**NEBRASKA INTAKE FOR CHILDREN IN A HOUSEHOLD**

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| **Social Security Number** | **Last Name** | **First Name** | **MI** | **Suffix** | **Date of Birth** | **\* See Codes Below \*** |
| **Gender****\*** | **Race****\*** | **Ethnicity****\*** | **Relationship to Head of Household\*** | **Disabling Condition****\*** | **Covered by Health Insurance?**\* | **Client Location**NE-500 BOS NE-502 Lincoln |
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| **\* Gender**: **F**=Female **M**=Male **NFM**=A gender that is not singularly ‘female’ or ‘male’ **TG**=Transgender **Q**=Questioning **DK**=Client Doesn’t Know **CR**=Client Refused |
| **\* Race**: **AI**=American Indian, Alaska Native or Indigenous **A**=Asian or Asian American **B**=Black, African American or African **NP**=Native Hawaiian or Pacific Islander **W**=White **DK**=Client Doesn’t Know **CR**=Client Refused |
| **\* Ethnicity:** **NH**=Non Hispanic/Non-Latin(a)(o)(x) **H**=Hispanic/Latin(a)(o)(x) **DK**=Client Doesn’t Know **CR**=Client Refused |
| **\* Head of Household’s:** **C**=Child **SP**=Spouse or Partner **ORM**=Other Relation Member **ONR**=Other Non-Relation Member  **DK**=Client Doesn’t Know **CR**=Client Refused |
| **\* Disabling Condition:** **Y**=Yes **N**=No **DK**=Client Doesn’t Know **CR**=Client Refused **If YES, check all that apply:** Physical  Developmental  Chronic Health Condition  HIV/AIDS  Mental Health  Alcohol Use Disorder  Drug Use Disorder  Both alcohol & drug use disorder |
| **\* Health Insurance:** **Y**=Yes **N**=No **DK**=Client Doesn’t Know **CR**=Client Refused **If YES, check all that apply:** Medicaid  Medicare  SCHIP  VA Medical  Employer  COBRA  Private Pay  Indian Health Services  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |