OK AS TO FORM
A.M.H. 9.17.2020

Data Sharing/Use Agreement

Between

Jefferson County Board of Education

And

Metro United Way Inc

This Data Sharing/Use Agreement ("Agreement") between the Jefferson County Board of Education, a political subdivision of the Commonwealth of Kentucky doing business as the Jefferson County Public Schools ("Data Provider"), and Metro United Way Inc, a corporation organized under the laws of Kentucky ("Research Organization") describes the research project proposed by Research Organization, and the means to be used by Research Organization to ensure the confidentiality and security of information and data exchanged between Data Provider and Research Organization.

A. PERIOD OF THE AGREEMENT

This Agreement shall be effective as of **September 30, 2020** and will terminate **June 30, 2021** unless terminated earlier by either party pursuant to Section H.

B. SCOPE OF THE AGREEMENT AND INTENDED USE OF THE DATA

1. SCOPE OF WORK/PROJECT DESCRIPTION –

   United Community is a city-wide effort to create a shared technology platform that removes barriers to access and enhances navigation of services by coordinating across the health, education and human services sectors, enabling seamless referrals between agencies to meet every type of care need. Parents or guardians of students who have a referral entered into the data platform have provided informed consent for receiving services. This data sharing agreement provides Metro United Way with student level data from the JCPS referral form on the UniteUS platform to analyze and report youth data.

2. Data Provider and Research Organization agree that Research Organization is an organization to which Data Provider can disclose, upon written request, personally identifiable information from an education record of a student, as defined in 34 CFR 99.3, under the "studies exception" of the Family Educational Rights and Privacy Act, 20 U.S.C. 1232(g) and 34 C.F.R. 99.31 (a)(6) ("FERPA"), because the disclosure is to conduct studies for, or on behalf of, Data Provider to: develop, validate, or administer predictive tests; administer student aid programs; or improve instruction.

3. Data Provider shall disclose to Research Organization, upon written request, confidential, personally identifiable information from an education record of a student, as defined in 34 C.F.R. 99.3, under the "studies exception" of FERPA,

34 C.F.R. 99.31 (a)(6), when the disclosure is to conduct studies for, or on behalf of, Data Provider to: develop, validate, or administer predictive tests; administer student aid programs; or improve instruction. The confidential data, including student and non-student information to be disclosed, is described in a document attached to this agreement as **Attachment A.** Research Organization shall use personally identifiable information from education records and other records in order to perform the studies described in Paragraph B.1 above. The description of the studies, as included in Attachment A, shall include the purpose and scope of the studies, the duration of the studies, a specific description of the methodology of disclosure and an explanation as to the need for confidential data to perform these studies. Research Organization shall notify Data Provider and Data Provider may provide written approval of any changes to the list of disclosed data necessary for the studies or any changes to the scope, purpose or duration of the studies themselves. Any agreed upon changes to the data disclosed or to the studies shall be reduced to writing and included in **Attachment A.**

4. Research Organization and Data Provider shall work cooperatively to determine the proper medium and method for the transfer of confidential data between each other. Research Organization shall confirm the transfer of confidential data and notify Data Provider as soon as practicable of any discrepancies between the actual data transferred and the data described in this Agreement. The same protocol shall apply to any transfer of confidential data from Research Organization to Data Provider.

C. CONSTRAINTS ON USE OF DATA

1. Research Organization agrees that the research shall be conducted in a manner that does not permit personal identification of parents and students by individuals other than representatives of Research Organization that have legitimate interests in the information.

2. Research Organization will report only aggregate data and will not report any individual data, nor will data be reported in a manner that permits indirect identification of any individual.

3. Research Organization will not contact the individuals included in the data sets without obtaining advance written authorization from Data Provider.

4. Research Organization shall not re-disclose any individual–level data with or without identifying information to any other requesting individuals, agencies, or organizations without prior written authorization by Data Provider.

5. Research Organization shall use the data only for the purpose described in Paragraph B.1 above. The data shall not be used for personal gain or profit.

D. DATA CONFIDENTIALITY AND DATA SECURITY

Research Organization agrees to the following confidentiality and data security statements:

1. Research Organization acknowledges that the data is confidential data and proprietary to Data Provider, and agrees to protect the data from unauthorized disclosures and to comply with all applicable Data Provider, Local, State and Federal confidentiality laws and regulations including but not limited to FERPA; the Privacy Act of 1974, 5 U.S.C. 552a; the Kentucky Family Educational Rights and Privacy Act, KRS 160.700 et seq.; the Richard B. Russell National School Lunch Act, 42 U.S.C. 1751 et seq.; the Child Nutrition Act of 1966, 42 U.S.C. 1771 et seq.; the Personal Information Security and Breach Investigation Procedures and Practices Act, KRS 61.931 et seq.; and the Kentucky Open Records Act, KRS 61.820 et seq.

2. If the performance of this Agreement involves the transfer by Data Provider to Research Organization of any data regarding any Data Provider student that is subject to FERPA, Research Organization agrees to:

    a. In all respects comply with the provisions of FERPA.

    b. Use any such data for no purpose other than to fulfill the purposes of the Project, and not share any such data with any person or entity other than Research Organization and its employees, contractors and agents, without the approval of Data Provider.

    c. Require all employees, contractors and agents of Research Organization to comply with all applicable provisions of FERPA with respect to any such data.

    d. Maintain any such data in a secure computer environment, and not copy, reproduce or transmit any such data expect as necessary to fulfill the purposes of the Project.

    e. Conduct the Project in a manner that does not permit the identification of an individual student by anyone other than employees, contractors or agent of Research Organization having a legitimate interest in knowing such personal identification, and not disclose any such data in a manner that would permit the identification of an individual student in any published results of studies.

    f. Destroy or return to Data Provider any such data obtained under this Agreement within thirty days (30) after the date within it is no longer needed by Research Organization for the purposes of the Project.

3. Research Organization shall not release or otherwise reveal, directly or indirectly, the data to any individual, agency, entity, or third party not included in this

Agreement, unless such disclosure is required by law or court order. If Research Organization becomes legally compelled to disclose any confidential and otherwise personally identifiable data (whether by judicial or administrative order, applicable law, rule or regulation, or otherwise), then Research Organization shall use all reasonable efforts to provide Data Provider with prior notice before disclosure so that Data Provider may seek a protective order or other appropriate remedy to prevent the disclosure and/or to ensure Data Provider's compliance with the confidentiality requirements of federal or state law; provided, however, that Research Organization will use all reasonable efforts to maintain the confidentiality of confidential and otherwise personally identifiable data. If a protective order or other remedy is not obtained prior to the deadline by which any legally compelled disclosure is required, Research Organization will only disclose that portion of confidential and otherwise personally identifiable data that Research Organization is legally required to disclose.

4. Research Organization shall not distribute, reprint, alter, sell, assign, edit, modify or create derivative works or any ancillary materials from or with the data, other than publications permitted under Section I of this Agreement.

5. Research Organization shall not use data shared under this Agreement for any purpose other than the goals outlined in this Agreement. Nothing in this Agreement shall be construed to authorize Research Organization to have access to additional data from Data Provider that is not included in the scope of this Agreement (or addenda). Research Organization understands that this Agreement does not convey ownership of the data to Research Organization.

6. Research Organization shall take reasonable security precautions and protections to ensure that persons not authorized to view the data do not gain access to the data. Reasonable security precautions and protections include, but are not limited to:

    a. Creating, distributing, and implementing data governance policies and procedures which protect data through appropriate administrative, technical and physical security safeguards, and outline staff responsibilities for maintaining data security;

    b. Encrypting all data carried on mobile computers/devices;

    c. Encrypting data before it is transmitted electronically;

    d. Requiring that users be uniquely identified and authenticated before accessing data;

    e. Establishing and enforcing well-defined data privilege rights which restrict users’ access to the data necessary to perform their job functions;

f. Ensuring that all staff accessing data sign an affidavit of nondisclosure, attached as **Attachment B**, and maintain copies of signed affidavits;

g. Securing access to any physical areas/electronic devices where sensitive data is stored;

h. Installing a firewall to permit or deny network transmissions based upon a set of rules; and

i. Installing anti-virus software to protect the network.

7. If Research Organization receives Personal Information as defined by and in accordance with the Kentucky Personal Information Security and Breach Investigation Procedures and Practices Act, KRS 61.931, et seq. (the "Act"), Research Organization shall secure, protect and maintain the confidentiality of the Personal Information by, without limitation, complying with all requirements applicable to "non-affiliated third parties" set forth in the Act, including but not limited to the following:

    a. "Personal Information" is defined in accordance with KRS 61.931(6) as an individual's first name or first initial and last name; personal mark; or unique biometric or genetic print or image, in combination with one (1) or more of the following data elements:

        i. An account, credit card number, or debit card number that, in combination with any required security code, access code or password, would permit access to an account;

        ii. A Social Security number;

        iii. A taxpayer identification number that incorporates a Social Security number;

        iv. A driver's license number, state identification card number or other individual identification number issued by an agency;

        v. A passport number or other identification number issued by the United States government; or

        vi. Individually Identifiable Information as defined in 45 C.F.R. sec. 160.013 (of the Health Insurance Portability and Accountability Act), except for education records covered by FERPA.

    b. As provided in KRS 61.931(5), a "non-affiliated third party" means any person or entity that has a contract or agreement with an agency and receives (accesses, collects or maintains) personal information from the agency pursuant to the contract or agreement.

c. Research Organization shall not re-disclose, without the written consent of Data Provider, any "personal information," as defined in KRS 61.931, or any other personally identifiable information of a student or other persons, such as employees.

d. Research Organization agrees to cooperate with Data Provider in complying with the response, mitigation, correction, investigation, and notification requirements of the Act.

e. Research Organization agrees to undertake a prompt and reasonable investigation of any breach as required by KRS 61.933.

8. If Research Organization is a cloud computing service provider (as defined in KRS 365.734(1)(b) as "any person other than an educational institution that operates a cloud computing service"), Research Organization agrees that:

   a. Research Organization shall not process student data for any purpose other than providing, improving, developing, or maintaining the integrity of its cloud computing services, unless the provider receives express permission from the student's parent. Research Organization shall work with the student's school and district to determine the best method of collecting parental permission. KRS 365.734 defines "process" and "student data."

   b. With a written agreement for educational research, Research Organization may assist an educational institution to conduct educational research as permitted by FERPA.

   c. Pursuant to KRS 365.734(2), Research Organization shall not in any case process student data to advertise or facilitate advertising or to create or correct an individual or household profile for any advertisement purposes.

   d. Pursuant to KRS 365.734(2), Research Organization shall not sell, disclose, or otherwise process student data for any commercial purpose.

   e. Pursuant to KRS 365.734(3), Research Organization shall certify in writing to the agency that it will comply with KRS 365.734(2).

9. Research Organization shall report all known or suspected breaches of the data, in any format, to Dr. Dena Dossett, Chief, Accountability, Research, and Systems Improvement Division. The report shall include (1) the name, job title, and contact information of the person reporting the incident; (2) the name, job title, and contact information of the person who discovered the incident; (3) the date and time the incident was discovered; (4) the nature of the incident (e.g. system level electronic breach, an electronic breach of one computer or device, a breach of hard copies of records, etc.; (5) a description of the information lost or compromised; (6) the name of the electronic system and possible interconnectivity with other systems; (7) the storage medium from which

information was lost or compromised; (8) the controls in place to prevent unauthorized use of the lost or compromised information; (9) the number of individuals potentially affected; and (10) whether law enforcement was contacted.

10. Research Organization shall securely and permanently destroy the data, and any and all hard and soft (electronic) copies thereof, upon the termination of this Agreement. Research Organization agrees to require all employees, contactors, or agents of any kind using Data Provider data to comply with this provision. Research Organization agrees to document the methods used to destroy the data, and upon request, provide certification to Data Provider that the data has been destroyed.

11. For purposes of this agreement and ensuring Research Organization's compliance with the terms of this Agreement and all application of the state and Federal laws, Research Organization designates _Ben Donlon_____ (or an alternative designee specified in writing) as the temporary custodian ("Temporary Custodian") of the data that Data Provider shares with Research Organization. Data Provider will release all data and information under this Agreement to Temporary Custodian. Temporary Custodian shall be responsible for transmitting all data requests and maintain a log or other record of all data requested and received pursuant to this Agreement, including confirmation of the return or destruction of the data as described below. Data Provider or its agents may, upon request, review the records Research Organization is required to keep under this Agreement.

12. Research Organization has the right, consistent with scientific standards, to present, publish, or use student results it has gained in the course of its analysis, but only if the publication, presentation, or use does not include personally identifiable information of parents, students, or teachers, and not outside the bounds of a research study.

13. Research Organization will separately submit an external research request through Data Provider's online system: https://assessment.jefferson.kyschools.us/DRMS/. For any project, involving data collection or research (e.g., program evaluation or monitoring activities), JCPS student or staff participation is voluntary. As a federally authorized Institutional Review Board (IRB), JCPS complies with the federal definition for research, which includes sharing of Personally Identifiable Information (PII) for the purposes of answering a question or evaluating activities for effectiveness beyond standard educational or operational procedures Thus, all data collection and research activities must be approved by the JCPS IRB and shall not begin before approval is secured from the JCPS IRB.

14. Should Research Organization present, publish, or use student results it has gained in the course of its analysis, Research Organization shall adhere to the following terms:

a. Research Organization shall not publish, present, or use reports that include a cell size of less than 10. Reports must mask these cells so that the results are not revealed.

b. Publications and reports of data and information shared, including preliminary descriptions and draft reports, shall involve only aggregate data and no personally identifiable information or other information that could lead to the identification of any student, parent, or teacher.

c. No less than fifteen (15) business days prior to public disclosure of its data analysis, Research Organization will provide Data Provider a manuscript or other draft of the proposed public disclosure. Within fifteen (15) business days following receipt thereof, Data Provider will notify Research Organization in writing if the proposed disclosure contains any confidential information and specify the portions of the proposed disclosure requiring redaction.

d. Research Organization shall provide Data Provider, free of charge and within thirty (30) days, a copy of any report that is generated using the data.

e. Reports or articles based on data obtained from Data Provider under this agreement must include the following acknowledgment: "This report/article was made possible, in part, by the support of the Jefferson County, Kentucky, Public Schools. Opinions contained in this report/article reflect those of the author and do not necessarily reflect those of the Jefferson County, Kentucky, Public Schools." Data Provider must be cited as the source of the data in all tables, reports, presentations, and papers.

15. Research Organization acknowledges that any violation of this Agreement and/or the provisions of FERPA or accompanying regulations related to the nondisclosure of protected student information constitutes just cause for Data Provider to immediately terminate this Agreement.

E. FINANCIAL COSTS OF DATA-SHARING

Each party shall be responsible for their portion of costs that may result from data sharing. Examples of potential costs to Data Provider are costs associated with the compiling of student data requested under this agreement and costs associated with the electronic delivery of the student data to Research Organization.

No payments will be made under this agreement by either party.

F. OBLIGATIONS OF DATA PROVIDER

During the term of this Agreement, Data Provider shall:

1. Prepare and deliver student demographic and academic data as defined in **Attachment A** – Data File Description. All items will be keyed to a "proxy" student identifier that is different from the official student ID. The link between the official and proxy IDs will not be disclosed by Data Provider.

2. After the initial data is provided for the requested student population, Data Provider will not provide supplementary data for additional students.

3. Provide Data Stewardship training for data custodian.

G. LIABILITY

Research Organization agrees to be responsible for and assumes all liability for any claims, costs, damages or expenses (including reasonable attorneys' fees) that may arise from or relate to Research Organization's intentional or negligent release of personally identifiable student, parent or staff data ("Claim" or "Claims"). Research Organization agrees to hold harmless Data Provider and pay any costs incurred by Data Provider in connection with any Claim. The provisions of this Section shall survive the termination or expiration of this Agreement.

H. TERMINATION

1. This Agreement may be terminated as follows, after notification via the United States Postal Service (certified mail or registered mail) or recognized overnight delivery service (e.g., UPS, DHL, or FedEx):

    a. By either party immediately in the event of a material breach of this Agreement by another party.

    b. By either party after thirty (30) days advance written notice to the other party, for any reason or no reason.

