CENTRAL NAVIGATION INTAKE FORM

FULL LEGAL NAME	
First Name	Middle Name
Last Name	Preferred Name (if different)

HOW DID YOU HEAR ABOUT US? (SELECT ONLY ONE)

- ☐ Doctor / Medical Provider
- ☐ Therapist / Mental Health Provider
- ☐ Case Manager – Child Welfare
- ☐ Case Manager – Medicaid / Insurance Provider
- ☐ Case Manager – SNAP or Other Economic
- ☐ Case Manager- Other
- ☐ Benefits Other (Please complete the box below)
- ☐ 211 NE Warmline
- ☐ Internet Search
- ☐ Family Member or Friend
- ☐ Teacher / School Staff
- ☐ Childcare Provider
- ☐ Lawyer / Legal Services
- ☐ Non-Profit Social Services Provider /
- ☐ Church Police/Law Enforcement
- ☐ Prefer Not to Say
- ☐ Other (if applicable) _____

WHAT IS YOUR URGENT NEED? (please check all that apply)

- ☐ Daily Living (clothing, hygiene, phone)
- ☐ Dentist
- ☐ Education
- ☐ Employment
- ☐ Finances
- ☐ General Life Skills
- ☐ Housing
- ☐ Legal Help
- ☐ Food
- ☐ Mental Health (therapist, psychologist, etc.)
- ☐ Parenting Assistance
- ☐ Physical Health (doctor)
- ☐ Substance Use
- ☐ Supportive Relationships
- ☐ Transportation
- ☐ Utilities
- ☐ Other (Please complete the box below)

Other (if applicable)

CONTACT INFORMATION

Phone Number	Email Address	
Birth Date _____/ _____/ _____	Street Address (if you do not have stable housing, please only enter your zip code)	
City	State	Zip Code

DEMOGRAPHIC QUESTIONS

GENDER IDENTITY - Do you currently describe yourself as:

- ☐ Female
- ☐ Male
- ☐ Prefer Not to Say

RACE / ETHNICITY (please check all that apply)

- ☐ Native American or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Prefer Not to Say
- ☐ Prefer to Self Identify: _____

PLEASE ANSWER A FEW QUESTIONS ABOUT YOUR FAMILY

Number of Adults in the Home: _____

Number of Children Under 19 Years in the Home: _____

Are you currently pregnant or expecting a child (mother or father)? ☐ Yes ☐ No ☐ Prefer Not to Say

NAME OF EACH CHILD UNDER 19 YEARS OLD	CHILD'S BIRTH DATE

What is your highest level of education?

☐ Less than High School ☐ High School Diploma or GED ☐ Some college, no degree

☐ Certificate or trade credential ☐ Associate Degree ☐ Bachelor's Degree

☐ Graduate or Professional Degree ☐ Prefer not to answer

Based on the number of individuals in your household, is your income below 200% of the poverty level? ☐ Yes ☐ No

Do you currently have any health insurance? (select one option) ☐ Yes, Private/ACA ☐ Yes, Medicaid ☐ Yes, Medicare

☐ Medicaid In Process (application filled out) ☐ No ☐ Choose Not to Answer

Do you have a disability? ☐ Yes ☐ No ☐ Prefer not to say

Does your child have a disability? ☐ Yes ☐ No ☐ Prefer not to say ☐ I don't have a child

Have you or a member of your household served in the United States military, armed forces or uniformed services? ☐ Yes ☐ No

Disclaimer: To help connect you to services, information you share will be entered into a safe, secure system called findhelp. This allows trusted providers to work together and better support you needs. At a minimum, we will record that you received assistance. Some questions are required, while others are optional, for optional questions you do not want to answer, you may select "Prefer not to respond." Please note that sharing less information may limit the referrals or resources we are able to connect you with.

The staff member assisting me reviewed and explained the Data Sharing Disclosure listed above. If they have not reviewed, please ask them to do so before continuing.

☐ Yes, Confirmed

Participant, Parent, or Guardian Consent: "By saying "yes," you agree that the information you provide through our prevention system can be used by our evaluation team and evaluation partners to understand how the program is working. Information will only be reported in group form - your name or any identifying details will never appear in reports. Participation is voluntary and does not affect eligibility for services. If you say "no," your information will not be include in the evaluation.

☐ Yes ☐ No

Minor Assent to participate in the evaluation (Only complete if the participant is a minor, if the participant is NOT a minor select N/A): By saying yes," you agree that the information you share in this program can be used by our evaluation team and approved partners to see how the program is working. Information will only be reported in group form - your name or other personal details will not be in any reports. You get to choose if you want to take part. If you say "no," your information will not be used in the evaluation.

☐ Yes ☐ No ☐ N/A

_____ _____/ _____/ _____

Participant Signature Signature Date

_____ _____/ _____/ _____

Guardian Signature for Participants under age 19 Signature Date