

# 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 <b>doesn't live with you</b> we can contact if we can't reach you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>yes</b> , please list the person's: Name: _____ Phone Number: _____ Relationship to you (ex: friend, foster parent): _____
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Did you move to NE from another state? <input type="checkbox"/> No <input type="checkbox"/> Yes (state: _____)	What is your gender? <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Another Gender: _____ <input type="checkbox"/> Prefer not to say
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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? <b>Y</b> or <b>N</b>
<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 <b>QUALIFY</b> for Medicaid, Title XX, and/or free and reduced lunch, even if you don't receive any of them? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer not to say	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say
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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 26<sup>th</sup> 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

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

**4) A few questions about your children...**

*If you do not currently have any children, you do not need to complete this section*

Number of children in household under 18 (enter 0 if no children live with you) \_\_\_\_\_

Do any of your children have a disability?  Prefer not to say  no  yes → If yes, how many? \_\_\_\_\_ (write in number)

**5) Authorization to Share Your Information For Evaluation (Consent)**

The following information is collected as part of the **CR/CYI Evaluation**

- You and/or your child(ren)'s basic information
  - o Demographic Information
  - o Current Services & Supports
- The following items as applicable
  - o Support Services Fund Application Form
  - o Survey responses to the following
    - Community Response Coaching Survey
    - Transitional Services Survey

I hereby grant permission for the local Community Well Being coordinator and/or necessary staff and \_\_\_\_\_ (CR/CYI Agency or agencies) to share this information with Nebraska Children and their contracted evaluators including Munroe-Meyer Institute, as part of the evaluation of this program that is funded in part by Nebraska Children. You are not required to share this information. If you decide not to have this information shared, it will not affect you or your standing in our program in any way. For evaluation reporting purposes, your information will always be combined and will not be identifiable at the individual family level.

*If you **AGREE** to provide your information, complete the following section:*

<b>Name of participant</b>		<b>Name(s) of participant's child(ren), if applicable</b>	
<b>Participant Signature</b>		<b>Participant Signature Date</b>	
<i>Next Section to be completed by staff witness</i>			
<b>Witness Signature</b>		<b>Staff position of witness</b>	<b>Witness Signature Date</b>

*If you have questions about the evaluation, please contact Barbara Jackson at Munroe-Meyer Institute at 402-559-5765 or Catherine Brown at Nebraska Children and Families Foundation at 402-302-1588.*

**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:**

<b>Referral Agency Name</b>	<b>Referral Staff Member Name</b>	<b>Contact Phone Number</b>	<b>Contact Email Address</b>


**Step 2: Central Navigator – Assign a participant ID number to this participant**

- 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)
- IF A RECORD ALREADY EXISTS FOR THIS PARTICIPANT, USE THEIR EXISTING PARTICIPANT ID NUMBER.
- Participant's ID Number: \_\_\_\_\_

## 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	Not applicable - 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)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. ___ Money/Bills/Budgeting</td> <td style="width: 33%;">C. ___ Food/Nutrition</td> <td style="width: 33%;">E. ___ Parenting/My Kids (if applicable)</td> </tr> <tr> <td>B. ___ Relationships and/or My Love Life</td> <td>D. ___ Stress, Anxiety, and/or Depression</td> <td>F. ___ None of the above</td> </tr> </table>							A. ___ Money/Bills/Budgeting	C. ___ Food/Nutrition	E. ___ Parenting/My Kids (if applicable)	B. ___ Relationships and/or My Love Life	D. ___ Stress, Anxiety, and/or Depression	F. ___ None of the above
A. ___ Money/Bills/Budgeting	C. ___ Food/Nutrition	E. ___ Parenting/My Kids (if applicable)										
B. ___ Relationships and/or My Love Life	D. ___ Stress, Anxiety, and/or Depression	F. ___ 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					

### FOR CENTRAL NAVIGATOR

**1) Write Participant's ID number below**

- Refer to Section 6 of participant's *CR/CYI Participant Information Form*.
- Write the **SAME** Participant ID number below.
- Participant's ID Number: \_\_\_\_\_

**2) Upload THIS PAGE ONLY to your community's survey folder on Box.com**