**NEBRASKA INTAKE FOR CHILDREN IN A HOUSEHOLD**

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| **Social**  **Security Number**  **(Last 4)** | **Last Name** | **First Name** | **MI** | **Suffix** | **Date of Birth** | **\* Use Codes Listed Below \*** | | | | | | |
| **Gender**  **(all applicable)** | **Race & Ethnicity**  **(all applicable)** | **Relationship to Head of Household** | **Disabling Condition**  **(all applicable)** | **Foster Care** | **Highest Level of School** | **Health Insurance**  **(all applicable)** |
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| **Gender:** **G**=girl **B**=boy **2S**=culturally specific identity (e.g. Two-Spirit) **TG**=transgender **NB**=non-binary **Q**=questioning  **DK**=client doesn’t know **PNA**=client prefers not to answer **DI**=different identity (please specify) | | | | | | | | | | | | |
| **Race & Ethnicity: AI**=American Indian, Alaska Native, or Indigenous **A**=Asian or Asian American **B**=Black, African American, or African **H**=Hispanic / Latina/e/o  **ME**=Middle Eastern or North African **NH**=Native Hawaiian or Pacific Islander **W**=White **DK**=client doesn’t know **PNA**=client prefers not to answer  **ADD**=additional Race & Ethnicity detail (please specify) | | | | | | | | | | | | |
| **Relationship to Head of Household:** **C**=child **ORM**=other relation member **ONR**=other non-relation member **DK**=client doesn’t know **PNA**=client prefers not to answer | | | | | | | | | | | | |
| **Disabling Condition: P or PLT**=physical disability or long-term physical disability **CH or CHLT**=chronic health condition or long-term chronic health condition  **MH or MHLT**=mental health disorder or long-term mental health disorder **DD**=Developmental Disability **HIV**=HIV/AIDS  **AU or AULT**=alcohol use disorder or long-term alcohol use disorder **DU or DULT**=Drug use disorder or Long-term drug use disorder  **BO or BOLT**=both alcohol & drug use disorder or long-term alcohol & drug use disorder  **N**=no disabling conditions **DK**=client doesn’t know **PNA**=client prefers not to answer | | | | | | | | | | | | |
| **Were you ever in Foster Care or are you now?** **Y**=yes **N**=no **DK**=client doesn’t know **PNA**=client prefers not to answer | | | | | | | | | | | | |
| **Highest Level of School Completed: NO**=No schooling completed **N-4**=Nursery school to 4th grade **5-6**=5th or 6th grade **7-8**=7th or 8th grade  **9**=9th grade  **10**=10th grade **11**=11th grade **12**=12th grade, no diploma **HS**=high school diploma **GED**=GED  **PS**=post-secondary school **DK**=client doesn’t know **PNA**=client prefers not to answer | | | | | | | | | | | | |
| **Health Insurance:** **CAID**=Medicaid **CARE**=Medicare **SCHIP**=State Children’s Health Insurance Program **VHA**=Veteran’s Health Administration **EMP**=employer-provided  **COBRA**=health insurance obtained through COBRA **PP**=private pay **SHIA**=State Health Insurance for Adults **IHSP**=Indian Health Services Program  **N**=no health insurance coverage **DK**=client doesn’t know **PNA**=client prefers not to answer **OTH**=other (please specify) | | | | | | | | | | | | |