

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"/> Internet Search
<input type="checkbox"/> Therapist / Mental Health Provider	<input type="checkbox"/> Family Member or Friend
<input type="checkbox"/> Case Manager – Child Welfare	<input type="checkbox"/> Teacher / School Staff
<input type="checkbox"/> Case Manager – Medicaid / Insurance Provider	<input type="checkbox"/> Childcare Provider
<input type="checkbox"/> Case Manager – SNAP or Other Economic Benefits	<input type="checkbox"/> Lawyer / Legal Services
<input type="checkbox"/> Other (Please complete the box below)	<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"/> Mental Health (therapist, psychologist, etc.)
<input type="checkbox"/> Dentist	<input type="checkbox"/> Parenting Assistance
<input type="checkbox"/> Education	<input type="checkbox"/> Physical Health (doctor)
<input type="checkbox"/> Employment	<input type="checkbox"/> Substance Use
<input type="checkbox"/> Finances	<input type="checkbox"/> Supportive Relationships
<input type="checkbox"/> General Life Skills	<input type="checkbox"/> Transportation
<input type="checkbox"/> Housing	<input type="checkbox"/> Utilities
<input type="checkbox"/> Legal Help	<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

Please complete back page.

DEMOGRAPHIC QUESTIONS

GENDER IDENTITY - Do you currently describe yourself as:		Military affiliation: Are you/your family a veteran?
<input type="checkbox"/> Woman	<input type="checkbox"/> Prefer Not to Say	<input type="checkbox"/> Yes
<input type="checkbox"/> Man	<input type="checkbox"/> Prefer to Self Identify: _____	<input type="checkbox"/> No

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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	

HOUSEHOLD MEMBERS (First Name, Last Name)	DOB	Diaper size (if applicable)

We will not share your personal information with anyone outside of Bring Up Nebraska without your permission. Group level data will be reported to the Research and Evaluation team at the Nebraska Children and Families Foundation [NCFF]. This includes things like the age and race/ethnicity of people who connect to resources and support through Bring Up Nebraska. No specific information about you or your family will be shared publicly. Your information may be shared with our partners if you are referred to them, but only with your permission. You can change who can see your data at any time using the Findhelp® platform. Any information that you already shared will stay shared, but no new information will be shared with that partner.

We would like to share your information with the Nebraska Children and Families Foundation Research and Evaluation team and their external evaluation partners. They are trying to understand how the work of Bring Up Nebraska and its partners helps families. They also want to help Bring Up Nebraska better serve families. They will NOT see information that could identify you, such as your name, address, and birthday. They will receive information about the services families received and how those services helped families. You may also be contacted and asked questions about your experience with Bring Up Nebraska.

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

If you don't have an account in Findhelp, the system will create one for you and email the details.

Participant Signature

____ / ____ / ____
Signature Date

____ / ____ / ____
Signature Date

Guardian Signature for Participants under age 19