2. The confidentiality provisions of this Agreement shall survive the termination of this Agreement. If this Agreement is terminated by either party for material breach or for any other reason with thirty (30) days written notice, the confidential information shall be returned or destroyed within seven (7) days of the termination. If this Agreement terminates at the end of the term described in Section A, Research Organization shall return or destroy all confidential information when it is no longer needed for the study. Such return or destruction shall occur within seven (7) days after it is no longer needed for the study.

3. Destruction of the confidential information shall be accomplished by utilizing an approved method of confidential destruction, including but not limited to shredding, burning or certified/witnessed destruction for physical materials and

verified erasure of magnetic media using approved methods of electronic file destruction.

I. PUBLICATIONS AND COPYRIGHTS

Both parties recognize that each organization may have extant work that predates this agreement. If those materials and/or data are used in the course of this work, they remain the property of the original developer or researcher. If new materials are developed during the project, ownership and copyright of such will remain with the developing entity.

J. MODIFICATION

No waiver, alteration or modification of the provisions of this Agreement shall be binding unless in writing and mutually agreed upon. Any modifications or additions to this Agreement must be negotiated and approved by both parties.

K. QUALITY OF SERVICES

Data Provider reserves the right to review Research Organization's performance under this Agreement for effectiveness in serving the specific purposes as outlined in Paragraph B.1. Failure of Research Organization to perform in a manner that meets or exceeds the quality standards for Data Provider shall serve as grounds for termination of this Agreement.

L. BREACH OF DATA CONFIDENTIALITY

Research Organization acknowledges that the breach of this agreement or its part may result in irreparable and continuing damage to Data Provider for which money damages may not provide adequate relief. In the event of a breach or threatened breach of this agreement by Research Organization, Data Provider, in addition to any other rights and remedies available to Data Provider at law or in equity, may be entitled to preliminary and permanent injunctions to enjoin and restrain the breach or threatened breach. If the United States Department of Education's Family Policy Compliance Office determines that Research Organization has violated paragraph 34 C.F.R. 99.31(a)(6)(iii)(B), Data Provider may not allow Research Organization access to personally identifiable information from its education records for at least five (5) years.

M. CHOICE OF LAW AND FORUM

This Agreement shall be governed and construed in accordance with the laws of the Commonwealth of Kentucky. Any action or Claim arising from, under or pursuant to this Agreement shall be brought in the Jefferson County, Kentucky, Circuit Court, and the parties expressly waive the right to bring any legal action or Claims in any other courts.

N. WAIVER

No delay or omission by either party in exercising any right under this Agreement shall operate as a waiver of that or any other right or prevent a similar subsequent act from constituting a violation of this Agreement.

O. SEVERABILITY

If any part of this Agreement is held to be void, against public policy or illegal, the remaining provisions of this Agreement shall continue to be valid and binding.

P. NOTICES

Any notices or reports by one party to the other party under this Agreement shall be made in writing, to the address shown in the signature portions of this Agreement, or to such other address as may be designated in writing by one party to the other. Notices shall be effective when received if personally delivered, or three days after mailing if mailed.

Q. RELATIONSHIP OF PARTIES

Data Provider is not an employee, agent, partner or co-venturer of or with Research Organization. Neither Research Organization nor Data Provider shall represent or imply to any party that it has the power or authority to enter into a contract or commitment in the name of or on behalf of the other, or to otherwise bind the other.

R. ENTIRE AGREEMENT; ASSIGNMENT

This Agreement, together with any attachments hereto and any amendment or modifications that may hereafter be agreed to constitute the entire understanding between the parties with respect to the subject-matter hereof and supersede any and all prior understandings and agreements, oral and written, relating hereto. Research Organization shall not assign this Agreement or any portion thereof to a subcontractor or other third party without the prior written consent of Data Provider, and any attempted assignment without such prior written consent will be in violation of this Section R and shall automatically terminate this Agreement.

AGREED:

METRO UNITED WAY INC
334 E Broadway
Louisville, KY 40202

BY: __*Benjamin R Donlon*_____

Name: ___Benjamin Donlon____

Title: ____Chief Analytics Officer_____

Date: ____9/16/20_____

AGREED:

Jefferson County Board of Education
3332 Newburg Road
Louisville KY 40218

BY: _____

Name: _____

Title: _____

Date: _____

61617751.2

Attachment A: Confidential information to be disclosed

Data fields included in the Unite US Referral and Assessment Forms listed below (the specific data fields for each form can be found on the following pages):

	General Intake	
	Field Name	**Type**
	Basic Information	
1	Title	Dropdown
2	First Name*	Text Box
3	Middle Initial	Text Box
4	Last Name*	Text Box
5	Suffix	Dropdown
6	Nicknames	Text Box
	Contact Information	
7	Phone Number (can add more than one)	Text Box- Phone Number
8	Email (can add more than one)	Text Box- Email
	Location Information	
9	Address Type (can add more than one)	Dropdown
10	Address Line 1	Text Box
11	Address Line 2	Text Box
12	City	Text Box
13	State	Dropdown
14	Zip	Text Box
	Household Information	
15	Total Count	Text Box
16	# Adults	Text Box
17	# Children	Text Box
18	Household Gross Monthly Income	Text Box - $ amount
	Other Information	
19	DOB*	Date
20	Marital Status	Dropdown
21	Gender	Dropdown
22	Race	Dropdown
23	Ethnicity	Dropdown
24	Citizenship	Text Box
25	SSN	Text Box

*required fields

Attachment A: Confidential information to be disclosed

JCPS Referral Form (FRYSC)			
1	Student ID	Text Box	
2	Start Date	Date	
3	End Date	Date	
4	Intervention is for	Dropdown (multi-selectable)	Student
			Parent
		select if "yes"	Result of a behavior issue
			Parent/Guardian contacted
			Result of GAIN-SS screening
5	Mode of Intervention	Dropdown (multi-selectable)	In-office/School Grounds
			Telephone
			Email/text
			Home Visit
			Home Visit-PAT
			Letter
5b.		Conditional Text Box (Appears if Q5 includes Other)	If Other, please describe
6	Intervention Type	Dropdown (multi-selectable)	Academic Support
			AS01: Academic Motivation
			AS02: Adult Education
			AS03: Born Learning Academy
			AS04: Consultation with Parent/Student
			AS05: EL Support
			AS06: Exceptional Ch. Ed. Support
			AS07: GED
			AS08: Homework Assistance/Testing Support/Tutoring
			AS09: Kindergarten Readiness
			AS10: Mentoring

Attachment A: Confidential information to be disclosed

JCPS Referral Form			
			AS11: Organizational/Study Skills
			AS12: Parent/Student Volunteer
			AS13: Parent/Teacher Conference
			AS14: Resource Library
			AS15: School Enrollment/Registration
			AS16: School Supplies
			AS17: Student Recognition
			AS18: Transition Assistance
			Attendance
			AT01: 0-5 Days Absent
			AT02: 6-10 Days Absent
			AT03: 10+ Days Absent
			AT04: Tardies
			AT05: Truancy Diversion Program
			AT06: Other Attendance Intervention
			After School and Childcare
			ASC01: After School/Summer Enrichment
			ASC02: Camp Referral/Assistance
			ASC03: Extra-curricular Activities
			ASC04: Provide Child Care Services
			ASC05: Refer to Child Care Services
			ASC06: Refer/Provide Child Care Financial Assistance
			Basic Needs
			BN01: Backpack Program
			BN02: Cleaning Supplies
			BN03: Clothing-Regular
			BN04: Clothing-Uniforms
			BN05: Financial Literacy
			BN06: Food Assistance

Attachment A: Confidential information to be disclosed

JCPS Referral Form			
			BN07: Food Stamps
			BN08: Free/Reduced Lunch Assistance
			BN09: Holiday Assistance
			BN10: Housing/Shelter
			BN11: Household Items
			BN12: Other Emergency Financial Assistance
			BN13: Rent/Mortgage
			BN14: Shoes
			BN15: Utilities
			Career Develeopment Exploration
			CDE01: Career Education/Exploration
			CDE02: College/Tech School Visit
			CDE03: Employment Opportunity
			CDE04: Financial Assistance for Career/Training Needs
			CDE05: Job Mentoring
			CDE06: Parent Employment
			CDE07: Post-secondary Support/Advising
			CDE08: Resume/Interviewing Skills
			CDE09: Service Learning/Community Service
			CDE10: Soft Skills Training
			CDE11: Summer/Part-time Jobs
			CDE12: Other
			Health
			HE01: Dental
			HE02: Family Health
			HE03: Head Lice

Attachment A: Confidential information to be disclosed

JCPS Referral Form			
			HE04: Hearing
			HE05: Hygiene
			HE06: Immunizations
			HE07: Insurance Assistance
			HE08: Medication Assistance
			HE09: Nutrition
			HE10: Other Pest Assistance
			HE11: Pregnancy
			HE12: School Physical
			HE13: Tobacco
			HE14: Vision/Eyeglasses
			HE15: Other Health
			Legal
			LE01: Adult Protective Services
			LE02: Background Check
			LE03: Birth Certificate Assistance
			LE04: Child Protective Services
			LE05: Citizenship Assistance
			LE06: Court Case and Support
			LE07: Emergency Protection/Domestic Violence Order
			LE08: Family Team Meeting
			LE09: FAIR Team Participation
			LE10: Guardianship/Custody Assistance
			LE11: Student Driver's License
			LE12: Other Legal
			Mental Health/Counseling
			MHC01: Abuse
			MHC02: Anger Management
			MHC03: Bullying

Attachment A: Confidential information to be disclosed

JCPS Referral Form			
			MHC04: Consultation for Behavior
			MHC05: Crisis Referral/Intervention
			MHC06: Dating Issues
			MHC09: Divorce
			MHC10: Grief
			MHC11: MH/Counseling Referred
			MHC12: MH/Counseling Provided
			MHC13: Other Mental Health/Counseling
			MHC16: Parent/Child Conflict
			MHC17: Peer Relations
			MHC18: Self-esteem
			MHC19: Social Skills
			MHC20: Substance Abuse
			MHC21: Transition Issues
			MHC22: Anxiety
			MHC23: Depression
			MHC24: Trauma
			MHC25: Oppositional Defiance
			Transportation
			TR01: Bus Token
			TR02: Cab Voucher
			TR03: Gas Voucher
			TR04: Provided Transportation in District Vehicle by FRYSC Staff
			TR05: Public Transportation Information
			TR06: School Bus Information
			TR07: Other Transportation
	Referred By	Dropdown	01: Principal
			02: Asst. Principal

JCPS Referral Form			
			03: Dean
			04: Counselor
			05: Teacher
			06: FRYSC Staff
			07: Other School Staff
			08: Self-Referred
			09: Parent/Guardian
			10: Peer
			11: Other
	Referral Location1	Dropdown	CA-4H: 4-H
			CA-BBBS: Big Brothers Big Sisters
			CA-BS: Boy Scouts
			CA-4C: Community Coordinated Child Care
			CA-CM: Community Ministries
			CA-DCKH: Dare to Care/Kentucky Harvest
			IHR-ECP: Early Childhood Program
			IHR-E1R: Every1Reads
			IHR-ESS: Extended School Services
			CA-GS: Girl Scouts
			CA-JA: Junior Achievement
			CA-LCS: Louisville Counseling Services
			CA-LSCS: Louisville Seminary Counseling Services
			IHR-NP810: NP-810 Barrett
			IHR-NPBOH: NP-Bridges of Hope
			IHR-NPFirst: NP-First at T.J. Middle
			IHR-NPGCR: NP-Greater Cane Run
			IHR-NPNW: NP-Northwest (Shawnee)

JCPS Referral Form			
			IHR-NPSC: NP-South Central
			IHR-NPSJ: NP-South Jefferson
			IHR-NPUjima: NP-Ujima
			CA-OYD: Office of Youth Development
			CA-PE: Peace Education
			IHR- PTSACAP: PTSA CAP
			IHR-PTSALS: PTSA Local School
			CA-RC: Red Cross
			CA-SDFS: Safe and Drug Free Schools
			CA-SA: Salvation Army
			CA-SCSB: Seven Counties School-Based Counseling
			CA-SCS: Seven Counties Services
			CA-SU: Spalding University
			IHR-SES: Supplemental Education Services
			IHR-TAPP: TeenAge Parent Program
			CA-UL: University of Louisville
			CA-UrL: Urban League
			CA-YMCA: YMCA
			CWC: The Center for Women and Children
			KHEAA: Kentucky Higher Education Assistance Authority
			YB: Youth Build
			JC: Job Corps
	Referral Location2	Dropdown	CA-4H: 4-H
			CA-BBBS: Big Brothers Big Sisters
			CA-BS: Boy Scouts

JCPS Referral Form			
			CA-4C: Community Coordinated Child Care
			CA-CM: Community Ministries
			CA-DCKH: Dare to Care/Kentucky Harvest
			IHR-ECP: Early Childhood Program
			IHR-E1R: Every1Reads
			IHR-ESS: Extended School Services
			CA-GS: Girl Scouts
			CA-JA: Junior Achievement
			CA-LCS: Louisville Counseling Services
			CA-LSCS: Louisville Seminary Counseling Services
			IHR-NP810: NP-810 Barrett
			IHR-NPBOH: NP-Bridges of Hope
			IHR-NPFirst: NP-First at T.J. Middle
			IHR-NPGCR: NP-Greater Cane Run
			IHR-NPNW: NP-Northwest (Shawnee)
			IHR-NPSC: NP-South Central
			IHR-NPSJ: NP-South Jefferson
			IHR-NPUjima: NP-Ujima
			CA-OYD: Office of Youth Development
			CA-PE: Peace Education
			IHR- PTSACAP: PTSA CAP
			IHR-PTSALS: PTSA Local School
			CA-RC: Red Cross
			CA-SDFS: Safe and Drug Free Schools
			CA-SA: Salvation Army

JCPS Referral Form			
			CA-SCSB: Seven Counties School-Based Counseling
			CA-SCS: Seven Counties Services
			CA-SU: Spalding University
			IHR-SES: Supplemental Education Services
			IHR-TAPP: TeenAge Parent Program
			CA-UL: University of Louisville
			CA-UrL: Urban League
			CA-YMCA: YMCA
			CWC: The Center for Women and Children
			KHEAA: Kentucky Higher Education Assistance Authority
			YB: Youth Build
			JC: Job Corps
	Description	textbox	

	Benefits Navigation Assessment		
	Critical Information		
1	Service(s) Client is Seeking	Dropdown (Multi-select)	Benefits Eligibility Screening
			Health Insurance/Benefits
			ID/Documentation Assistance
			Immigration Services
2	What need(s) is the client currently looking to address?	Conditional Dropdown (Multi-select) - Appears if Q1 answer includes 'Benefits Eligibility Screening'	Childcare
			Education
			Employment
			Exposure to Violence
			Financial Resource Strain
			Food Insecurity
			Health Behaviors
			Housing Instability
			Mental/Behavioral Health
			Social Isolation & Supports
			Transportation
			Utility Needs
			Other
2a		Conditional Text Box (Appears if Q2 includes Other)	*If Other, please explain*
3	Are there any specific benefits the client is interested in checking eligibility for?	Conditional Dropdown (Multi-select) - Appears if Q1 answer includes 'Benefits Eligibility Screening'	Cash Assistance/TANF

	Benefits Navigation Assessment		
	Help text: If you know the specific benefit(s) the client is applying for, please make the appropriate referral under the relevant service type.		Childcare Vouchers
			Disability Benefits
			Food and Nutrition Assistance Programs (SNAP, WIC, etc.)
			Health Insurance Benefits
			Housing Assistance Programs (Section 8, public housing, etc.)
			Transportation Assistance Benefits
			Tuition Assistance Benefits
			Unemployment Benefits
			Utility Assistance Benefits
			Veterans Benefits
			Other
			Don't Know
3a		Conditional Text Box (Appears if Q3 includes Other)	*If Other, please explain*
4	Benefits Client/Family Member is Currently Receiving	Multi-select Conditional Dropdown (if Q1 answer includes "Benefits Eligibility Screening" or "Health Insurance/ Benefits"	Cash Assistance/TANF
			Childcare Vouchers
			Disability Benefits
			Food and Nutrition Assistance Programs (SNAP, WIC, etc.)
			Health Insurance Benefits
			Housing Assistance Programs (Section 8, public housing, etc.)

