

CENTRAL NAVIGATION DATA PACKET FOR ALL CR AND CYI PARTICIPANTS

2019-2020 EVALUATION YEAR (USE THROUGH 6/30/2020)

INSTRUCTIONS FOR STAFF

This packet has three core data collection instruments that are the same across Community Response (CR) and the Connected Youth Initiative (CYI), specifically: 1) the *CR/CYI Participant Information Form (with consent)*; 2) the *CR/CYI Participant Information Survey*; and 3) the *CR/CYI Support Services Application Form*. Instructions for collecting, entering, and submitting data for the first section of this packet is below.

**This packet also contains the CR Coaching Survey and Satisfaction Survey, to be used only with CR Coaching participants.*

Who? When? How? CR/CYI Core Data Collection, Entry, and Submission Overview



Someone wants to participate in Community Response or the Connected Youth Initiative. They can be a parent/caregiver, unconnected young adult, or both. Staff asks participant to complete two data collection instruments upon enrollment:

- 1) *CR/CYI Participant Information Form (with consent)*
- 2) *CR/CYI Participant Information Survey*

Parent/caregiver and/or young adult chooses to participate in programming and services for which they are eligible
 ➤ **See NOTE below!**
IF they request support services funding, they complete the following data collection instrument:



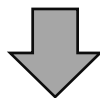
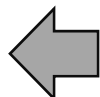
- 3) *CR/CYI Support Services Fund Application Form*



Central Navigator enters and submits all data collection instruments **by the 15th of each month for the previous month's data** (ex: data for May is due on June 15). Data are submitted in the following ways:



Staff collects all data collection instruments as they are completed and submits to central navigator in their community every month.



Instrument	Submission Method
<i>CR/CYI Participant Information Form (with consent)</i>	Central Navigator enters hard copy data into their community's electronic data system (Quick Base, Service Point, or Child Plus)
<i>CR/CYI Support Services Fund Application Form</i>	Central Navigator keeps a copy of ALL CONSENT FORMS ON FILE , securely stored; however, these do not need to be scanned and uploaded
<i>CR/CYI Participant Information Survey</i>	Central Navigator uploads hard copy form to community-specific folder on Box.com (no data entry required)

NOTE: Additional data collection instruments and systems exist for other parts of CR and CYI that do not overlap (for example, the CR Coaching Survey). Refer to *CWB/CYI Data Cheat Sheet* for a complete list of all data collection instruments used with their accompanying data systems.

That's it! You can now extract data from your system to review and discuss.

CR/CYI PARTICIPANT INFORMATION FORM

Today's Date: ___/___/___

INSTRUCTIONS FOR STAFF: All parts of the Participant Information Form should be completed at the start of participation in Community Response or the Connected Youth Initiative. The form may be completed with the assistance of a Central Navigator or other service provider, if needed.

1) How can we help?

What is your most urgent need? Check all that apply

- Education Employment Housing Finances General Life Skills
 Physical Health Mental Health Substance Use Dentist Parenting Assistance
 Transportation Legal Documents Supportive Relationships Other: _____

Is there anything else you need us to know?

2) Current services and supports

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

- Opportunity Passport Youth Leadership Council
 Bridge to Independence Services 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 Repair Services Legal Services
 Support Services Fund (in the past 12 mo.) Other: _____
 Not Applicable/None Prefer Not to Answer

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

- Medicaid Food Stamps (SNAP) Aid to Dependent Children/TANF
 Childcare Subsidy/Title XX SSI/SSDI WIC
 Housing Voucher/Section 8 Unemployment Other: _____
 Not Applicable/None Prefer Not to Answer

3) A few questions about you...

Full LEGAL Name (first, middle, last)		Phone Number		Email Address		Birth Date ___/___/___	
Current/Mailing Address			City	State	County	Zip code	

Is there someone who doesn't live with you we can contact if we can't reach you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , please list the person's: Name: _____ Phone Number: _____ Relationship to you (ex: friend, foster parent): _____
---	--

Did you move to NE from another state? <input type="checkbox"/> No <input type="checkbox"/> Yes (state: _____)	What is your gender? <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Another Gender: _____ <input type="checkbox"/> 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 Another race/ethnicity: _____ Prefer not to say

Are you part of a federally recognized tribe? **Y** or **N**

Do you or your children QUALIFY for Medicaid, Title XX, and/or free and reduced lunch, even if you don't receive any of them? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer not to say	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say
---	--

Do you have enough people to count on when you need someone to give you good advice? Yes No Prefer Not to Say

If yes, how many people? ___ (write in number)

As of today's date are you between the ages of 14 and 25 (have not yet had your 26th birthday)? Yes No

ONLY if you are between the ages of 14 and 25 (answered "yes" to above), 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 Recent Incarceration (last 6 mos.) Prefer not to say N/A, no experience with any of these

Are you currently pregnant or expecting a child (mother or father)? Yes No Prefer not to say

Are you currently a parent or caring for a child (for example, foster parent, grandparent, aunt) Yes No Prefer not to say

if you are currently a parent or caring for a child (answered "yes" to above) please also complete section 4, next page

4) A few questions about your children...

