

CR/CYI PARTICIPANT INFORMATION FORM – PROJECT EVERLAST OMAHA

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: _____

Today's Date: ___/___/___

1) How can we help?

What is your most urgent need? Check all that apply

- Education Employment Housing Finances General Life Skills
 Physical Health Mental Health Substance Use Dentist Parenting Assistance
 Transportation Legal Documents Supportive Relationships 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)

- Opportunity Passport Youth Leadership Council
 Bridge to Independence Services Other Indep. Living/Life Skills Services Housing Services
 Employment Services Education Services (e.g. ETV, GED, tutoring) Mentoring Services
 Family Finding Services Transportation Services (e.g. IntelliRide) Food Services (e.g. local pantries)
 Medical Services Mental Health Services Substance Use Services
 Dental Services Credit Repair Services Legal Services
 Support Services Fund (in the past 12 mo.) Other: _____
 Not Applicable/None Prefer Not to Answer

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

- Medicaid Food Stamps (SNAP) Aid to Dependent Children/TANF
 Childcare Subsidy/Title XX SSI/SSDI WIC
 Housing Voucher/Section 8 Unemployment Other: _____
 Not Applicable/None 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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					
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"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Another race/ethnicity: _____		<input type="checkbox"/> American Indian or Alaskan Native		Are you part of a federally recognized tribe? Y or N	
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? <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			
Do you have enough people to count on when you need someone to give you good advice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 th birthday)? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say							
Are you currently a parent or caring for a child (for example, foster parent, grandparent, aunt) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 (Consent)

5(a) 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

5(b) The following information will be shared with other provider partners in the community for **SERVICE PROVISION**

- Your Name
- Your contact information
- Other relevant information on this Participant Information Form that may help other agencies provide you services

MARK THE BOX(ES) BELOW IF YOU AGREE. You can mark both boxes, one box, or neither.

SHARE MY INFORMATION FOR EVALUATION. I hereby grant permission for the local Community Well Being coordinator and/or necessary staff and _____ (CR/CYI Agency or agencies) to share information in box 5(a) 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 participating in a Community Response that is sponsored by CWCC which is a federally funded grant. This is to inform you that we will be asking you to complete surveys are part of the evaluation, which is being completed by Munroe-Meyer Institute at the University of Nebraska Medical Center. Information from this evaluation may help the program better support families in similar programs. Your name will not be included in any of the information that you provide us. All data collected will only be summarized as a group. No individual responses will be reported. If you have any questions about this research project, please call Dr. Barbara Jackson at 402-559-5765. 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.

SHARE MY INFORMATION FOR SERVICE PROVISION. I hereby grant permission for the local Community Well Being coordinator and/or necessary staff and _____ (CR/CYI Agency or agencies) to share information in box 5(b) with other partnering agencies to assist in **PROVIDING ME OR MY FAMILY WITH SERVICES.** I understand that if I do not mark this box, I will be responsible for reaching out to other partner organizations for further assistance on my own time.

*If you **CHECKED AT LEAST ONE BOX ABOVE**, complete the following section:*

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

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

➤ **Project Everlast Omaha Central Navigator: Brittney Livingston, blivingston@nebraskachildren.org**

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

- 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)						
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