

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

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

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

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	☐ Prefer Not to Say
☐ Male	

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: _____
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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

The staff member assisting me reviewed and explained the Data Sharing Disclosure (located at top of Intake Form in orange.) 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