If you do not currently have any children, you do not need to complete this section

Number of children in household under 18 (enter 0 if no children live with you) _____

Do any of your children have a disability? Prefer not to say no yes → If yes, how many? _____ (write in number)

5) Authorization to Share Your Information For Evaluation (Consent)

The following information is collected as part of the **CR/CYI Evaluation**

- You and/or your child(ren)'s basic information
 - o Demographic Information
 - o Current Services & Supports
- The following items as applicable
 - o Support Services Fund Application Form
 - o Survey responses to the following
 - Community Response Coaching Survey
 - Transitional Services Survey

I hereby grant permission for the local Community Well Being coordinator and/or necessary staff and _____ (CR/CYI Agency or agencies) to share this information with Nebraska Children and their contracted evaluators including Munroe-Meyer Institute, as part of the evaluation of this program that is funded in part by Nebraska Children. You are not required to share this information. If you decide not to have this information shared, it will not affect you or your standing in our program in any way. For evaluation reporting purposes, your information will always be combined and will not be identifiable at the individual family level.

*If you **AGREE** to provide your information, complete the following section:*

Name of participant		Name(s) of participant's child(ren), if applicable	
Participant Signature		Participant Signature Date	
<i>Next Section to be completed by staff witness</i>			
Witness Signature		Staff position of witness	Witness Signature Date

If you have questions about the evaluation, please contact Barbara Jackson at Munroe-Meyer Institute at 402-559-5765 or Catherine Brown at Nebraska Children and Families Foundation at 402-302-1588.

6) Information to be completed by the referral agency and/or Central Navigator

Step 1: Referral agency- please fill in the following before submitting this form to the Central Navigator:

Referral Agency Name	Referral Staff Member Name	Contact Phone Number	Contact Email Address
-----------------------------	-----------------------------------	-----------------------------	------------------------------


Step 2: Central Navigator – Assign a participant ID number to this participant

- Has this participant referred into central navigation before? If not, assign them a participant ID number. This is the first two letters of the participant's first name, first two letters of last name, two digit month of birth, two digit day of birth (ex: Sally Jones DOB 10/16/80 would be SAJO1016)
- IF A RECORD ALREADY EXISTS FOR THIS PARTICIPANT, USE THEIR EXISTING PARTICIPANT ID NUMBER.
- Participant's ID Number: _____

CR/CYI Participant Information Survey

INSTRUCTIONS: All parts of the Participant Information Survey should be completed at the start of participation in Community Response or the Connected Youth Initiative. The form may be completed with the assistance of a Central Navigator or other service provider, if needed.

For each of the following, mark the response that most closely matches how you feel

Social Connections	A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life	Not applicable - I do not have kids						
I have people who believe in me.												
I have someone in my life who gives me advice, even when it's hard to hear.												
When I am trying to work on achieving a goal, I have friends who will support me.												
When I need someone to look after my kids on short notice, I can find someone I trust												
I have people I trust to ask for advice about (check all that apply)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. ___ Money/Bills/Budgeting</td> <td style="width: 33%;">C. ___ Food/Nutrition</td> <td style="width: 33%;">E. ___ Parenting/My Kids (if applicable)</td> </tr> <tr> <td>B. ___ Relationships and/or My Love Life</td> <td>D. ___ Stress, Anxiety, and/or Depression</td> <td>F. ___ None of the above</td> </tr> </table>							A. ___ Money/Bills/Budgeting	C. ___ Food/Nutrition	E. ___ Parenting/My Kids (if applicable)	B. ___ Relationships and/or My Love Life	D. ___ Stress, Anxiety, and/or Depression	F. ___ None of the above
A. ___ Money/Bills/Budgeting	C. ___ Food/Nutrition	E. ___ Parenting/My Kids (if applicable)										
B. ___ Relationships and/or My Love Life	D. ___ Stress, Anxiety, and/or Depression	F. ___ None of the above										

Concrete Supports	A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life
I was able to cover all my expenses last month (<i>expenses include costs like rent, utility bills, food, transportation, child care, and medical expenses</i>)					
The transportation I use is reliable and consistent					
My housing situation is affordable, safe, and stable					
Over the past three months, my children and I have been able to see a doctor when we needed to. (<i>If you do not have children, answer for just yourself</i>)					
Over the past three months, I have found a job and/or worked when I needed to					

FOR CENTRAL NAVIGATOR

1) Write Participant's ID number below

- Refer to Section 6 of participant's *CR/CYI Participant Information Form*.
- Write the **SAME** Participant ID number below.
- Participant's ID Number: _____

2) Upload THIS PAGE ONLY to your community's survey folder on Box.com

CR/CYI SUPPORT SERVICES FUND APPLICATION FORM

Today's Date: ___/___/___

1) How can we help?