	Benefits Navigation Assessment		
			Transportation Assistance Benefits
			Tuition Assistance Benefits
			Unemployment Benefits
			Utility Assistance Benefits
			Veterans Benefits
			Other
			Don't Know
			None
4a		Conditional Text Box	*If Other, please explain*
5	Who is in need of assistance with health insurance/benefits?	Conditional Dropdown (Multi-select - Appears if Q1 answer includes 'Health Insurance/Benefits')	All Family Members
			Client
			Client's Children
			Client's Spouse
			Other
5a		Conditional Text Box (Appears if Q4 includes Other)	*If Other, please explain*
6	What type(s) of health insurance does client need assistance with?	Conditional Dropdown (Multi-select - Appears if Q1 answer includes 'Health Insurance/Benefits')	Insurance through Healthcare.gov/state marketplace
			Medicaid
			Medicare
			Private insurance (through COBRA; employer; non-Healthcare.gov/state marketplace private plan)
			TRICARE
			VA Healthcare Services
			Doesn't Know

	Benefits Navigation Assessment		
7	What does the client need assistance with?	Conditional Dropdown (MULTIselect - Appears if Q1 answer includes 'Health Insurance/Benefits')	Applying for and/or enrolling in health insurance
			Applying for medication assistance programs (e.g. ADAP, Extra Help)
			Applying for premium/deductible assistance programs (e.g. Medicare Savings Program)
			Disputing coverage denial and eligibility determination
			Resolving medical billing issues
			Reviewing health plan/product options
			Understanding how to use their health insurance
			Other
7a		Conditional Text Box (Appears if Q6 includes Other)	*If Other, please explain*
8	What type(s) of document(s) does client need assistance obtaining?	Conditional Dropdown (if answer to Q1 includes "ID/Documentation Assistance"	Birth certificate
			DD-214
			Driver's license
			Marriage certificate
			Non-driver's ID
			Social Security Card
			Other
8a		Conditional Text Box (Appears if Q7 includes Other)	*If Other, please explain*

	Benefits Navigation Assessment		
9	What type of immigration assistance does the client need?	Conditional Dropdown (Multi-select) (If answer to Q1 includes "Immigration Services")	Green Card Renewal
	Help text: If client needs legal counseling or assistance regarding their immigration status, please make a legal (immigration law) referral.		Green Card Replacement
			English Language Exemption
			Fee Waiver Assistance
			Medical Disability Exception
			Naturalization Assistance
			Other
9a		Conditional Text Box (Appears if Q8 includes Other)	*If Other, please explain*
10	Comments or Additional Information:	Text Box	
	Income Information		
11	Does client have income from any source?	Dropdown	Yes/No/Don't Know
12	Client's monthly household income sources	Conditional Dropdown if answer to Q11 is Yes (Multi-select)	Alimony or other spousal support
			Business Income
			Child Support
			Earned Income (wages, salaries, tips, etc.)
			Pensions and/or annuities
			Private Disability Insurance
			Rental Income

	Benefits Navigation Assessment		
			Retirement Account Distributions
			Social Security Disability Insurance (SSDI)
			Social Security Retirement/Survivors Income
			State-specific Cash Assistance
			Supplemental Security Income (SSI)
			Temporary Assistance for Needy Families (TANF)
			Unemployment Insurance
			VA Non-Service-Connected Disability Pension
			VA Retirement Pension
			VA Service-Connected Disability Compensation
			Workers Compensation
			Other Source
			Don’t Know
			For all options chosen, fields appear to write $ amount of each income source
12a		Conditional Text Box	*If Other, please explain*
13	How many people are in the client's household (Who do they live with and will be included in their application for benefits)?	Text Box (Number only)	
14	How many children are in the client's household?	Text Box (Number only)	

	Benefits Navigation Assessment		
15	Total Household Gross Monthly Income	Text Box (Number only)	

	Clothing & Household Goods Assessment		
	Critical Information		
1	What needs does client present?	Dropdown - Multi-select	Clothing
			Household Goods
			Other
1a		Conditional Text Box (Appears if Q1 includes Other)	*If Other, please explain*
2	Who is in need of clothing?	Conditional Dropdown (MULTIselect - Appears if Q1 answer includes 'Clothing')	Client
			Client's Spouse
			Client's Children
			Other
2a		Conditional Text Box (Appears if Q2 includes Other)	*If Other, please explain*
3	What is the purpose of the clothing?	Conditional Dropdown - MULTI-select (Appears if Q1 includes 'Clothing')	Baby clothes
			Everyday
			Interview/Work-appropriate
			Maternity
			Winter clothes
			Other
3a		Conditional Text Box (Appears if Q3 includes Other)	*If Other, please explain*
4	Has the client previously received assistance with clothing?	Conditional Dropdown (If Clothing selected in Q1)	Yes/No/Don't Know

	Clothing & Household Goods Assessment		
4a		Conditional Text Box	*If yes, from which agency did the client previously receive assistance with clothing?*
5	Additional notes to specify clothing items needed:	Conditional Text Box (Appears if Q1 includes Clothing)	
6	What household items is the client looking for?	Conditional Dropdown (Multi-select; Appears if Q1 includes 'Goods')	Appliances - Small
			Appliances - Large
			Baby Supplies/Furniture
			Books
			Cleaning Products
			Furniture
			Houseware/Cookware
			Lawn and Garden
			Phones/Electronics
			Personal Hygiene Products
			Sporting Goods
			Other
6a		Conditional Text Box (Appears if Q5 includes Other)	*If Other,* please explain
7	Additional notes to specify household items needed:	Conditional Dropdown (Appears if Q1 includes Goods)	

	Education Assessment		
	Critical Information		
1	What is client seeking assistance with?	Multi-select Dropdown	Computer/Technology Classes
			Degrees/Certification
			Early Childhood Education
			Educational Support Services
			Language Classes
			Tuition Assistance
			Other
1a		Conditional Text Box	*If Other, please explain*
2	Highest Level of Education Achieved	Conditional Dropdown (if anything other than Early Childhood Education is selected)	Less than a high school diploma
			GED/High School Diploma
			Some College, No Degree
			Trade/Technical/Vocational Training
			Associate's Degree
			Bachelor's Degree
			Master's Degree
			Professional Degree/Doctorate
2a		Conditional Text Box (If Less than a HSD, GED/HS Diploma or Some College is NOT selected)	*Focus of Degree/Certification*
3	What time of day/week is client able to attend classes?	Conditional Multi-Select (if Q1 includes "Computer/Technology Classes," "Early Childhood Education," Degrees/Certification," or "Language Classes")	Standard work hours (M-F, 9am-5pm)

	Education Assessment		
			Weekday evenings (M-F, 6pm or later)
			Weekends
			Other
3a		Conditional Text Box	*If Other, please explain*
4	Degree/Program Seeking	Conditional Dropdown (if Degrees/Certification, Language Classes, or Tuition Assistance selected in Q1)	Associate's Degree
			Bachelor's Degree
			Certification
			ESL Classes
			GED
			Master's Degree
			Post-Baccalaureate Program
			Professional Degree/Doctorate
			Trade/Technical/Vocational Training
			Other
			Don't Know
4a		Conditional dropdown (If answer includes Other)	*Please explain*
5	Field of Interest (if applicable)	Conditional Text Box (If Degrees/Certifications selected in Q1)	
6	Anticipated Enrollment Date (Month & Year or Term & Year)	Text Box	
7	Has client obtained their transcripts from prior institutions?	Conditional Dropdown (If Degrees/Certifications selected in Q1)	Yes/No/Don't Know

	Education Assessment		
8	Please describe educational support services needed:	Conditional Text Box (If Educational Support Services selected in Q1)	
9	What type of tuition assistance does client need?	Conditional Multi-select Dropdown (if Tuition Assistance selected in Q1)	Direct Financial Assistance for Educational Programs
			FAFSA Application Assistance
			Scholarship/Fellowship Application Assistance
			Veterans-related Education Benefits
			Other
9a		Conditional Text Box	*If Other, please explain*
10	Is client eligible for Veterans-related Education Benefits?	Conditional Text Box (If Veterans-related Education Benefits selected in Q9)	Yes, client is eligible veteran
			Yes, client is dependent/spouse of eligible veteran
			No
10a	Education Benefits for which Client is Eligible	Conditional Multi-select Dropdown (if answer to Q10 is "Yes, client is eligible veteran")	Chapter 33, Post 9-11 Bill
			Reservist Benefits
			Tuition Assistance Program (TAP)
			Vocational Rehabilitation
			Other Education Benefit
			Don't Know
			None of the Above
10a.1		Conditional Text Box (If 'Don't Know' or "None of the Above" is selected)	*Please explain*

	Education Assessment		
10b	Is this the first time client will use their VA Benefits?	Conditional Dropdown (if answer to Q10 is "Yes, client is eligible veteran")	Yes/No/Don't Know
10b.1		Conditional Text Box (if NO to previous question)	*If No, please describe previous assistance or benefits the client has used in the past?*
10c	Education Benefits for which Client is Eligible	Conditional Dropdown (multi-select) (if answer to Q10 is "Yes, client is dependent/spouse of eligible veteran")	*If Yes, Benefits for which client eligible*
			Chapter 33, Post 9-11 Bill
			Chapter 35, Dependents Educational Assistance (DEA)
			Reserve Educational Assistance Program (REAP)
			College Fee Waiver Program
			Other
10d		Conditional Dropdown (if answer to Q10 is "Yes, client is dependent/spouse of eligible veteran")	Has transfer of benefits (TEB) been approved by service member/Veterans branch of service?
			Yes/No/Don't Know
10e		Conditional Dropdown (if answer to Q10 is "Yes, client is dependent/spouse of eligible veteran")	*If Yes, has Client applied for Transfer of Entitlement (TOE) with the VA (Form 22-1990e) ?*
			Yes/No/Don't Know
11	Additional Notes	Text Box	

	Employment Assessment		
	Critical Information		
1	What type of assistance is the client looking for?	Multi-select Dropdown	Career Skills Development ("soft" skills/work readiness)
			Job Search/Placement
			Internships/Work Experience
			Job Training Programs
			Other
1a		Conditional Text Box (If Other)	*Please elaborate*
2	Type of employment/work experience client is interested in?	Conditional Dropdown (If Q1 includes "Job Search/Placement Assistance" or "Internships/Work Experience")	Full-Time Only
			Part-Time Only
			Full-Time or Part-Time
			Don't Know
3	Does Client need any special accommodations to work or participate in program?	Dropdown	Yes/No/Don't Know
3a		Conditional Text Box	*If Yes, please describe accommodations needed*
4	Does Client need assistance with child/family care in order to work/participate in program?	Dropdown	Yes/No/Don't Know
4a		Conditional Multi-select Dropdown	*If Yes, what type of assistance?*
			Assistance to help pay for child/family care
			Assistance locating child/family care services

	Employment Assessment		
			Other
4a.1		Conditional Text Box	*If Other, please explain*
		Conditional Block Text	*If Yes, you can make a referral for Childcare or Caregiving Services under the Individual & Family Support category!*
5	Does Client have their own vehicle or access to public transportation to get to and from work/training?	Dropdown	Client has own vehicle
			Client is able to use public transportation
			No
			Other
5a		Conditional Text Box	*If Other, please explain*
5b		Conditional Dropdown	*If No, does client need assistance with transportation*
			Yes/No/Don't Know
6	Has the client even been convicted of anything othr than a minor traffic violation, to include a misdemeanor or felony?	Conditional Dropdown (If Q1 includes "Job Search/Placement Assistance" or "Internships/Work Experience")	Yes/No/Don't Know
6a	Does the client have any outstanding charges?	Conditional Dropdown (if Yes to prior question)	Yes/No/Don't Know
7	Would the client be able to pass employment drug testing?	Conditional Dropdown (If Q1 includes "Job Search/Placement Assistance" or "Internships/Work Experience")	Yes/No/Don't Know

	Employment Assessment		
	Career Interests		
8	Areas of Career Interest	Text Box	
9	Does client have an updated resume?	Dropdown	Yes/No/Don't Know
		Conditional Block Input	*"If Client has updated resume, Provider should upload to their Face Sheet"*
10	Does client have any public social media profiles?	Dropdown	Yes/No/Don't Know
10a	If yes, which type?	Conditional Text Box	Facebook
			Instagram
			LinkedIn
			Twitter
			Other
			If Other, please explain
10b		Conditional Block Text (if LinkedIn chosen)	*If LinkedIn, please share link to profile.*
	Current Status		
11	Current Employment Status	Multi-select Dropdown	Employed Full-Time
			Employed Part-Time
			Retired
			Unemployed
			Self-employed
			Student
			Other
11a		Conditional Text Box (If Other)	*Please explain*

	Employment Assessment		
11b	If employed part-time, how many hours do you work per week?	Conditional Numerical Text Box (if answer to Q11 includes Employed Part-Time)	
11c	If employed full-/part-time, what is your employment type?	Conditional Dropdown (if answer to Q11 is EMPLOYED FULL-TIME or PART-TIME)	Permanent
			Temporary
			Seasonal
			Don't Know
			Other
11c.1		Conditional Text Box (If Other)	*Please explain*
11d	For how long has the client been unemployed?	Conditional Dropdown (if answer to Q9 is UNEMPLOYED)	Less than 6 months
			6 months to less than a year
			A year to less than two years
			More than two years
			Don't Know
11e	If retired, has the client been working?	Conditional Dropdown (if answer to Q9 is RETIRED)	Yes/No/Don't Know
11e.1		Conditional Text Box (if NO to Q9e)	*If No, for how long has the client been retired?*
11e.2		Conditional Text Box (if YES to Q9e)	*If Yes, for how long has the client been working?*
11f	Current Student Status	Conditional Dropdown (if answer to Q9 is STUDENT)	Student, Full-Time

	Employment Assessment		
			Student, Part-Time
			Don't Know
12	Highest Level of Education Achieved	Dropdown	Less than a high school diploma
			GED/High School Diploma
			Some College, No Degree
			Trade/Technical/Vocational Training
			Associate's Degree
			Bachelor's Degree
			Master's Degree
			Professional Degree/Doctorate
12a		Conditional Text Box (If Less than a HS Diploma, GED/HS Diploma, or Some College is NOT selected)	*Focus of Degree/Certification*
13	Does the client have any special training or certifications?	Dropdown	Yes/No/Don't Know
13a		Conditional Text Box	*If Yes, type of Training or Certifications*
14	Is the client currently enrolled in any vocational training?	Dropdown	No
			Yes- Online Course
			Yes- Short-term Course
			Yes- Other
14a		Conditional Text Box	*If so, by who?*
14b		Conditional Text Box	*If so, what course?*

	Employment Assessment		
14c		Conditional Text Box	*If so, what is the length of the course?*
14d		Conditional Date (if NOT NO)	*Anticipated completion date of the course?*
	Disability Information		
15	Is client disabled?	Dropdown	Yes/No/Don't Know
15a	If the client is physically disabled, what are the client's limitations?	Conditional Multi-select Dropdown (if answer to 16 includes Physical Disability or Service-Connected Disability)	Motor Limitations
			Reaching/Bending Limitations
			Fatigue/Weakness Limitations
			Daily Living Limitations
			Other
15a.1		Conditional Text Box	*If Other, please explain*
16	Additional Notes	Text Box	

Attachment A

	Entrepreneurship Assessment		
	Critical Information		
1	What type of assistance is the client looking for?	Dropdown	Pro Bono Business Attorneys
			Fundraising and Financing
			Commercial Real Estate
			Entrepreneurial Training
			Other
1a		Conditional Text Box (If Other)	*Please explain*
2	Current Employment Status	Dropdown	Employed Full-Time
			Employed Part-Time
			Retired
			Unemployed
			Self-employed
			Student
			Other
2a		Conditional textbox (If Other)	*Please explain*
3	Additional Notes	Text Box	

