

# CONNECTED YOUTH COMMON REFERRAL FORM

Name: \_\_\_\_\_  
First Middle Last

Today's Date: \_\_\_/\_\_\_/\_\_\_

All parts of the Common Referral Form and Transitional Services Survey should be completed prior to receiving Connected Youth Initiative services. The Common Referral Form should be completed with the support of either a Coach or Central Access Navigator, who may answer questions and offer help as needed. **The Transitional Services Survey should be completed independently by the young person to the best of their knowledge.**

## 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...

<b>Phone Number</b>	<b>Email Address</b>	<b>Birth Date</b> ___/___/___	<b>Last 4 digits of SSN</b>
<b>Current/Mailing Address</b>		<b>City</b>	<b>State</b>
		<b>County</b>	<b>Zip</b>

**Did you move to NE from another state?**  No  Yes (state: \_\_\_\_\_)    **What is your gender?**  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: \_\_\_\_\_  
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 \_\_\_\_\_  
 Young Person's Signature

Date: \_\_\_/\_\_\_/\_\_\_

X \_\_\_\_\_  
 Legal Guardian's Signature (if applicable)

Date: \_\_\_/\_\_\_/\_\_\_

Referral Agency	Referral Individual	Contact Phone Number	Contact Email Address
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