

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)	
<input type="checkbox"/> Doctor / Medical Provider <input type="checkbox"/> Therapist / Mental Health Provider <input type="checkbox"/> Case Manager – Child Welfare <input type="checkbox"/> Case Manager – Medicaid / Insurance Provider <input type="checkbox"/> Case Manager – SNAP or Other Economic Benefits <input type="checkbox"/> Other (Please complete the box below)	<input type="checkbox"/> Internet Search <input type="checkbox"/> Family Member or Friend <input type="checkbox"/> Teacher / School Staff <input type="checkbox"/> Childcare Provider <input type="checkbox"/> Lawyer / Legal Services <input type="checkbox"/> Non-Profit Social Services Provider / Church
Other (if applicable)	

WHAT IS YOUR URGENT NEED? (please check all that apply)	
<input type="checkbox"/> Daily Living (clothing, hygiene, phone) <input type="checkbox"/> Dentist <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Finances <input type="checkbox"/> General Life Skills <input type="checkbox"/> Housing <input type="checkbox"/> Legal Help	<input type="checkbox"/> Mental Health (therapist, psychologist, etc.) <input type="checkbox"/> Parenting Assistance <input type="checkbox"/> Physical Health (doctor) <input type="checkbox"/> Substance Use <input type="checkbox"/> Supportive Relationships <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> 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	County	Zip Code

DEMOGRAPHIC QUESTIONS

GENDER IDENTITY - Do you currently describe yourself as:

<input type="checkbox"/> Woman	<input type="checkbox"/> Prefer Not to Say
<input type="checkbox"/> Man	<input type="checkbox"/> Prefer to Self Identify: _____

RACE / ETHNICITY (please check all that apply)

<input type="checkbox"/> Native American or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Prefer Not to Say
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Prefer to Self Identify:
<input type="checkbox"/> Middle Eastern or North African	_____

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

Medicare

Medicaid

Medicaid In Process (application filled out)

No

Choose Not to Answer

Minor Assent (Only complete if the participant is a minor, if the participant is NOT a minor select NA): "As a minor participating in this program, I give permission for my information to be used to help improve the program and I know that I can stop sharing my information any time."

Yes No Not Applicable

I understand that the information I provide will be used to create group-level reports. I give permission for my information to be used by the program and by individuals or organizations evaluating the program such as the Nebraska Children and Families Foundation Research and Evaluation Team to better understand how it supports families and how it can be improved. My privacy will be protected, and my name, my child's name, date of birth, or any other identifying information will not be included in reports. I understand that participation is voluntary. I may choose not to give this permission or may change my mind at any time before the information is used. If I withdraw my consent, no additional information will be collected or used from that point forward. If I don't have an account in Findhelp, the system will create one for me and email me the details.

Do you give permission for us to give some of your information to the Nebraska Children and Families Foundation Research and Evaluation team and their external evaluation partners?

Yes No

Participant Signature

_____/_____/_____

Signature Date

Guardian Signature for Participants under age 19

_____/_____/_____

Signature Date