

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:

☐ Woman

☐ Prefer Not to Say

☐ Man

☐ Prefer to Self Identify: _____

RACE / ETHNICITY (please check all that apply)

☐ Native American or Alaska Native

☐ Native Hawaiian or Pacific Islander

☐ Asian

☐ White

☐ Black or African American

☐ Prefer Not to Say

☐ Hispanic or Latino

☐ Prefer to Self Identify:

☐ 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

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 Progress (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?

Participant Signature

_____/_____/_____
Signature Date

Guardian Signature for Participants under age 19

_____/_____/_____
Signature Date