	Food Assistance Assessment		
	Critical Information		
1	Food/Nutrition Programs Client is Interested In	Multi-select Dropdown	After-School Meals
			Food Pantry
			Food Stamps/SNAP
			Gift Cards/Vouchers to Purchase Food
			Home-Delivered Meals (e.g. Meals on Wheels)
			School Backpack Program
			School Lunch Program
			Soup Kitchen/Prepared Meals
			Summer Meal Sites
			Supplemental Nutrition Program for Women, Infants, and Children (WIC)
			Other
1a		Conditional Text Box (If answer to Q1 includes Other)	*If Other, please explain*
	Many food pantries are restricted to serving those who reside in particular geographic locations. Please make sure you have included the client's address in the Contact Information secton.	Conditional Block Text (if Q1 includes Food Pantry)	
2	In the last week, did the client ever eat less than he/she felt he/she should because there wasn't enough money for food?	Dropdown	Yes/No/Don't Know

Attachment A

	Food Assistance Assessment		
2a		Conditional Text Box (if answer to Q2 is Yes)	*If Yes, when was the last meal client ate that provided sufficient food?*
3	Does client current receive SNAP (food stamps) Benefits?	Conditional Dropdown (if Food Stamps/SNAP is not selected)	Yes/No/Don't Know
3a		Conditional Text Box	*If Yes, monthly allotment*
4	Does client receive any means-tested public benefits, such as Medicaid, SSI, TANF, or means-tested VA benefits?	Conditional Dropdown (If answer to Q1 includes "Food Stamps/SNAP" or "Supplemental Nutrition Program for Women, Infants, and Children (WIC)")	Yes/No/Don't Know
5	Has the client previously applied for Food Stamps/SNAP?	Conditional Dropdown (If answer to Q1 includes "Food Stamps/SNAP")	Yes/No/Don't Know
		Conditional Text Box (if answer to previous question is yes	*Outcome of Previous Food Stamps/SNAP Application*
	Is the client or someone in the client's household pregnant and/or does the household include a child under the age of 5?	Conditional Dropdown (If answer to Q1 includes "Supplemental Nutrition Program for Women, Infants, and Children (WIC)")	Yes/No/Don't Know
5	How many people are in the client's household (Who do they live and regularly prepare and share meals with)?	Conditinal Text box - NUMBER (If answer to Q1 includes "Food Stamps/SNAP" or "Supplemental Nutrition Program for Women, Infants, and Children (WIC)")	

	Food Assistance Assessment		
6	Number of Household Members in Need of Food Assistance	Conditional Text Box- NUMBER (If "Food Pantry", "Gift Cards/Vouchers to Purchase Food", "Soup Kitchen/Prepared Meals", or "Home-Delivered Meals" is selected	
7	Does client have a valid state-issued ID?	Conditional Dropdown (appears if answer to Q1 includes "Food Pantry", "Food Stamps/SNAP" or "Supplemental Nutrition Program for Women, Infants, and Children (WIC)"))	Yes/No/Don't Know
7a	*If No or Don't Know, does client have any government-issued ID?*	Conditional Dropdown	Yes/No/Don't Know
8	Does the client have the ability to store food?	Conditional Dropdown (if Q1 includes Home Food Delivery)	Yes/No/Don't Know
9	Why are home-delivered meals necessary?	Conditional Text Box (if Q1 includes Home-Delivered Meals)	
10	Does client have any dietary restrictions or food allergies?	Conditional Text Box (if Q1 includes Home-Delivered Meals)	
	Income Information		
15	Does client/client's household have income from any source?	Dropdown	Yes/No/Don't Know
16	Client's monthly household income sources	Conditional Dropdown if answer to Q7 is Yes (Multi-select)	Alimony or other spousal support
			Business Income
			Child Support

	Food Assistance Assessment		
			Earned Income (wages, salaries, tips, etc.)
			Pensions and/or annuities
			Private Disability Insurance
			Rental Income
			Retirement Account Distributions
			Social Security Disability Insurance (SSDI)
			Social Security Retirement/Survivors Income
			State-specific Cash Assistance
			Supplemental Security Income (SSI)
			Temporary Assistance for Needy Families (TANF)
			Unemployment Insurance
			VA Non-Service-Connected Disability Pension
			VA Retirement Pension
			VA Service-Connected Disability Compensation
			Workers Compensation
			Other Source
			Don’t Know
			For all options chosen, fields appear to write $ amount of each income source
16a		Conditional Text Box	*If Other, please explain*
18	Client's Total Household Gross Monthly Income	Text Box	

	Food Assistance Assessment		
19	Additional Notes	Text Box	

	Housing & Shelter Assessment		
	Section 1: Critical Information		
1	What type of assistance is the client looking for?	Multi-select Dropdown	Assisted Living
			Emergency Housing
			Environmental Exposure Assessment
			Home Expense Assistance/Repairs
			Homeless Drop-In Services
			Home Loans and Financing
			Housing Applications/Recertifications
			Housing Mediation & Eviction Prevention
			Mortgage Payment Assistance
			Moving Assistance
			Permanent Housing (Non-Supportive)
			Permanent Housing (Supportive)
			Rent Payment Assistance
			Security Deposit Payment Assistance
			Transitional Housing
			Other
1a		Conditional Text Box (If Other)	*Please elaborate*
	I'm going to be asking you some questions that might seem personal/invasive to help get you connected to the right provider to address this need.	Block Text	

	Housing & Shelter Assessment		
2	Has the client been to the local Department of Social Services to ask for assistance with this issue?	Conditional dropdown - Required question (if answer to Q1 includes Emergency Housing, Home Expense Assistance/Repairs, Housing Applications/Recertifications, Housing Mediation & Eviction Prevention, Permanent Housing, Rent/Mortgage Payment Assistance, Transitional Housing)	Yes/No/Don't Know
2a		Conditional Text Box, if Yes - Required question	*If yes, what was the outcome?*
2b		Conditional Text Box, if Yes	*If yes, when?*
3	Housing Status	Conditional Dropdown (if answer to Q1 is Emergency Housing; Housing Applications/Recertifications, Housing Mediation & Eviction Prevention, Permanent Housing)	Literally Homeless (Shelter)
	Helper text: These are definitions from the Department of Housing & Urban Development (HUD). For many services for emergency housing, a client must be "Literally Homeless", defined as "Individual or family who lacks a fixed, regular, and adequate nighttime residence." This does not include those who are currently staying with family or friends.		Literally Homeless (Street/Subway/Car/Place not meant for human habitation)
			Literally Homeless (Fleeing Domestic Violence)

Housing & Shelter Assessment		
		Living with Friends/Family (Fleeing Domestic Violence)
		Imminently Losing Housing (Marshal's Warrant of Eviction)
		Imminently Losing Housing (Other)
		Unstably Housed and At-Risk of Losing their Housing (in Housing Court)
		Unstably Housed and At-Risk of Losing their Housing (Landlord 3 or 5 day Notice or Letter to Vacate: No Court-Ordered Eviction)
		Unstably Housed (Staying with Family/Friends with No Specified Date of Exit)
		Unstably Housed (Staying with Family/Friends with Specified Date of Exit)
		Unstably Housed (Exiting Healthcare or Treatment Facility)
		Unstably Housed (Exiting Correctional Facility)
		Unstably Housed (Exiting Other Transitional Setting)
		Unstably Housed (Fleeing Domestic Violence)
		Unstably Housed (Residing in other Short-Term Housing Situation)
		Unstably Housed (Other)
		Stably Housed
		Stably Housed and looking for new living situation

	Housing & Shelter Assessment		
			Other
3a		Conditional Text Box, if Other	*If Other, please explain:*
4	Where did the client sleep last night?	Conditional Dropdown (if answer to Q1 is Emergency Housing)	Emergency shelter (including hotel/motel paid for with emergency shelter voucher)
			Foster care home or foster care group home
			Hospital or other residential non-psychiatric medical facility
			Hotel or motel paid for without emergency shelter voucher
			Jail/prison/or juvenile detention facility
			Long-term care facility or nursing home
			Owned by client (no ongoing housing subsidy)
			Owned by client (with ongoing housing subsidy)
			Permanent housing for formerly homeless persons (such as: CoC project, HUG legacy programs or HOPWA PH)
			Place not meant for habitation (e.g. vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
			Psychiatric hospital or other psychiatric facility
			Rental by client (no ongoing housing subsidy)
			Rental by client (with ongoing housing subsidy)

	Housing & Shelter Assessment		
			Residential project or halfway house with no homeless criteria
			Safe Haven
			Staying or living in a family member's room/apartment/or house
			Staying or living in a friend's room/apartment/or house
			Substance abuse treatment facility or detox center
			Transitional housing for homeless persons (including homeless youth)
			Other
			Don't Know
4a		Conditional Text Box, if Other	*If Other, Please explain:*
5	How long has the client been staying in this place?	Conditional Dropdown (if answer to Q1 is Emergency Housing)	One day or less
			More than one day but less than one week
			More than one week but less than one month
			One to three months
			More than three months but less than one year
			One year or longer
6	Does the client have a place to sleep tonight?	Conditional Dropdown (if answer to Q1 is Emergency Housing, Housing Mediation & Eviction Prevention, Permanent Housing, or Transitional Housing)	Yes/No/Don't Know

	Housing & Shelter Assessment		
7	What is the best way to reach this client? Please include multiple methods, if possible.	Conditional Text Box (if answer to Q1 is Emergency Housing, Housing Mediation & Eviction Prevention, Permanent Housing, or Transitional Housing)	
	Helper text: Could even be "The client eats lunch at ABC Org every day."		
8	Is household currently working with a Housing Provider?	Dropdown	Yes/No/Don't Know
8a		Conditional Text Box	*If Yes, Provider name*
9	Has the client received funds for this issue previously?	Conditional Dropdown (if Rent Payment Assistance, Security Deposit Payment Assistance, or Housing Mediation & Eviction Prevention chosen in Q1)	Yes/No/Don't Know
9a		Conditional Text Box	*If yes, from which agency did client seek assistance for this previously?*
9b		Conditional Text Box	*If yes, did client receive the services they sought?*
9c		Conditional Text Box	*If yes, how long ago?*
10	Does client currently have housing benefits?	Dropdown	Yes/No/Don't Know
10a		Conditional Text Box (If Yes)	*If yes, what type of benefits?*
10b	Does client need assistance recertifying for these benefits?	Conditional Dropdown (If Yes)	Yes/No/Don't Know

	Housing & Shelter Assessment		
11	Has the client received an Eviction Notice (i.e. Notice of Petition or Petition documentation)?	Conditional dropdown (if any of the following: answer to Q1 includes Housing Mediation & Eviction Prevention OR Rent Payment Assistance, answer to Housing Status includes: "Imminently Losing Housing (Other)", Imminently Losing Housing (Marshall's Warrant of Eviction), Unstably Housed and At-Risk of Losing their Housing (In Housing Court), Unstably Housed and At-Risk of Losing their Housing (Landlord 3 or 5 day Notice or Letter to Vacate: No Court-Ordered Eviction), Unstably Housed (other))	Yes/No/Don't Know
11a		Conditional Date Text Box (if answer is Yes)	*If yes, what is the date of the notice?*
11b		Conditional Date Text Box (if answer is Yes)	*If yes, what is the date the eviction is scheduled for?*
11c	Does client have credible evidence that the owner or renter of their housing will not allow them to stay for more than 14 days?	Conditional Dropdown (if answer to previous question is "No")	Yes, In Writing
			Yes, Oral statement
			No
			Don't Know
12	Please describe the housing issue the client is experiencing:	Conditional Text Box (if answer to Q1 includes Housing Mediation & Eviction Prevention)	

	Housing & Shelter Assessment		
13	Please describe the reason an environmental exposure assessment is being requested:	Conditional Text Box (if answer to Q1 includes Environmental Exposure Assessment)	
14	Describe the type of expense the client needs assistance with (e.g. new roof):	Conditional Text Box (if Q1 includes Home Expense Assistance/Repairs)	
15	Estimated amount requesting, if known:	Conditional Text Box (if Q1 includes Home Expense Assistance/Repairs)	
16	Which homeless drop-in services are needed?	Conditional Multi-select Dropdown (if Q1 includes Homeless Drop-In Services)	Access to telephone, computer, and/or fax
			Laundry facilities
			Lockers
			Mailboxes
			Showers
			Other
16a			*If Other, please describe:*
17	Is client a Registered Sex offender, or documented as having Fire-Setting Behaviors?	Conditional Dropdown (if answer to Q1 is Emergency Housing)	Yes/No/Don't Know
18	Is the client Legally Married AND do they have custody of children?	Conditional Dropdown (if answer to Q1 is Emergency Housing)	Yes/No/Don't Know
18a		Conditional numerical Text Box (if answer to Q9 is Yes)	*If yes, # of children in household under age 18*

	Housing & Shelter Assessment		
	Section 2: Income Information		
1	Does client/household have income from any source?	Dropdown	Yes/No/Don't Know
1a	Client's/Household's Monthly Income Sources	Conditional Dropdown if Q7 is Yes (Multi-select)	Alimony or other spousal support
			Business Income
			Child Support
			Earned Income (wages, salaries, tips, etc.)
			Pensions and/or annuities
			Private Disability Insurance
			Rental Income
			Retirement Account Distributions
			Social Security Disability Insurance (SSDI)
			Social Security Retirement/Survivors Income
			State-specific Cash Assistance
			Supplemental Security Income (SSI)
			Temporary Assistance for Needy Families (TANF)
			Unemployment Insurance
			VA Non-Service-Connected Disability Pension
			VA Retirement Pension
			VA Service-Connected Disability Compensation
			Workers Compensation
			Other Source

	Housing & Shelter Assessment		
			Don't Know
			For all options chosen, fields appear to write $ amount of each income source
1a.1		Conditional Text Box	*If Other,* Please explain
2	Current Employment Status	Dropdown	Employed Full-Time
			Employed Part-Time
			Retired
			Unemployed
			Self-employed
			Student
			Other
2a		Conditional Text Box (if Q11 includes Other)	*If Other,* Please explain
2b		Conditional Dropdown (if Q11 includes Student)	*If Student:*
			Full-time
			Part-time
			Don't Know
3	Total Household Gross Annual Income	Text Box- Number only	
4	Total Household Size	Text Box- Number only	
5	Household Income as Percentage of AMI	Dropdown	Less than 30%
			30-50%
			51-80%
			81-120%

	Housing & Shelter Assessment		
			Greater than 120%
	Section 3: Disability Information		
1	Is client disabled?	Conditional Text Box (if answer to Q1 includes Assisted Living, Emergency Housing, Housing App/Recert, Permanent Housing, or Transitional Housing)	Yes/No/Don't Know
1a	Does Client require handicap accessible housing?	Conditional Dropdown (If YES)	Yes/No/Don't Know
1b	Is client currently receiving disability services?	Conditional Text Box (If YES to Q1)	Yes/No/Don't Know
1b.1		Conditional Text Box (If Q1b is Yes)	*If Yes, please describe:*
1b.2			*If Yes, please provide any current disability assessments.*
1c	Does client have a service or therapy dog?	Conditional Text Box (If YES to Q1)	Yes/No/Don't Know
	Section 4: Homelessness Information (if applicable)		
1	Total Number of Months Homeless in the past three years	Conditional Text Box (if answer to S1Q1 includes Emergency Housing, Housing App/Recert, Permanent Housing, or Transitional Housing)	

