

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.

1) How can we help?

What is your most urgent need? Check all that apply

- | | | | | |
|--|--|---|---------------------------------------|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment | <input type="checkbox"/> Housing | <input type="checkbox"/> Finances | <input type="checkbox"/> General Life Skills |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Use | <input type="checkbox"/> Dentist | <input type="checkbox"/> Parenting Assistance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Legal Documents | <input type="checkbox"/> Supportive Relationships | <input type="checkbox"/> 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"/> Opportunity Passport | <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"/> Employment Services | <input type="checkbox"/> Education Services (e.g. ETV, GED, tutoring) |
| <input type="checkbox"/> Family Finding Services | <input type="checkbox"/> Transportation Services (e.g. IntelliRide) |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Credit Repair Services |
| <input type="checkbox"/> Support Services Fund (in the past 12 mo.) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Not Applicable/None | <input type="checkbox"/> Prefer Not to Answer |

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/TANF |
| <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"/> Unemployment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Not Applicable/None | <input type="checkbox"/> Prefer Not to Answer | |

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? Yes No

If **yes**, please list the person's:
 Name: _____ Phone Number: _____
 Relationship to you (ex: friend, foster parent): _____

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)

<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	→ Are you part of a federally recognized tribe? <input type="checkbox"/> Y or <input type="checkbox"/> N
<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?
 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

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 26th birthday)? Yes 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	<input type="checkbox"/> Adoption
<input type="checkbox"/> Probation	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Recent Incarceration (last 6 mos.)	<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)? Yes No Prefer not to say

Are you currently a parent or caring for a child (for example, foster parent, grandparent, aunt) Yes No Prefer not to say

if you are currently a parent or caring for a child (answered "yes" to above) please also complete section 4, next page