer not to say

X _____ Date: ___/___/___
 Young Person's Signature

X _____ Date: ___/___/___
 Legal Guardian's Signature (if applicable)

Referral Agency	Referral Individual	Contact Phone Number	Contact Email Address
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