What is your need? About how much does it cost? Please include as many details as you can.

2) Documents needed

You will be asked to provide documentation for certain needs such as rent support or unpaid bills, so bring them with you if you can. Examples include: Shut-off notices from utility companies, eviction notices, unpaid medical bills, estimate of health services.

3) A few questions about you

Full LEGAL Name (first, middle, last)

Birth Date

___/___/___

Phone Number

Email Address (optional)

Current/Mailing Address

City

State

County

Zip code

4) Where should we send the payment?

Business name

Business contact person name

Business phone number

Business address (incl. city, state, zip)

5) Information to be completed by the Central Navigator (Applicants DO NOT fill out this section)

Payment Information

Date of payment:

___/___/___

Payment method: Check (check # _____) Gift card Other:

Housing amount \$	Detailed need (ex: rent)	Employment amount \$	Detailed need (ex: uniform)
Utilities amount \$	Detailed need (ex: electric bill)	Physical/dental health amount \$	Detailed need (ex: copay)
Daily living amount \$	Detailed need (ex: hygiene products)	Mental health amount \$	Detailed need (ex: copay)
Education amount \$	Detailed need (ex: textbooks, fees)	Parenting amount \$	Detailed need (ex: childcare, diapers)
Transportation amount \$	Detailed need (ex: car repairs)	Other amount \$	Detailed need

DON'T FORGET! Enter this form into your electronic data system!



THE REST OF THIS PACKET IS THE CR COACHING SURVEY AND SATISFACTION SURVEY

- **ONLY** give this part of the packet to **CR PARTICIPANTS WHO ENGAGE IN COACHING**
 - Do not use with CYI participants
 - Do not use with CR Participants who only access Support Services Funds
- **GIVE AT** the anticipated last coaching visit and/or within 30-90 days of enrollment into CR.
- **BEST PRACTICE**: Fill in the grey box at the top of page 1 of the survey for all people at the start of CR participation so that this coaching survey and satisfaction survey can quickly be handed out by staff and completed by CR Participants
- **SUBMIT TO**: Central Navigator uploads hard copy form to community-specific folder on Box.com (no data entry required). If participant takes survey online, no hard copy data submission is needed.

THERE IS AN ONLINE SURVEY OPTION!

**DIRECT PARTICIPANTS HERE IF THEY WANT TO TAKE THE SURVEY
ON A COMPUTER OR OTHER ELECTRONIC DEVICE:**

<https://tinyurl.com/CRCoachingSurvey1920>

CR Coaching Survey

INSTRUCTIONS FOR STAFF: Please ask CR coaching participants to complete this survey at the anticipated last coaching visit (i.e. the end of the current period of Community Response participation) AND/OR within 30-90 days of a family's participation in Community Response. This survey should only be completed for families participating in Community Response and that are receiving coaching (i.e. do not complete for families who have only accessed Support Services Funds).

Want to take this survey online? Go here: <https://tinyurl.com/CRCoachingSurvey1920>

FOR STAFF PROVIDING THIS SURVEY TO PARTICIPANT:


1) Write in the participant ID number below. This is the first two letters of the participant's first name, first two letters of last name, two digit month of birth, two digit day of birth (ex: Sally Jones DOB 10/16/80 would be SAJO1016)

➤ Participant's ID Number: _____

2) Write in your information:

Agency Name	
Staff Name	
CWB/CYI Community Name	

For each of the following, mark the response that most closely matches how you feel

Social Connections	A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life	Not applicable - I do not have kids						
I have people who believe in me.												
I have someone in my life who gives me advice, even when it's hard to hear.												
When I am trying to work on achieving a goal, I have friends who will support me.												
When I need someone to look after my kids on short notice, I can find someone I trust												
I have people I trust to ask for advice about (check all that apply)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. ___ Money/Bills/Budgeting</td> <td style="width: 33%;">C. ___ Food/Nutrition</td> <td style="width: 33%;">E. ___ Parenting/My Kids (if applicable)</td> </tr> <tr> <td>B. ___ Relationships and/or My Love Life</td> <td>D. ___ Stress, Anxiety, and/or Depression</td> <td>F. ___ None of the above</td> </tr> </table>							A. ___ Money/Bills/Budgeting	C. ___ Food/Nutrition	E. ___ Parenting/My Kids (if applicable)	B. ___ Relationships and/or My Love Life	D. ___ Stress, Anxiety, and/or Depression	F. ___ None of the above
A. ___ Money/Bills/Budgeting	C. ___ Food/Nutrition	E. ___ Parenting/My Kids (if applicable)										
B. ___ Relationships and/or My Love Life	D. ___ Stress, Anxiety, and/or Depression	F. ___ None of the above										

