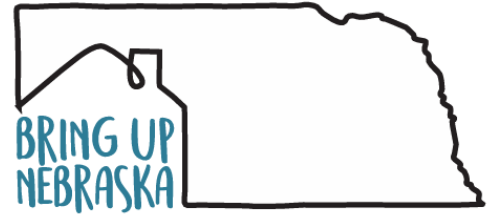


Information to be provided on PARENT/GUARDIAN

CR/CYI PARTICIPANT INFORMATION FORM



SUPPORTIVE COMMUNITIES ▲ THRIVING FAMILIES

Bring Up Nebraska is administered by Nebraska Children and Families Foundation.

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

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: _____
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NAME OF EACH CHILD UNDER 19 YEARS OLD	CHILD'S BIRTH DATE

We will not share your personal information with anyone outside of the Collaborative 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 the Collaborative. 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.

_____ Participant Signature

_____/_____/_____ Signature Date