

CONNECTED YOUTH COMMON REFERRAL FORM

Name: _____
First Middle Last

Today's Date: ___/___/___

All parts of the Common Referral Form should be completed prior to receiving Connected Youth Initiative services. The Common Referral Form may be completed with the support of either a Coach or Central Access Navigator, who may answer questions and offer help as needed.

1. How can we help?

I am here for... (check all that apply)

Opportunity Passport Need Based Fund Youth Leadership Other supportive services (check most important need below)

| | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment | <input type="checkbox"/> Housing | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Use | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Legal Documents | <input type="checkbox"/> Supportive Relationships | |
| <input type="checkbox"/> Other: _____ | | | |

2. Current services and supports

I am **currently** receiving the following services and supports... (check all that apply)

| | | |
|--|---|--|
| <input type="checkbox"/> Opportunity Passport | <input type="checkbox"/> Need Based Fund (in the past 12 mo.) | <input type="checkbox"/> Youth Leadership Council |
| <input type="checkbox"/> Bridge to Independence Services | <input type="checkbox"/> Other Indep. Living/Life Skills Services | <input type="checkbox"/> Housing Services |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Education Services (e.g. ETV, GED, tutoring) | <input type="checkbox"/> Mentoring Services |
| <input type="checkbox"/> Family Finding Services | <input type="checkbox"/> Transportation Services (e.g. IntelliRide) | <input type="checkbox"/> Food Services (e.g. local pantries) |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Substance Use Services |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Credit Repair Services | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Other: _____ | | |

I am **currently** receiving the following types of public assistance... (check all that apply)

| | | |
|---|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Food Stamps (SNAP) | <input type="checkbox"/> Aid to Dependent Children |
| <input type="checkbox"/> Childcare Subsidy/Title XX | <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Housing Voucher/Section 8 | <input type="checkbox"/> TANF | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Other: _____ | | |

3. A few questions about you...

| | | | |
|--------------------------------|----------------------|----------------------------------|-----------------------------|
| Phone Number | Email Address | Birth Date ___/___/___ | Last 4 digits of SSN |
| Current/Mailing Address | | City | State |
| | | County | Zip |

Did you move to NE from another state? **What is your gender?**
 No Yes (state: _____) Woman Man Another Gender: _____ Prefer not to say

What is your race/ethnicity? (check all that apply)
 White Black or African American Hispanic or Latino Asian American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Other: _____ Prefer not to say
Are you part of a federally recognized tribe? Y or N

Have you experienced any of the following?
 Foster care/state ward/placed outside of the home In-home services for your family (from DHHS) Guardianship Adoption
 Probation Homelessness Other: _____ Prefer not to say

X _____ Date: ___/___/___
Young Person's Signature

X _____ Date: ___/___/___
Legal Guardian's Signature (if applicable)

| | | | |
|-----------------|---------------------|----------------------|-----------------------|
| Referral Agency | Referral Individual | Contact Phone Number | Contact Email Address |
|-----------------|---------------------|----------------------|-----------------------|