Concrete Supports	A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life
I was able to cover all my expenses last month (<i>expenses include costs like rent, utility bills, food, transportation, child care, and medical expenses</i>)					
The transportation I use is reliable and consistent					
My housing situation is affordable, safe, and stable					
Over the past three months, my children and I have been able to see a doctor when we needed to.					
Over the past three months, I have found a job and/or worked when I needed to					

CR Coaching Survey (continued)

Please think back to three months ago. For each of the following items, mark the first row based on how you felt or what you experienced at that time. On the second row, respond based on how you feel or what you experience NOW.

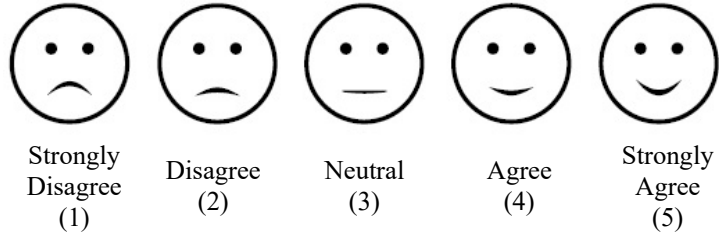
Resilience		Not at all true	Somewhat true	Mostly True	Completely True
I tend to bounce back quickly after hard times	3 mos. ago				
	Now				
I have a hard time making it through stressful events	3 mos. ago				
	Now				
It does not take me long to recover from a stressful event	3 mos. ago				
	Now				
It is hard for me to snap back when something bad happens	3 mos. ago				
	Now				
I usually come through difficult times with little trouble	3 mos. ago				
	Now				
I tend to take a long time to get over set-backs in my life	3 mos. ago				
	Now				

Hope		Definitely false	Mostly false	Somewhat false	Slightly false	Slightly true	Somewhat true	Mostly true	Definitely true
If I should find myself in a jam, I could think of many ways to get out of it.	3 mos. ago								
	Now								
At the present time, I am energetically pursuing my goals.	3 mos. ago								
	Now								
There are lots of ways around any problem that I face.	3 mos. ago								
	Now								
Right now, I see myself as being pretty successful.	3 mos. ago								
	Now								
I can think of many ways to reach my current goals.	3 mos. ago								
	Now								
At this time, I am meeting the goals I have set for myself.	3 mos. ago								
	Now								

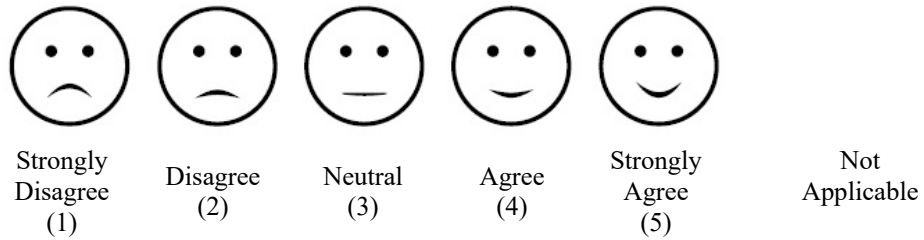
Accessing Services		Not at all true	Somewhat true	Mostly True	Completely True
If I need help, I know where to go and/or who to talk to.	3 mos. ago				
	Now				

SATISFACTION SURVEY

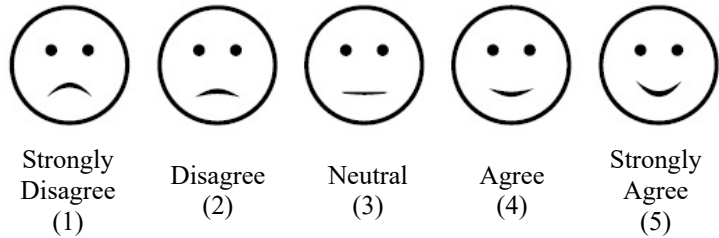
1. I felt respected and valued as a participant. Circle the option that best describes your opinion.



2. I have learned new techniques that improve my interactions with my child or children. Circle the option that best describes your opinion, or note if not applicable.



3. I feel my family relationships are better than before. Circle the option that best describes your opinion.



THANK YOU for completing this survey!