	Housing & Shelter Assessment		
2	Has the client been continuously homeless for at least one year?	Conditional Text Box (if answer to S1Q1 includes Emergency Housing, Housing App/Recert, Permanent Housing, or Transitional Housing)	Yes/No/Don't Know
3	Number of times the client has been homeless in the past three years, that have been separated by at least 7 days?	Conditional Text Box (if answer to S1Q1 includes Emergency Housing, Housing App/Recert, Permanent Housing, or Transitional Housing)	
4	Has the client's homeless status been documented?	Conditional Text Box (if answer to S1Q1 includes Emergency Housing, Housing App/Recert, Permanent Housing, or Transitional Housing)	Yes/No/Don't Know
5	HMIS Identification Number (if known)	Conditional Numerical Text Box (if answer to S4Q4 is Yes)	
	Helper text: HMIS, or "Homeless Management Information System," is a local information technology system used by Housing Providers to collect client-level data nad data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.		
6	VI-SPDAT date of assessment (if known)	Conditional Numerical Text Box (if answer to S4Q4 is Yes)	

	Housing & Shelter Assessment		
	Helper text: The VI-SPDAT, or "Vulnerability Index - Service Prioritization Decision Assistance Tool," is a survey admininstered by Housing Providers to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.		
7	VI-SPDAT score (if known)	Conditional Numerical Text Box (if answer to S4Q4 is Yes)	
	Helper text: The VI-SPDAT, or "Vulnerability Index - Service Prioritization Decision Assistance Tool," is a survey admininstered by Housing Providers to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.		
8	Homeless Prevention Screening Tool Score (if known)	Conditional Numerical Text Box (if answer to S4Q4 is Yes)	
	Section 5: Domestic Violence Information (if applicable)		

	Housing & Shelter Assessment		
1	Description of domestic violence situation	Conditional Text Box (if answer to Housing Status is "Literally Homeless (Fleeing Domestic Violence)" or "Living with Friends/Family (Fleeing Domestic Violence)")	

	Income Support Assessment		
	Critical Information		
1	Income Support Client is Seeking?	Multi-select Dropdown	Emergency/One-time Financial Assistance
			Social Security Disability Insurance (SSDI)
			State-specific Cash Assistance Program
			Supplemental Security Income (SSI)
			Other Social Security Benefits
			Temporary Assistance for Needy Families (TANF)
			Unemployment Insurance
			Veteran Disability Compensation
			Veterans' Pension
			Workers' Compensation
			Other VA Benefits
			Other
			Don't Know
1a		Conditional Text Box	*If Other, please explain*
2	Benefits Client/Family Member is Currently Receiving	Dropdown	Cash Assistance/TANF
			Childcare Vouchers
			Disability Benefits
			Food and Nutrition Assistance Programs (SNAP, WIC, etc.)
			Health Insurance Benefits
			Housing Assistance Programs (Section 8, public housing, etc.)
			Transportation Assistance Benefits

	Income Support Assessment		
			Tuition Assistance Benefits
			Unemployment Benefits
			Utility Assistance Benefits
			Veterans' Benefits
			Other
			Don't Know
			None
2a		Conditional Text Box	*If Other, please explain*
3	Has the client been to the local Department of Social Services to ask for assistance with this issue?	Conditional Dropdown - Required question (if answer to Q1 includes Emergency/One-time Financial Assistance)	Yes/No/Don't Know
		Conditional Text Box, if Yes - Required question	*If Yes, what was the outcome?*
		Conditional Text Box, if Yes	*If Yes, when?*
4	Is Client Seeking Advocacy Assistance with a Denied Application?	Dropdown	Yes/No/Don't Know
4a		Conditional Text Box	*If Yes, please explain*
5	Describe the type of expense(s) the client needs assistance with:	Conditional Text Box (if Q1 includes Emergency/One-time Financial Assistance)	
6	Estimated cost of the expense(s), if known:	Conditional Numerical Text Box (if Q1 includes Emergency/One-time Financial Assistance)	

	Income Support Assessment		
7	Does client have documentation of their disability?	Conditional Dropdown (if Q1 includes Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or Veteran Disability Compensation)	Yes/No/Don't Know
7a	If applicable, what is the Percent of Disability (i.e. disability rating)?	Conditional Numerical Textbox (if answer to 6 is Yes)	
8	When was the client's last date of work?	Conditional Text Box (date) - if Q1 includes Unemployment Insurance or Workers' Compensation	
9	Is the client able to work?	Conditional Dropdown - if Q1 includes Unemployment Insurance	Yes/No/Don't Know
9a			*If No, please explain*
10	VA Benefits the client is currently receiving:	Conditional Dropdown if Q2 includes "Veterans' Benefits)	Aid & Attendance
			Burial & Memorial Benefits
			Compensation
			Education Benefits (G.I. Bill)
			Pension
			Survivors Benefits (DIC)
			Survivors Pension
			VA Health Care Benefits
			VA Home Loan Guaranty
			Vocational Rehabilitation
			Other
			Don't Know

	Income Support Assessment		
10a		Conditional Text Box (if OTHER)	*If Other, please explain*
11	Is client seeking assistance with re-evaluation/compensation increase?	Conditional Dropdown (if any Veterans benefits are selected in Q1)	Yes/No/Don't Know
11a		Conditional Text Box	*If Yes, please explain*
	Income Information		
12	Does client have income from any source?	Dropdown	Yes/No/Don't Know
12a	Client's monthly income sources	Conditional Dropdown if answer to Q11 is Yes (Multi-select)	Alimony or other spousal support
			Business Income
			Child Support
			Earned Income (wages, salaries, tips, etc.)
			Pensions and/or annuities
			Private Disability Insurance
			Rental Income
			Retirement Account Distributions
			Social Security Disability Insurance (SSDI)
			Social Security Retirement/Survivors Income
			State-specific Cash Assistance
			Supplemental Security Income (SSI)
			Temporary Assistance for Needy Families (TANF)
			Unemployment Insurance

	Income Support Assessment		
			VA Non-Service-Connected Disability Pension
			VA Retirement Pension
			VA Service-Connected Disability Compensation
			Workers Compensation
			Other Source
			Don't Know
12a.1		Conditional Text Box	*If Other, please explain*
13	How many people are in the client's household (Who do they live with and will be included in their application for benefits)?	Text Box (Number only)	
14	Total Household Gross Monthly Income	Text Box (Number only)	
15	Comments or Additional Information:	Text Box	

Attachment A

	Individual and Family Support Assessment		
	Critical Information		
1	Service(s) Client is Seeking	Dropdown (Multi-select)	Adult Day Programs
			Caregiving Services
			Child Care
			Developmental Delay and Disability Support
			Environmental Modifications/Accessibility
			Family Support Home Visiting
			Holiday Programs
			Interpretation Services
			Life Coaching
			Life Skills Training and Support
			Mentoring
			Parenting Education
			Peer Support
			Respite Care
			Service Animals
			Social Service Case Management
			Support Groups
			Other
1a		Conditional Text Box	*If Other, please explain*
2	Does client currently have Medicaid?	Conditional Dropdown (If Q1 includes Adult Day Programs OR Developmental Delay and Disability Support)	Yes/No/Don't Know
3	Please describe client's adult day care needs:	Conditional Text Box (If Q1 includes Adult Day Programs)	

	Individual and Family Support Assessment		
4	What type of child care or caregiving services is the client looking for?	Conditional Multi-select Dropdown (If answer to Q1 includes "Child Care" or "Caregiving Services")	Daycare (full-time)
			Daycare (part-time)
			Daycare for varied work schedule
			Per Diem babysitter
			Other
4a		Conditional Text Box	*If Other, please explain*
5	What days/hours does client need childcare or caregiving services?	Conditional Text Box (If answer to Q1 includes "Child Care," "Caregiving Services," OR "Respite Care")	
6	Does client currently receive childcare subsidy?	Conditional Dropdown (If answer to Q1 includes "Child Care"	Yes/No/Don't Know
7	How many children does the client have?	Conditional numerical Text Box (If response to Q1 includes Child Care OR Family Support Home Visiting OR Parenting Education)	
8	Age(s) of client's child(ren)?	Conditional Text Box (If response to Q1 includes Child Care OR Family Support Home Visiting OR Parenting Education)	
9	Please describe the goal(s) the client wants to achieve through parenting education:	Conditional Text Box (If "Parenting Education" is selected in Q1)	

	Individual and Family Support Assessment		
10	What type of developmental delay and disability support is the client looking for?: (multi select)	(Conditional Multi-select if the response to Q1 includes Developmental Delay and Disability Support)	Alternative Testing Support / Educational Support Services
			Developmental screenings/evaluations
			Early Intervention Programs
			Therapeutic and Support Services
			Other
10a		Conditional Text Box	*If Other, please explain*
11	Please describe the type(s) of environmental/accessibility modification(s) needed.	Conditional Text Box (If answer to Q1 includes "Environmental Modifications/Accessibility"	
12	Please describe the family support home visiting need:	(Conditional Text Box if Family Support Home Visiting is selected)	
13	Who would be receiving the holiday gifts?	Conditional multi-select dropdown (if answer to Q1 includes Holiday Programs)	Client
			Client's Spouse
			Client's Children
			Other
13a		Conditional Text Box	*If Other, please explain*
14	Please describe the type of gift(s) desired by each participant.	Conditional Text Box (if answer to Q1 includes Holiday Programs)	

	Individual and Family Support Assessment		
15	What zip code(s) do the clients reside in who will be receiving the gifts?	Conditional Numerical Text Box (if answer to Q1 includes Holiday Programs)	
16	Language required for interpretation services	Conditional Multi-select Dropdown (If "Interpretation Services" is selected in Q1)	American Sign Language (ASL)
			Amharic
			Arabic
			Burmese
			Cantonese
			Cherokee
			Dari
			Farsi
			French
			French Creole
			German
			Hindi-Urdu-Punjabi
			Hmong
			Japanese
			Karan
			Kiswahili
			Korean
			Kurdish
			Mandarin
			Navajo
			Nepali
			Pashto
			Polish
			Portugese
			Russian

	Individual and Family Support Assessment		
			Somali
			Spanish
			Tagalog
			Tigrignia
			Ukrainian
			Vietnamese
			Other
16a		Conditional Text Box	*If Other, please explain*
17	Please describe the context in which the client requires interpretation services.	Conditional Text Box (If "Interpretation Services" is selected in Q1)	
18	Please describe the goal(s) the client wants to achieve through life coaching services.	Conditional Text Box (If "Life Coaching" is selected in Q1)	
19	Please describe the skills the client wants to achieve through services (e.g. household management, activities of daily life, personal care, safety skills, sensory/motor skills)	Conditional Text Box (If "Life Skills Training and Support" is selected in Q1)	
20	Is client disabled?	Conditional Dropdown (If "Life Skills Training and Support" is selected in Q1)	Yes/No/Don't Know
21	Please describe the goal(s) the client wants to achieve through mentoring	Conditional Text Box (If "Mentoring" is selected in Q1)	

	Individual and Family Support Assessment		
22	Please describe the goal(s) the client wants to achieve through peer support:	Conditional Text Box (If "Peer Support" is selected in Q1)	
23	Please describe the type of respite care to be provided:	Conditional Text Box (If "Respite Care" is selected in Q1)	
24	Please describe the type of support to be provided by the service animal:	Conditional Text Box (If "Service Animal" is selected in Q1)	
25	Please describe any known allergies.	Conditional Text Box (If "Service Animal" is selected in Q1)	
26	Please describe client's social service case management needs.	Conditional Text Box (if answer to Q1 includes "Social Service Case Management")	
27	Please describe what type of support group the client is interested in:	Conditional Text Box (If "Support Groups" is selected in Q1)	
28	Please describe the goal(s) the client wants to achieve through the support group:	Conditional Text Box (If "Support Groups" is selected in Q1)	
29	Comments or Additional Information:	Text Box	
	Income Information		
1	Does client have income from any source?	Conditional Dropdown (if "Child Care" or "Holiday Programs" is selected in Q1)	Yes/No/Don't Know

	Individual and Family Support Assessment		
2	Client's Monthly Income Source(s)	Conditional Dropdown (Multi-select), if yes	Alimony or other spousal support
			Business Income
			Child Support
			Earned Income (wages, salaries, tips, etc.)
			Pensions and/or annuities
			Private Disability Insurance
			Rental Income
			Retirement Account Distributions
			Social Security Disability Insurance (SSDI)
			Social Security Retirement/Survivors Income
			State-specific Cash Assistance
			Supplemental Security Income (SSI)
			Temporary Assistance for Needy Families (TANF)
			Unemployment Insurance
			VA Non-Service-Connected Disability Pension
			VA Retirement Pension
			VA Service-Connected Disability Compensation
			Workers Compensation
			Other Source
			Don’t Know
			For all options chosen, fields appear to write $ amount of each income source
2a		Conditional Text Box	*If Other, please explain*

	Individual and Family Support Assessment		
3	Total Household Gross Monthly Income	Conditional Numerical Text Box (if "Child Care" or "Holiday Programs" is selected in Q1)	
4	Total Household Size	Conditional Numerical Text Box (if "Child Care" or "Holiday Programs" is selected in Q1)	
5	Household Income as % of FPL	Conditional Numerical Text Box (if "Child Care" or "Holiday Programs" is selected in Q1)	

Attachment A

	Legal Services Assessment		
	Critical Information		
1	What is the nature of the client's legal need?	Dropdown (Multi-select)	Adoption
			Adult Guardianship
			Bankruptcy
			Child Support
			Civil Restraining Orders
			Consumer Rights
			Conflict Resolution/Mediation
			Contested Divorce (to include custody, child support, property, etc)
			Contract Dispute
			Criminal Issue
			Criminal Record Clearing
			Custody
			Debt Advocacy
			Education Access
			Employee Rights
			Employment Discrimination
			Eviction
			Foreclosure
			Habitability Concerns with Current Home
			Health/Medical Issues
			Housing Discrimination
			Immigration Status
			Landlord/Tenant
			Military Discharge Upgrade
			Military Law
			Power of Attorney

Attachment A

	Legal Services Assessment		
			Public Benefits Appeals/Advocacy
			Sexual Harassment
			Student Loans
			Tax Advice
			Tax Liens
			VA Appeals/Overpayments
			Wills/Estates
			Wrongful Termination
			Other
			Don’t Know
1a		Conditional Text Box	*If Other, please explain*
2	Is the client currently receiving assistance with this issue?	Dropdown	Yes/No/Don't Know
2a		Conditional Text Box	If Yes, from whom is client receiving assistance
3	Has client had difficulty obtaining benefits due to the discharge status?	Conditional Dropdown (If "Military Discharge Update" is selected)	Yes/No/Don't Know
3a		Conditional Text Box	If Yes, please describe
4	Status of client's current or recent benefits applications/appeals:	Conditional Dropdown (If "Public Benefits Appeals/Advocacy" OR "VA Appeals/Overpayments" is selected)	Client has current application(s) pending
			Client has an appeal pending
			Client intends to submit an appeal
			Client was recently denied
			Client has no application(s) or appeal(s) pending

	Legal Services Assessment		
			Don't Know
4a	Benefit(s) client is seeking assistance with?	Conditional Multi-select Dropdown (If "Public Benefits Appeals/Advocacy" OR "VA Appeals/Overpayments" is selected)	Cash Assistance/TANF
			Housing Subsidy
			LIHEAP
			Marketplace Health Plans
			Medicaid
			Medicare
			SNAP/Food Stamps
			Social Security Disability (SSDI)
			Supplemental Security Income (SSI)
			Unemployment Insurance
			VA Benefit
			VA Debt
			Other
4a.1		Conditional Text Box	*If Other, please explain*
4b	Date of the Notice Letter	Conditional Date (Appears if answer to Q4 includes "appeal pending" OR "intends to submit appeal" OR "recently denied")	
4c	Deadline to Respond	Conditional Date (Appears if answer to Q4 includes "appeal pending" OR "intends to submit appeal" OR "recently denied")	

	Legal Services Assessment		
4d	Date of Rating Decision	Conditional Date (Appears if answer to 4a includes "VA Benefit")	
4e	Date of the Statement of the Case	Conditional Date (Appears if answer to 4a includes "VA Benefit")	
5	Brief summary of client's legal need:	Conditional Text Box (for everything but "Public Benefits Appeals/Advocacy" OR "VA Appeals/Overpayments")	
6	What is the nature of the Conflict Resolution/ Mediation?	Conditional multi-select/dropdown (Appears if answer to Q1 includes "Conflict Resolution/ Mediation"	Civil disputes (Landlord/tenants/neighbors/Roommate)
			Small business
			School attendance and truancy, as well as concerns for behavior and discipline
			Workplace disputes
			Family disputes (Elder care, divorce, custody, visitation or extended family matter)
	Additional Information		
7	Total Household Gross Monthly Income	Text Box - Numerical	
8	Total Household Size	Text Box - Numerical	

