



# CEDARS Bridges & SOS Contact Form

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(First) (Middle) (Last)

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ Transgender identifies as Male \_\_\_\_\_  
Transgender identifies as Female \_\_\_\_\_ Gender Fluid \_\_\_\_\_ Other \_\_\_\_\_

**Sexual Orientation:** Heterosexual \_\_\_\_\_ LGBTQ \_\_\_\_\_ Unknown \_\_\_\_\_  
Other \_\_\_\_\_ Prefer Not to Disclose \_\_\_\_\_

*\*CEDARS does not discriminate based on sexual orientation or gender identity.*

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Where are you living right now?** (Please circle one)

House/Apartment. Friends Relatives Shelter Hotel  
Street Car Couch-surfing

Other (please explain): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street / P.O. Box) (City) (State) (Zip code)

Phone numbers: (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_ Landline \_\_\_\_\_

Email address: \_\_\_\_\_

How long have you been staying at this address? \_\_\_\_\_

**Tell us about your current living situation:**

Where do you sleep (bed, couch, and floor)?

\_\_\_\_\_

How many people live there? \_\_\_\_\_

How long are you allowed to live there? \_\_\_\_\_

Any additional information that we should know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever experienced homelessness on the streets or in an Emergency Shelter in the last three years?** Yes No

If so, how many times including today? \_\_\_\_\_

Approximately how many months have you experienced homelessness on the streets or in an Emergency Shelter in the past three years? \_\_\_\_\_

**Why are you seeking assistance?**

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**Have you ever been in any other independent living program?**      Yes      No

If yes, where and when? \_\_\_\_\_  
Why did you leave that program? \_\_\_\_\_

**Education:**

Highest grade completed: \_\_\_\_\_

Name of School(s):	Year graduated / attended
High school _____	_____
College / Trade school _____	_____
Other: _____	_____

Problems you experienced in school / barriers to success:  
\_\_\_\_\_  
\_\_\_\_\_

**Family Information:**

Parent name \_\_\_\_\_ Phone \_\_\_\_\_

Parent name: \_\_\_\_\_ Phone: \_\_\_\_\_

Brothers / Sisters names & ages: \_\_\_\_\_

**Emergency Contact information:**

Please list emergency contact names and phone numbers. If you have a child, list the child's other parent and/or a relative of the child as an emergency contact.

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

*In order for CEDARS to better understand what you have been through, please answer the following questions honestly:*

**Health:**

(Females) Are you pregnant or parenting?    Yes    No    If pregnant, how far along are you? \_\_\_\_\_

If pregnant, are you getting prenatal care?    Yes    No    If yes, where? \_\_\_\_\_

If parenting, please list child(ren)'s information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Other: \_\_\_\_\_

Is other parent involved? Yes No Other parent's name: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Other: \_\_\_\_\_

Is other parent involved? Yes No Other parent's name: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Other: \_\_\_\_\_

Is other parent involved? Yes No Other parent's name: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Other: \_\_\_\_\_

Is other parent involved? Yes No Other parent's name: \_\_\_\_\_

Any health concerns/problems? \_\_\_\_\_

**Legal:**

Are you currently on probation? Yes No

If yes, how many months / years left? \_\_\_\_\_

Probation officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been a ward of the State? Yes No

If yes, for what and when? \_\_\_\_\_

**Independent living skills:**

Are you currently employed? Yes No

Place of employment: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Do you currently receive assistance? Yes No

Check those that apply:

\_\_\_WIC \_\_\_SNAP \_\_\_Title XX \_\_\_Housing \_\_\_ADC \_\_\_Other

\_\_\_Medicaid \_\_\_SSI \_\_\_Child Support

**Transportation**

Do you have a current driver's license? Yes No

Do you have a car? Yes No

Please complete and return to:

CEDARS

Attn: Admissions (Bridges/TLP)

6601 Pioneers Blvd., Suite 1

Lincoln, NE 68506

If you have questions or need assistance please call (402) 437-8850.