CONNECTED YOUTH COMMON REFERRAL FORM Today's Date: ___/___/___

Name:					
	First		Middle	Last	
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. How can we help?								
•								
I am here for (check all that apply)								
Opportunity Passport Nee	ed Based	d Fund `	Youth Leadershi	ip Other suppor	tive services (check	most important need belov		
			ll Health ortation	Employment Mental Health Legal Documents	Housing Substance	Finances		
. Current services and su	uppoi	rts						
am <u>currently</u> receiving the following	ng servi	ces and suppo	rts (check all t	:hat apply)				
Opportunity Passport	Need Based Fund (in the past 12 mo.)				Youth Leadership Council			
Bridge to Independence Service	!S	Other Indep. Living/Life Skills Services			Housing Services			
Employment Services			Education Services (e.g. ETV, GED, tutoring)			Mentoring Services		
Family Finding Services			Transportation Services (e.g. IntelliRide)			Food Services (e.g. local pantries)		
Medical Services		Mental	Health Services	;	Substance Use Services			
Dental Services		Credit F	Credit Repair Services			Legal Services		
Other:								
am <u>currently</u> receiving the following	ng types	of public assi	stance (check	all that apply)				
Medicaid	0 7.	•	amps (SNAP)		Aid to Dependent Children			
Childcare Subsidy/Title XX		SSI/SSD			WIC			
Housing Voucher/Section 8		TANF			Unemployment			
Other:					,			
3. A few questions abou	t you	•••						
	=	il Address			Birth Date Last 4 digits o			
Phone Number	Ema	ii Auui ess			, ,			
Phone Number	Ema		City	State	County	Zip		
Phone Number Current/Mailing Address		¥		State	County	Zip		
Phone Number Current/Mailing Address Did you move to NE from another	state?	What is you	gender?		• • • • • • • • • • • • • • • • • • •	•		
Phone Number Current/Mailing Address Did you move to NE from another No Yes (state:) What is your race (athnicity? (chec	state?	What is your	gender?	Another Gender:	•	Prefer not to s		
Phone Number Current/Mailing Address Did you move to NE from another No Yes (state:) What is your race (athnicity? (chec	state?	What is your	gender?	Another Gender:	•	Prefer not to s		
Phone Number Current/Mailing Address Did you move to NE from another No Yes (state:) What is your race/ethnicity? (check the control of the	state? ck all tha	What is your Woman it apply) n Hispa	r gender? Man _	Another Gender: _ Am Asian or A	erican Indian	Prefer not to s Are you part of a federally recognized tribe? Y or		
Phone Number Current/Mailing Address Did you move to NE from another No Yes (state:) What is your race/ethnicity? (checomorphism) White Black or African A Native Hawaiian or Other Pacif	state? ck all that Americal fic Islance	What is your Woman It apply) n Hispa	r gender? Man _	Another Gender: _ Am Asian or A	erican Indian	Prefer not to s Are you part of a federally recognized tribe? Y or		
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