	Legal Services Assessment		
9	Household Income as % of FPL	Text Box - Numerical	
10	Comments or Additional Information:	Text Box	

	Mental/Behavioral Health Assessment		
	Critical Information		
1	Services(s) client is seeking:	Dropdown (Multi-select)	Behavioral Skills Training and Support
			Behavioral Health Medication Management
			Couples Therapy/Conjoint Counseling
			Crisis Intervention
			Family Counseling
			Group Counseling
			Individual Counseling
			Inpatient Mental Health
			Mental Health Evaluation
			Mental Health Expense Assistance
			Mental Health Information/Education
			Psychiatric Services
			Substance Abuse treatment
			Supportive Therapies
			Youth Mental Health Services
			Don’t Know
			Other
1a		Conditional Text Box	*If Other, please explain*
2	Check any symptoms present:	Conditional Dropdown (does not appear if Q1 only includes "Mental Health Expense Assistance")	Aggressiveness
			Anxiety attacks
			Avoidance
			Change in appetite
			Command Hallucinations
			Crying spells
			Decreased libido

	Mental/Behavioral Health Assessment		
			Decreased need for sleep
			Depressed mood
			Excessive energy
			Excessive guilt
			Excessive worry
			Fatigue
			Feelings of worthlessness/emptiness
			Forgetfulness/issues concentrating
			Hallucinations
			Impulsivity
			Inappropriate, intense anger, or difficulty controlling anger
			Increased irritability
			Increased libido
			Increased risky behavior
			Loss of interest
			Racing thoughts
			Recurrent suicidal behaviors gestures, or threats
			Self-injurious behaviors/thoughts
			Sleep pattern disturbance
			Suspiciousness
			Unable to enjoy activities
			Other
2a		Conditional Text Box	*If Other, please explain*
3	Please describe the client's presenting mental/behavioral health concern(s) and/or symptom(s):	Conditional Text Box (does not appear if Q1 only includes "Mental Health Expense Assistance")	

	Mental/Behavioral Health Assessment		
4	Please describe client's behavioral health medication management need:	Conditional Text Box (if answer to Q1 contains "Behavioral health medication management")	
5	Who will client enter into counseling with?	Conditional Dropdown (if Q1 includes Couples Therapy/Conjoint Counseling or Family Counseling)	Client's Spouse/Partner
			Client's Child(ren)
			Client's Parent(s)
			Whole Family
			Other
5a		Conditional Text Box (If Other)	*If Other, please explain*
6	Describe the type of expense the client needs assistance with:	Conditional Text Box (if Q1 includes Mental Health Expense Assistance)	
7	Estimated cost of the expense, if known:	Conditional Text Box (if Q1 includes Mental Health Expense Assistance)	
8	If known, what type(s) of supportive therapy is client interested in?	Conditional Text Box (if Q1 includes Supportive Therapies)	
8a	*Medicaid and other health insurance plans may not cover all supportive therapies.*	Conditional Block Text (if Q1 includes Supportive Therapies)	
	Related Medical History		
9	Does client currently have a Primary Care provider?	Dropdown (single select)	Yes/No/Don't Know
9a		Conditional Text Box (if yes)	*What is the name of the provider and practice?*

	Mental/Behavioral Health Assessment		
10	Is client currently receiving mental/behavioral health services?	Dropdown (single select)	Yes/No/Don't Know
10a		Conditional Text Box (if yes)	*From which provider?*
10b		Conditional Text Box (if yes)	*What is the reason for treatment?*
10c		Conditional Text Box (if yes)	*For how long has the client been receiving treatment?*
11	Has client previously received mental/behavioral health services?	Conditional Dropdown (single select) (does not appear if Q1 only includes "Mental Health Expense Assistance")	Yes/No/Don't Know
11a		Conditional Text Box (if yes)	*From which provider?*
11b		Conditional Text Box (if yes)	*What was the reason for treatment?*
11c		Conditional Text Box (if yes)	*When did the client receive treatment?*
12	Does client have chronic mental/behavioral health diagnosis?	Dropdown	Yes/No/Don't Know
12a		Conditional multi-select dropdown (If Yes)	*If yes, what?*
			Anxiety Disorder
			Mood Disorder
			Nuerocognitive Disorder
			Schizophrenia Spectrum and Other Psychotic Disorders
			Trauma and Stressor-related Disorders

	Mental/Behavioral Health Assessment		
			Other
12 a.1		Conditional Text Box (If Other)	*If Other, please explain*
13	Was client recently hospitalized?	Conditional Dropdown (single select) (does not appear if Q1 only includes "Mental Health Expense Assistance")	Yes/No/Don't Know
13 a		Conditional Date Text Box (if yes)	*If Yes, when was the client discharged?*
14	Was client recently in the ER?	Conditional Dropdown (single select) (does not appear if Q1 only includes "Mental Health Expense Assistance")	Yes/No/Don't Know
14 a		Conditional Date Text Box (if yes)	*If Yes, when?*
15	How many times has client visited the ER in the last three months?	Text Box - Numerical	
16	Does the client currently take any prescription medication(s) related to his/her mental/behavioral health?	Conditional Dropdown (does not appear if Q1 only includes "Mental Health Expense Assistance")	Yes/No/Don't Know
17	Does the client currently take any prescription medication(s) related to his/her physical health?	Conditional Dropdown (does not appear if Q1 only includes "Mental Health Expense Assistance")	Yes/No/Don't Know
	Suicide Risk Assessment (if appropriate)		

	Mental/Behavioral Health Assessment		
18	Does the client have a history of self harm or attempting to kill him/herself?	Conditional Dropdown (if yes)	Yes/No/Don't Know
18a		Conditional Text Box (if yes, or don't know)	*If yes, when was the last attempt/episode of self harm?*
19	Does the client currently feel that he or she doesn't want to live?	Conditional Dropdown (if yes)	Yes/No/Don't Know
	Substance Use Information		
20	Does the client have a history of substance use?	Conditional Dropdown (does not appear if Q1 only includes "Mental Health Expense Assistance")	Yes/No/Don't Know
20a		Conditional Text Box, if Yes	*If Yes, has client previously received substance use treatment?*
21	Is client actively using any controlled substance(s)?	Conditional Dropdown (does not appear if Q1 only includes "Mental Health Expense Assistance")	Yes/No/Don't Know
22	Is client currently in treatment for substance use?	Conditional Dropdown (does not appear if Q1 only includes "Mental Health Expense Assistance")	Yes/No/Don't Know
23	Additional Notes	Text Box	

	Money Management Assessment		
	Critical Information		
1	Service(s) client is seeking?	Dropdown (multi-select)	Acquiring/Refinancing mortgage
			Budgeting and money management
			cards, loans, mortgage, rent, utilities,
			Establishing bank accounts
			Establishing/repairing credit
			Eviction/foreclosure prevention
			Financial document organization
			Financial education/literacy
			Retirement
			Obtaining a loan
			Tax preparation services
			Other
			Don't Know
1a		Conditional Text Box (if Other)	*If Other, please explain*
1b		Loan)	*Loan?*
2	What financial concerns does the client need help addressing?	Conditional Multi-select Dropdown (if Q1 includes something other than/in addition to Tax Preparation Services)	Bankruptcy
			Budgeting (making ends meet)
			Childcare expenses
			Credit issues
			rent/mortgage, utilities, car, etc.)
			Educational expenses/planning
			Eviction/foreclosure
			Lawsuit/legal action
			Recovery from natural disaster
			Reposession
			Retirement planning

	Money Management Assessment		
			Savings (for home, vehicle, etc.)
			Tax issues
			Transportation issues (immediate)
			Transportation issues (long-term)
			Utilities Shutoff
			Other
2a		Conditional Text Box (if Other)	*If Other, please explain*
3	Causes for financial concern	Q1 includes something other than/in	Accident/Injury
			Addiction (gambling, alcohol, etc.)
			Bills neglected/ignored/lost
			Childbirth/adoption
			Credit history (non-existent)
			Credit history (poor or bad)
			Family member's death
			Disability (short-term or long-term)
			Divorce or separation
			Incarceration
			Income reduction
			Job loss/layoff
			Lawsuit/legal action
			Medical Condition
			issues
			Natural disaster
			Underemployment
			wrecked)
			Victim of identity theft/fraud
			Other
			Don't Know
3a		Conditional Text Box (if Other)	*If Other, please explain*

	Money Management Assessment		
4	services?	Preparation Services selected in Q1)	Yes/No/Don't Know
5	does the client need?	Tax Preparation Services selected in	Identification Number (ITIN)
			previous tax year
			Filing tax return for most recent tax year
			year
			Other
5a		Conditional Text Box (if Other)	*If Other, please explain*
6	income	includes something other than/in	
7	income	includes something other than/in	
8	for the tax year	includes Tax Preparation Services)	
9	Comments or Additional Information:	Text Box	

Physical Health Assessment		
Critical Information		
1 What service(s) is the client seeking?	Multi-select Dropdown	Assistive Technology
		Chronic Disease Management
		Chronic Disease Prevention
		Dental Care
		Habilitative Services
		Health Care Management/Coordination
		Health Coaching
		Home-based Care
		Hospice Care
		Immunizations
		Long Term Care (Facility-based)
		Medical Equipment
		Medical Expense Assistance
		Medication Management
		Palliative Care
		Primary Care (i.e. access to health care provider)
		Rehabilitative Services
		Screenings
		Specialty Care (i.e. vision care)
		Other
		School entry physical
		6th Grade physical
		Sports physical
		Access to medication (i.e. inhaler, insulin, epinephrine)

	Physical Health Assessment		
1a		Conditional Text Box	*If Other, please explain*
2	Which chronic disease(s) does the client have and need assistance managing?	Conditional Dropdown (MULTI-select; appears if Chronic Disease Management is selected)	Alzheimer's Disease and Related Dementia
			Arthritis (Osteoarthritis and Rheumatoid)
			Asthma
			Atrial Fibrillation
			Cancer
			Chronic Kidney Disease
			Chronic Obstructive Pulmonary Disease (COPD)
			Diabetes (Type 1)
			Diabetes (Type 2)
			Heart Failure
			Hepatitis (Chronic Viral B & C)
			Hyperlipidemia (high cholesterol)
			Hypertension (high blood pressure)
			Ischemic Heart Disease
			Life Threatening Allergies
			Osteoporosis
			Stroke
			Other: Comorbidities (life-limiting diseases that when combined yield a life expectency of 6 months or less)
			Other
2a		Conditional Text Box (If Other: Comorbidities)	*Please identify which comorbidities:*

	Physical Health Assessment		
2b		Conditional Text Box (If Other)	*If Other, please explain*
2c		Conditional Text Box (If Cancer)	*If Cancer, which type?*
3	For which chronic disease(s) does the client want to receive prevention services?	Conditional Dropdown (MULTI-select; appears if Chronic Disease Prevention is selected)	Alzheimer's Disease and Related Dementia
			Arthritis (Osteoarthritis and Rheumatoid)
			Asthma
			Atrial Fibrillation
			Cancer
			Chronic Kidney Disease
			Chronic Obstructive Pulmonary Disease (COPD)
			Diabetes (Type 1)
			Diabetes (Type 2)
			Heart Failure
			Hepatitis (Chronic Viral B & C)
			HIV/AIDS
			Hyperlipidemia (high cholesterol)
			Hypertension (high blood pressure)
			Ischemic Heart Disease
			Osteoporosis
			Stroke
			Other
3a		Conditional Text Box	*If Other, please explain*

	Physical Health Assessment		
4	Please describe the health care management/coordination services needed:	Conditional Text Box (if "Health Care Management/Coordination" is selected in Q1)	
5	Please describe the goal(s) the client wants to achieve through health coaching services.	Conditional Text Box (if "Health Coaching" is selected in Q1)	
6	What type of assistance does the client need provided through home-based care?	Conditional Multi-select Dropdown (if "Home-based Care" is selected in Q1)	Housekeeping (e.g. cleaning, meal prep, grocery shopping, laundry, etc.)
			Medical Care
			Personal Care (e.g. dressing, bathing, grooming, administering meds, etc.)
			Rehabilitative Therapy
			Skilled Nursing Care
			Other
6a		Conditional Text Box	*If Other, Please explain*
7	What type of home-based care does the client need?	Conditional Multi-select Dropdown (if "Home-based Care" is selected in Q1)	Consumer-Directed Personal Assistance Services (CDPAP)
			Certified Home Health Agency (CHHA) Services
			Long-term Licensed Home Care Agency (LHCA) Services
			Medicaid Waiver Services
			Personal Care Services
			Private Duty Nursing
			Other

	Physical Health Assessment		
7a		Conditional Text Box	*If Other, please explain*
8	What level of hospice care is the client looking for?	Conditional Dropdown (if "Hospice Care" is selected in Q1)	Placement at a hospice facility
			Hospice in a nursing home setting
			Hospice in the hospital setting (general in-patient level of care for symptom management)
			Home-based hospice care
9	Please describe the palliative care services needed:	Conditional Text Box (if "Palliative Care" is selected in Q1)	
#	Where does the client currently reside?	Conditional dropdown (If "Long-term Care (Facility-based)" is selected in Q1)	Assisted Living
			Emergency Shelter
			Jail/prison/or juvenile detention facility
			Hospital or other residential non-psychiatric medical facility
			Other long-term care facility or nursing home
			Owned by client
			Rental by client
			Staying or living in a friend/family member's residence
			Transitional housing unit
			Other

	Physical Health Assessment		
10a		Conditional Text Box	*If Other, please explain*
#	Please describe the level of care needed by the client:	Conditional Text Box (If "Long-term Care (Facility-based)" is selected in Q1)	
#	Please describe the medical equipment needed:	Conditional Text Box (If "Medical Equipment" is selected in Q1)	
#	Please describe the assistive technology needed:	Conditional Text Box (If "Assistive Technology" is selected in Q1)	
#	Please describe the type of expense the client needs assistance with:	Conditional Text Box (if answer to Q1 includes "Medical Expense Assistance")	
#	Estimated cost of the expense, if known:	Conditional numerical Text Box (if answer to Q1 includes "Medical Expense Assistance")	
#	Please describe the medication management services needed:	Conditional Text Box (if answer to Q1 includes Medication Management)	
#	What type of primary care is the client interested in?	Conditional Dropdown (multi-select) (If answer to Q1 is "Primary care")	Family Medicine
			Geriatrics
			Gynecology
			Internal Medicine
			Maternity Care/Obstetrics

	Physical Health Assessment		
			Pediatrics
			Other
17a		Conditional Text Box	*If Other, please explain*
#	Please describe the rehabilitative/habilitative services needed:	Conditional Text Box (if answer to Q1 includes "Rehabilitative/Habilitative Services")	
#	What type of screening(s) is the client interested in receiving?	Conditional Dropdown (multi-select) (If "Screenings" is selected in Q1)	Alcohol misuse screening
			Asthma self-control screening
			Blood pressure screening
			Cervical cancer screening
			Cholesterol screening
			Colorectal cancer screening
			Depression screening
			Diabetes (Type 2) screening
			Hepatitis B screening
			Hepatitis C screening
			HIV screening
			HPV screening
			Lung cancer screening
			Mammogram
			Obesity screening
			School dential screening
			school vision exam
			STI screening
			Tobacco use screening

	Physical Health Assessment		
			Other
19a		Conditional Text Box	*If Other, please explain*
#	What type of immunization(s) is the client interested in?	Conditional Dropdown (multi-select) (If "Immunization" is selected in Q1)	Diphtheria
			Hepatitis A
			Hepatitis B
			Herpes Zoster
			Human Papilloma Virus (HPV)
			Influenza (flu shot)
			Measles
			Meningococcal
			Mumps
			MMR
			Pertussis
			Pneumococcal
			Rubella
			Shingles
			Tetanus
			TdaP
			Varicella (Chickenpox)
			Other
20a		Conditional Text Box	*If Other, please explain*
#	What type of specialty care is the client interested in?	Conditional Dropdown (multi-select) (If answer to Q1 is "Specialty care")	Allergy/Immunology
			Anesthesiology

Physical Health Assessment		
		Cardiology
		Critical Care/Pulmonary
		Dentistry/Oral Surgery
		Dermatology
		Dialysis
		Endocrinology
		ENT
		Gastroenterology
		Infectious Disease
		Neonatology
		Nephrology
		Neurology
		Neurosurgery
		OB/GYN
		Oncology/Hematology
		Ophthalmology
		Orthopedics
		Otolaryngology
		Pathology
		Plastic and Reconstructive Surgery
		Podiatry
		Psychiatry
		Radiation Oncology
		Radiology
		Rheumatology
		Surgery
		Thoracic and Cardiac Surgery
		Urology
		Vascular Surgery
		Wound Care
		Other

	Physical Health Assessment		
21a		Conditional Text Box	*If Other, Please explain*
#	Please provide any additional necessary information about the client's physical health-related need(s):	Text Box	
	Recent Medical History		
#	Was client recently hospitalized?	Conditional Dropdown (single select) (appears if Q1 includes "Chronic Disease Management," "Chronic Disease Prevention," "Home-based Care," "Hospice Care," "LTC (Facility-based)", Medical Case Management Services," "Palliative Care," "Primary Care," "Rehabilitative Services," OR "Specialty Care")	Yes/No/Don't Know
23a		Conditional Text Box (if yes)	*If Yes, when was the client discharged?*
#	Was client recently in the ER?	Conditional Dropdown (single select) (appears if Q1 includes "Chronic Disease Management," "Chronic Disease Prevention," "Home-based Care," "Hospice Care," "LTC (Facility-based)", Medical Case Management Services," "Palliative Care," "Primary Care," "Rehabilitative Services," OR "Specialty Care")	Yes/No/Don't Know

	Physical Health Assessment		
24a		Conditional Text Box (if yes)	*If Yes, when?*

	Social Enrichment Assessment		
	Critical Information		
1a	Which activities is client interested in getting involved with?	Multi-select Dropdown	Advocacy/Community Action Groups
			Arts & Crafts Classes
			Cooking Classes
			Leadership Development
			Music Classes
			Peer to Peer Networking
			Professional Development
			Special Interest Clubs
			Volunteer Opportunities
			Youth Development
			Other
1a		Conditional Text Box	*If Other, please explain*
2	Is the client interested in activities/groups targeting a particular population?		Yes/No
2a		Conditional Text Box	*If yes, what population (e.g. seniors, youth, etc.)?*
2a	Is the client currently associated with a community organization?	Dropdown	Yes/No/Don't Know
2a		Conditional Text Box	*If yes, which?*
3	Area(s) of Interest for Community Action/Adovacy Groups?	Conditional Text Box	** appears if answer to Q1 includes "Community Action/Advocacy"*
4	Area(s) of Interest for Arts & Crafts Classes?	Conditional Text Box	**Appears if answer to Q1 includes "Arts & Crafts Classes"*

	Social Enrichment Assessment		
5	Area(s) of Interest for Cooking Classes?	Conditional Text Box	** appears if answer to Q1 includes "Cooking Classes"*
6	Area(s) of Interest for Leadership Development?	Conditional Text Box	** appears if answer to Q1 includes "Leadership Development"*
7	Area(s) of Interest for Music Classes?	Conditional Text Box	** appears if answer to Q1 includes "Music Classes"*
8	Area(s) of Interest for Peer to Peer Networking?	Conditional Text Box	**Appears if answer to Q1 includes "Peer to Peer Networking"*
9	Area(s) of Interest for Professional Development?	Conditional Text Box	** appears if answer to Q1 includes "Professional Development"*
10	Area(s) of Interest for Special Interest Clubs?	Conditional Text Box	** appears if answer to Q1 includes "Special Interest Clubs"*
11	Area(s) of Interest for Volunteer Opportunities?	Conditional Text Box	** appears if answer to Q1 includes "Volunteer Opportunities"*
12	Area(s) of Interest for Youth Development?	Conditional Text Box	** appears if answer to Q1 includes "Youth Development"*
13	Comments or Additional Information:	Text Box	

Attachment A

	Spiritual Enrichment Assessment		
	Critical Information		
1	Is client currently connected to a faith-based organization?	Dropdown	Yes/No/Don't Know
1a		Conditional Text Box	*If Yes, name of organization*
2	What Faith Based Services is the client seeking?	Conditional Dropdown	Faith-Based Counseling
			Faith-Based Volunteering
			Place of Worship
			Youth Services
			Other
			Don't Know
2a		Conditional Text Box	*If Other, please explain*
3	Comments or Additional Information:	Text Box	

	Sports & Recreation Assessment		
	Critical Information		
1	What type of activity is client interested in getting involved with?	Multi-select Dropdown	Athletic Activities
			Recreational Activities
			Other
			Don't Know
1a		Conditional Text Box	*If Other, please explain*
2	How does client wish to participate in athletic activities?	Conditional Multi-select Dropdown (If Answer to Q1 includes "Athletic Activities or "Don't Know")	Coaching (Adult)
			Coaching (Youth)
			Participant (Adult)
			Participant (Youth)
			Other
			Don't Know
2a		Conditional Text Box	*If Other, please explain*
3	Which athletic activities is the client interested in?	Conditional Multi-select Dropdown (If Answer to Q1 includes "Athletic Activities or "Don't Know")	Archery
			Badminton
			Basketball
			Bowling
			Boxing
			Canoe/Kayak
			Cheerleading
			Cycling (track, road, mountain, BMX)
			Diving
			Equestrian

	Sports & Recreation Assessment		
			Fencing
			Field Hockey
			Fishing
			Football
			Golf
			Gymnastics
			High-Intensity Exercise (e.g Crossfit)
			Hockey
			Ice Skating
			Rowing
			Sailing
			Shooting
			Soccer
			Softball/Baseball
			Spinning
			Swimming/Water Sports
			Tennis
			Track & Field
			Volleyball
			Weightlifting
			Other
			Don't Know
3a		Conditional Text Box	*If Other, please explain*
4	Which recreational activities is the client interested in?	Conditional Multi-select Dropdown (If Answer to Q1 includes "Recreational Activities" or "Don't Know")	ATV Riding
			Board Games
			Camping
			Climbing

	Sports & Recreation Assessment		
			Dance
			Gardening/Farming
			Hiking
			Horseback Riding
			Ice Skating
			Radio
			Sporting Events
			Surfing
			Video Games
			Yoga
			Other
			Don't Know
4a		Conditional Text Box	*If Other, please explain*
5	Comments or Additional Information:	Text Box	

	Substance Use Services Assessment		
	Critical Information		
1	Service(s) the client is seeking?	Dropdown (multi-select)	Drug/Alcohol Testing
			Harm Reduction
			Substance Use Counseling
			Substance Use Expense Assistance
			Substance Use Recovery Support
			Substance Use Treatment
			Tobacco Cessation
			Other
1a		Conditional Text Box (if answer to Q1 includes "Other")	*If Other, please explain*
2	Is the client currently pregnant?	Dropdown (single select)	Yes/No/Don't Know
2a		Conditional Numerical Text Box (if Yes)	*If Yes, how many weeks along?*
3	Which substance(s) is client interested in receiving services for?	Conditional Multi-select Dropdown (if answer to Q1 includes Harm Reduction; Substance Use Counseling; SU Recovery Support, SU Treatment, or Other)	Alcohol
			Cocaine
			Heroin
			Marijuana (Cannabis)
			Methadone
			Methamphetamine
			Prescription Opioids (e.g. Codeine, Morphine, Vicodin, OxyContin, Percocet)
			Prescription Sedatives (e.g. Xanax, Valium, Ambien)

	Substance Use Services Assessment		
			Prescription Stimulants (e.g. Adderall, Ritalin)
			Tobacco
			Other
3a		Conditional Text Box (if OTHER)	*If Other, please explain*
4	What is the route of drug use?	Conditional Multi-select Dropdown (if answer to Q2 includes anything other than alcohol)	Inhale
			IV
			Oral
			Smoke
			Other
4a		Conditional Text Box (if OTHER)	*If Other, please explain*
5	Is client currently being treated for substance use?	Dropdown (single select)	Yes/No/Don't Know
5a		Conditional Text Box (if Yes to Q3) (if Yes to Q3)	*If Yes, from which provider?*
5b		Conditional Dropdown (if Yes to Q3)	*If Yes, substances for which client is currently being treated*
			Alcohol
			Cocaine
			Herion
			Marijuana (Cannabis)
			Methadone
			Methamephetamine

	Substance Use Services Assessment		
			Prescription Opiods (e.g. Codeine, Morphone, Vicodin, OxyContin, Percocet)
			Prescription Sedatives (e.g. Xanax, Valium, Ambien)
			Prescription stimulants (e.g. Adderall Ritalin)
			Tobacco
			Other
5b.1		Conditional Text Box (if OTHER)	*If Other, please explain*
6	Has client previously received substance use treatment?	Conditional Dropdown (If answer to Q1 includes Substance Use Counseling; SU Recovery Support, SU Treatment, or Other)	Yes/No/Don't Know
6a		Conditional Text Box (If Yes to Q4)	*If Yes, when?*
6b		Conditional Dropdown- Multiselect (If YES to Q4)	*If Yes, substances for which client was treated previously*
			Alcohol
			Cocaine
			Herion
			Marijuana (Cannabis)
			Methadone
			Methamephetamine
			Prescription Opiods (e.g. Codeine, Morphone, Vicodin, OxyContin, Percocet)
			Prescription Sedatives (e.g. Xanax, Valium, Ambien)

	Substance Use Services Assessment		
			Prescription stimulants (e.g. Adderall Ritalin)
			Tobacco
			Other
6b.1		Conditional Text Box (if OTHER)	*If Other, please explain*
6c		Conditional Dropdown (if Yes to Q4)	*Is Client currently sober/substance free?*
			Yes/No/Don't Know
6c.1		Conditional Text Box (if Yes to Q4b)	*If Yes, how long has client been sober/substance free?*
7	How many years has the client been using the identified substance(s)?	Conditional Text Box (If answer to Q1 includes Substance Use Counseling; SU Recovery Support, SU Treatment, or Other)	
8	When was the last time the client used the identified substance?	Conditional Text Box (If answer to Q1 includes Substance Use Counseling; SU Recovery Support, SU Treatment, or Other)	
9	How frequently does the client use the identified substance?	Conditional Text Box (If answer to Q1 includes Substance Use Counseling; SU Recovery Support, SU Treatment, or Other)	
10	Please describe the type of harm reduction services the client is interested in receiving:	Conditional Text Box (if answer to Q1 includes "Harm Reduction Services")	

	Substance Use Services Assessment		
11	Please describe the type of counseling services the client is interested in receiving:	Conditional Text Box (if answer to Q1 includes "Substance Use Counseling")	
12	Please describe the type of expense the client needs assistance with:	Conditional Text Box (if answer to Q1 includes "Substance Use Expense Assistance")	
13	Estimated cost of the expense, if known:	Conditional Numerical Text Box (if answer to Q1 includes "Substance Use Expense Assistance")	
14	Please describe the type of support services the client is interested in receiving.	Conditional Text Box (if answer to Q1 includes "Substance Use Recovery Support")	
15	What type of treatment is the client looking for, if known?	Conditional dropdown (if answer to Q1 includes "Substance Use Treatment")	Inpatient Treatment
			Outpatient Treatment
			Doesn't Know
16	Please describe the type of treatment the client is interested in receiving.	Conditional Text Box (if answer to Q1 includes "Substance Use Treatment")	
17	Why is the client looking to quit using the identified substance(s)? What are their goals?	Conditional Text Box (If answer to Q1 includes Substance Use Counseling; SU Recovery Support, SU Treatment, Tobacco Cessation, or Other)	

	Substance Use Services Assessment		
18	Has client previously tried to quit?	Conditional Text Box (If answer to Q1 includes Substance Use Counseling; SU Recovery Support, SU Treatment, Tobacco Cessation, or Other)	Yes/No/Don't Know
18a		Conditional Numerical Text Box (If Yes)	*If Yes, how many times has the client tried to quit?*
18b		Conditional Text Box (If Yes)	*If Yes, which methods of treatment/cessation services has client tried previously? Were they guided or on their own?*
	Tobacco History		
1	Which product(s) does client use to consume tobacco?	Conditional dropdown (if answer to Q1 includes "Tobacco Cessation")	Bidis
			Chewing Tobacco
			Cigarettes
			Cigars
			Dissolvable Tobacco
			E-Cigarettes/Vaporizers
			Hookah
			Kreteks/Clove Cigarettes
			Pipes
			Snuff
			Other
1a		Conditional Text Box (if answer includes "Other")	*If Other, please describe the product and how often it is used.*
1b	Current number of bidis smoked per day:	Conditional Numerical Text Box (if answer to Q16 includes "Bidis")	

	Substance Use Services Assessment		
1c	Number of times chewing tobacco used per day currently:	Conditional Numerical Text Box (if answer to Q16 includes "Chewing Tobacco")	
1d	Current number of cigarettes smoked per day:	Conditional Numerical Text Box (if answer to Q16 includes "Cigarettes")	
1e	Current number of cigars smoked per day:	Conditional Numerical Text Box (if answer to Q16 includes "Cigars")	
1f	Number of times dissolvable tobacco used per day currently:	Conditional Numerical Text Box (if answer to Q16 includes "Dissolvable Tobacco")	
1g	Number of times e-cigarette/vaporizer used per day currently:	Conditional Numerical Text Box (if answer to Q16 includes "E-Cigarettes/ Vaporizers")	
1h	Number of times hookah used per day currently:	Conditional Numerical Text Box (if answer to Q16 includes "Hookah")	
1i	Current number of kreteks/clove cigarettes smoked per day:	Conditional Numerical Text Box (if answer to Q16 includes "Kreteks/Clove Cigarettes")	
1j	Current number of pipes smoked per day:	Conditional Numerical Text Box (if answer to Q16 includes "Pipes")	
1k	Number of times snuff used per day currently:	Conditional Numerical Text Box (if answer to Q16 includes "Snuff")	

	Substance Use Services Assessment		
2	Age started:	Conditional Numerical Text Box (if answer to Q1 includes "Tobacco Cessation")	
3	Number of years client has smoked:	Conditional Numerical Text Box (if answer to Q1 includes "Tobacco Cessation")	
4	Additional Notes	Text Box	

Attachment A

	Transportation Assessment		
	Critical Information		
1	What type of assistance does the client need?	Dropdown (Multi-select)	Ride Coordination
			Transportation Expense Assistance
			Transportation Passes/ Vouchers
			Other
1a		Conditional Text Box	*If Other, please explain*
2	For what purpose does client need transportation?	Dropdown (Multi-select)	Getting To/From Work
			Job Interview
			Medical Appointment(s)
			Recreational
			Other
			Don't Know
2a		Cond. Date	*If appointment/job interview, date of appointment/interview*
2b		Cond. Text Box	*Time of appointment/interview*
2c		Cond. Dropdown	*Is this a reoccuring appointment -> Yes/No/Don't Know*
		Cond. Text Box	*If Yes, how often:*
3	Pickup Location	Conditional Text Box (if Q1 includes Ride Coordination)	
4	Dropoff Location	Conditional Text Box (if Q1 includes Ride Coordination)	
5	Does client need any special transportation accommodation(s)?	Conditional Multi-select Dropdown (if Q1 includes Ride Coordination)	None

	Transportation Assessment		
			Crutches
			Scooter
			Walker
			Wheelchair - Manual
			Wheelchair - Power
			Other
5a		Conditional Text Box	*If Other, please explain*
6	Additional Services Needed	Conditional Multi-select Dropdown (if Q1 includes Ride Coordination)	Curb-to-Curb Escort
			Door-through-door escort
			Door-to-Door Escort
			Pharmacy
			Sign-out
			Other
6a		Conditional Text Box	*If Other, please explain*
7	Does the client have any cognitive impairment?	Conditional Dropdown (if Q1 includes Ride Coordination)	Yes/No/Don't Know
8	What type of transportation pass/voucher is needed?	Conditional Dropdown (if Q1 includes Transportation Passes/Vouchers)	Bus Pass
			Gas Card
8a		Conditional Text Box	*If Bus Pass, how often does client take the bus?*
9	Describe the type of expense the client needs assistance with (e.g. new tires; battery replacement; driving lessons; purchasing a car; etc.):	Conditional Text Box (if Q1 includes Transportation Expense Assistance)	

	Transportation Assessment		
10	Estimated cost of the expense, if known:	Conditional Numerical Text Box (if Q1 includes Transportation Expense Assistance)	
11	Comments or Additional Information:	Text Box	

	Utilities Assessment		
	Critical Information		
1	What type of assistance is client seeking?	Dropdown (Multi-select)	Assistance applying for Home Energy/Utilities Benefits
			Utility Bill Payment Assistance
			Utility Installation
			Utility Purchase
			Weatherization (Low-cost home improvements to make house more energy efficient)
			Other
1a		Conditional Text Box	*If Other, please explain*
2	Is assistance for current residence?	Dropdown	Yes/No
2a		Conditional Text Box	*If No, please provide more detail*
3	Is the client's residence HUD-supported?	Dropdown	Yes/No/Don't Know
4	Has the client sought assistance for this same issue previously?	Dropdown	Yes/No/Don't Know
4a		Conditional Text Box	*If Yes, from which agency did client seek assistance for this previously?*
4b		Conditional Text Box	*If Yes, did client receive the services they sought?*
4c		Conditional Text Box	*If Yes, how long ago?*

	Utilities Assessment		
5	With which type(s) of utility does client need assistance?	Conditional Multi-select Dropdown Format (if Assistance applying for Home Energy/Utilities Benefits, Utility Bill Payment Assistance, Utility Installation, Utility Purchase, Other, or Don't Know is included in response to Q1)	Electricity
			Heating Oil
			Internet/Cable
			Kerosene
			Natural Gas
			Water
			Wood
			Other
5a		Conditional Text Box (If Other)	*If Other, please explain*
		Conditional Block text (if Internet/Cable)	*Very limited/no assistance available for internet/cable bills.*
6	Does client receive any means-tested public benefits, such as SNAP/Food Stamps, SSI, TANF, or means-tested VA benefits?	Conditional Dropdown (If answer to Q1 includes "Assistance applying for Home Energy/Utilities Benefits" or "Utility Payment Assistance")	Yes/No/Don't Know
		Conditional Helper Text	*If Yes, client could be automatically eligible for the Low-Income Home Energy Assistance Program*
7	Is client in arrears with utility company?	Conditional Dropdown (If answer to Q1 includes "Assistance applying for Home Energy/Utilities Benefits" or "Utility Payment Assistance")	Yes/No/Don't Know
7a			*If Yes, amount owed*

	Utilities Assessment		
7b			*If Yes, name of company/ies owed payment to*
8	When was the last time the client made a payment to the utility company?	Conditional Date Text Box (If answer to Q1 includes "Assistance applying for Home Energy/Utilities Benefits" or "Utility Payment Assistance")	
9	Has client received utilities shutoff notice?	Conditional Dropdown (If answer to Q1 includes "Assistance applying for Home Energy/Utilities Benefits" or "Utility Payment Assistance")	Yes/No/Don't Know
9a		Conditional Date Text Box	*If Yes, date utilities will be shutoff*
9b		Conditional Date Text Box	*If Yes, date of notice*
10	Have the client's utilities been shut off?	Conditional Dropdown (If answer to Q1 includes "Assistance applying for Home Energy/Utilities Benefits" or "Utility Payment Assistance")	Yes/No/Don't Know
10a		Conditional date textbox	*If Yes, date utilites were shut off*
11	Has the client reached out to the utility company to try to make payment arrangements?	Conditional Dropdown (If answer to Q1 includes Utility Bill Payment Assistance)	Yes/No/Don't Know
11a		Conditional Text Box (If answer to previous question includes "Yes")	*If Yes, what was the outcome?*
12	Has the client been to the local Department of Social Services to ask for help paying for their utility?	Conditional Dropdown (If answer to Q1 includes "Utility Payment Assistance")	Yes/No/Don't Know

	Utilities Assessment		
12a			*If Yes, what was the outcome?*
12b			*If Yes, when?*
		Conditional Block Text if answer to Q3 is No or Don't Know	The client will need to go directly to DSS for a denial letter. Please continue to send the referral but inform the client they need to first visit DSS.
		Conditional Block Text if answer to Q3 is No or Don't Know	The client will need to go directly to DSS for a denial letter. Please continue to send the referral but inform the client they need to first visit DSS.
		Conditional Helper Text	*If Yes, client could be automatically eligible for the Low-Income Home Energy Assistance Program*

Attachment A

	Wellness Services Assessment		
	Critical Information		
1	What service(s) is client seeking?	Dropdown (Multi-select)	Acupuncture
			Chiropractic Services
			Health Literacy Classes
			Massage Therapy
			Mindfulness and Meditation
			Nutrition Education & Counseling
			Reiki
			Therapeutic Programs & Retreats
			Weight Loss Programs
			Wellness Expense Assistance
			Other Alternative Medicine
			Other
1a		Conditional Text Box	*If Other, please explain*
2	Has client received these services previously?	Dropdown	Yes/No/Don't Know
		Conditional Text box	*If Yes, when did the client receive these services?*
4	Please describe the type of expense the client needs assistance with:	Conditional Text Box (if answer to Q1 includes "Wellness Expense Assistance")	
5	Estimated cost of the expense, if known:	Conditional Numerical Text Box (if answer to Q1 includes "Wellness Expense Assistance")	
6	Additional Notes	Text Box	

In addition, the following fields from JCPS Infinite Campus will be provided for JCPS students with signed informed consents:

- Student Unique Identifier
- School name
- Grade level
- KPREP Reading and Math scores
- MAP Reading and Math scores
- Number of behavioral referrals
- Missed days
- Number of suspensions

Attachment B

RESEARCH ORGANIZATION'S EMPLOYEE OR CONTRACTOR NONDISCLOSURE STATEMENT

Research Organization: Metro United Way
Research Organization's employee or contractor name: Benjamin Donlon
Title: Chief Analytics Officer
Address: 334 E Broadway, Louisville, KY 40202
Phone: (502) 292-6157

I understand that the performance of my duties as an employee or contractor of the Research Organization involve a need to access and review confidential information (information designated as confidential by FERPA, NSLA, CNA, KRS 61.931(6), or other federal or state law); and, that I am required to maintain the confidentiality of this information and prevent any re-disclosure prohibited under the law as stated below. By signing this document, I agree to the following:

- I will not permit access to confidential information to persons not authorized by the RESEARCH ORGANIZATION and its contractor.
- I will maintain the confidentiality of the data or information.
- I will not access data of persons related or known to me for personal reasons.
- I will not reveal any individually identifiable information furnished, acquired, retrieved, or assembled by me or others for any purpose other than statistical purposes specified in the RESEARCH ORGANIZATION survey, project, or proposed research.
- I will report, immediately and within twenty-four (24) hours, any known reasonably believed instances of missing data, data that has been inappropriately shared, or data taken off site
    - to my immediate supervisor, Associate Commissioner, and
    - to the Division of Human Resources if I am a RESEARCH ORGANIZATION employee or to the RESEARCH ORGANIZATION Office for whom I perform work under the contract if I am a RESEARCH ORGANIZATION contractor or an employee of a RESEARCH ORGANIZATION contractor
- I understand that procedures must be in place for monitoring and protecting confidential information.
- I understand and acknowledge that FERPA-protected information obtained under provisions of Family Educational Rights and Privacy Act of 1974 (FERPA) as a RESEARCH ORGANIZATION contractor's employee or contractor of RESEARCH ORGANIZATION is confidential information.
- I understand that FERPA protects information in students' education records that are maintained by an educational agency or institution or by a party acting for the agency or institution, and includes, but is not limited to the student's name, the name of the student's parent or other family members, the address of the student or student's family, a personal identifier, such as the student's social security number, student number, or biometric record, other indirect identifiers, such as the student's date of birth, place of birth, and mother's maiden name, and other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty.
- I understand that any unauthorized disclosure of confidential information is illegal as provided in FERPA and in the implementing of federal regulations found in 34 CFR, Part

99. The penalty for unlawful disclosure is a fine of not more than $250,000 (under 18 U.S.C. 3571) or imprisonment for not more than five years (under 18 U.S.C. 3559), or both.

- I understand and acknowledge that children's free and reduced price meal and free milk eligibility information or information from the family's application for eligibility, obtained under provisions of the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq)(NSLA) or Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.)(CNA) and the regulations implementing these Acts, is confidential information.
- I understand that any unauthorized disclosure of confidential free and reduced price lunch information or information from an application for this benefit is illegal as provided in the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq)(NSLA) or Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.)(CNA) and the regulations implementing these Acts, specifically 7 C.F.R 245.6. The penalty for unlawful disclosure is a fine of not more than $1,000.00 (under 7 C.F.R. 245.6) or imprisonment for up to one year (under 7 C.F.R. 245.6), or both.
- I understand that KRS 61.931 also defines "personal information" to include an individual's first name or first initial and last name; personal mark; or unique biometric or genetic print or image, in combination with one (1) or more of the following data elements:
  - An account number, credit card number, or debit card number that, in combination with any required security code, access code, or password, would permit access to an account;
  - A Social Security number;
  - A taxpayer identification number that incorporates a Social Security number;
  - A driver's license number, state identification card number, or other individual identification number issued by any agency;
  - A passport number or other identification number issued by the United States government; or
  - Individually identifiable health information as defined in 45 C.F.R. sec. 160.103, except for education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. sec. 1232g.
- I understand that other federal and state privacy laws protect confidential data not otherwise detailed above and I acknowledge my duty to maintain confidentiality of that data as well.
- I understand that any personal characteristics that could make the person's identity traceable, including membership in a group such as ethnicity or program area, are protected.
- In addition, I understand that any data sets or output reports that I may generate using confidential data are to be protected. I will not distribute to any unauthorized person any data sets or reports that I have access to or may generate using confidential data. I understand that I am responsible for any computer transactions performed as a result of access authorized by use of sign on/password(s).

Research Organization employee or contractor signature: **Date:**

Benjamin R Donlon 09/17/2020

Research Organization authorized agent signature: **Date:**

_____ _____

Research Organization authorized agent name (typed): _____

Attachment B

RESEARCH ORGANIZATION'S EMPLOYEE OR CONTRACTOR NONDISCLOSURE STATEMENT

Research Organization: Metro United Way
Research Organization's employee or contractor name: Jasleen Sethi
Title: Director, United Community
Address: 334 E Broadway, Louisville, KY 40202
Phone: (502) 583-2821

I understand that the performance of my duties as an employee or contractor of the Research Organization involve a need to access and review confidential information (information designated as confidential by FERPA, NSLA, CNA, KRS 61.931(6), or other federal or state law); and, that I am required to maintain the confidentiality of this information and prevent any re-disclosure prohibited under the law as stated below. By signing this document, I agree to the following:

- I will not permit access to confidential information to persons not authorized by the RESEARCH ORGANIZATION and its contractor.
- I will maintain the confidentiality of the data or information.
- I will not access data of persons related or known to me for personal reasons.
- I will not reveal any individually identifiable information furnished, acquired, retrieved, or assembled by me or others for any purpose other than statistical purposes specified in the RESEARCH ORGANIZATION survey, project, or proposed research.
- I will report, immediately and within twenty-four (24) hours, any known reasonably believed instances of missing data, data that has been inappropriately shared, or data taken off site
    - to my immediate supervisor, Associate Commissioner, and
    - to the Division of Human Resources if I am a RESEARCH ORGANIZATION employee or to the RESEARCH ORGANIZATION Office for whom I perform work under the contract if I am a RESEARCH ORGANIZATION contractor or an employee of a RESEARCH ORGANIZATION contractor
- I understand that procedures must be in place for monitoring and protecting confidential information.
- I understand and acknowledge that FERPA-protected information obtained under provisions of Family Educational Rights and Privacy Act of 1974 (FERPA) as a RESEARCH ORGANIZATION contractor's employee or contractor of RESEARCH ORGANIZATION is confidential information.
- I understand that FERPA protects information in students' education records that are maintained by an educational agency or institution or by a party acting for the agency or institution, and includes, but is not limited to the student's name, the name of the student's parent or other family members, the address of the student or student's family, a personal identifier, such as the student's social security number, student number, or biometric record, other indirect identifiers, such as the student's date of birth, place of birth, and mother's maiden name, and other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty.
- I understand that any unauthorized disclosure of confidential information is illegal as provided in FERPA and in the implementing of federal regulations found in 34 CFR, Part

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  - An account number, credit card number, or debit card number that, in combination with any required security code, access code, or password, would permit access to an account;
  - A Social Security number;
  - A taxpayer identification number that incorporates a Social Security number;
  - A driver's license number, state identification card number, or other individual identification number issued by any agency;
  - A passport number or other identification number issued by the United States government; or
  - Individually identifiable health information as defined in 45 C.F.R. sec. 160.103, except for education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. sec. 1232g.
- I understand that other federal and state privacy laws protect confidential data not otherwise detailed above and I acknowledge my duty to maintain confidentiality of that data as well.
- I understand that any personal characteristics that could make the person's identity traceable, including membership in a group such as ethnicity or program area, are protected.
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Research Organization employee or contractor signature: *Jasleen Sethi* **Date:** 09/16/2020

Research Organization authorized agent signature: _____ **Date:** _____

Research Organization authorized agent name (typed): _____

Attachment B

RESEARCH ORGANIZATION'S EMPLOYEE OR CONTRACTOR NONDISCLOSURE STATEMENT

Research Organization: Metro United Way
Research Organization's employee or contractor name: Taylor Mankle
Title: Digital Content Manager
Address: 334 E Broadway, Louisville, KY 40202
Phone: (502) 583-2821

I understand that the performance of my duties as an employee or contractor of the Research Organization involve a need to access and review confidential information (information designated as confidential by FERPA, NSLA, CNA, KRS 61.931(6), or other federal or state law); and, that I am required to maintain the confidentiality of this information and prevent any re-disclosure prohibited under the law as stated below. By signing this document, I agree to the following:

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- I will maintain the confidentiality of the data or information.
- I will not access data of persons related or known to me for personal reasons.
- I will not reveal any individually identifiable information furnished, acquired, retrieved, or assembled by me or others for any purpose other than statistical purposes specified in the RESEARCH ORGANIZATION survey, project, or proposed research.
- I will report, immediately and within twenty-four (24) hours, any known reasonably believed instances of missing data, data that has been inappropriately shared, or data taken off site
    - to my immediate supervisor, Associate Commissioner, and
    - to the Division of Human Resources if I am a RESEARCH ORGANIZATION employee or to the RESEARCH ORGANIZATION Office for whom I perform work under the contract if I am a RESEARCH ORGANIZATION contractor or an employee of a RESEARCH ORGANIZATION contractor
- I understand that procedures must be in place for monitoring and protecting confidential information.
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  - An account number, credit card number, or debit card number that, in combination with any required security code, access code, or password, would permit access to an account;
  - A Social Security number;
  - A taxpayer identification number that incorporates a Social Security number;
  - A driver's license number, state identification card number, or other individual identification number issued by any agency;
  - A passport number or other identification number issued by the United States government; or
  - Individually identifiable health information as defined in 45 C.F.R. sec. 160.103, except for education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. sec. 1232g.
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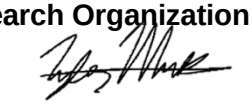
Research Organization employee or contractor signature: **Date: 9/16/20**



Research Organization authorized agent signature: **Date:**

Research Organization authorized agent name (typed): _____