



Printed Guest First Name: _____ Last Name: _____

Creighton University will gather the information used on this form and will treat it as confidential. All volunteers who work the event have agreed to treat the information as confidential. No information identifying you will be shared by Creighton University with any State or Federal Government agencies. For the purpose of fundraising and publicity for this event, I give permission for my photograph to be used. Guest Signature: _____

Date of Birth: ___/___/___ Gender: ___ Female ___ Male ___ Transgender ___ Other

- 1. Race (Check any or all that best identifies)
___ Asian
___ Black or African-American
___ Native American or Alaskan Native
___ Native Hawaiian or Other Pacific Islander
___ White (not Hispanic / Latino)
___ White (Hispanic / Latino)
___ Other: _____

- 2. Highest level of education achieved:
___ No formal education
___ Middle School
___ High School Diploma or GED
___ Some College ___ Associate's Degree
___ Bachelor's Degree ___ Master's Degree
___ Doctorate Other: _____

3. Are you employed? ___ Yes ___ No*
*If No, please consider visiting Pod E.

- 4. Have you had vocational training?
___ No ___ Yes* If "Yes," please check all that apply:
___ Auto Mechanic ___ Manual Labor
___ Business or Administration ___ Military
___ Carpentry ___ Restaurant/Hotel
___ Cashier/Retail ___ Sales
___ Computer or Information Technology ___ Security
___ Construction ___ Social Services
___ Cosmetology ___ Telemarketing
___ Education ___ Tour & Travel (Travel Agency, Tour Guide, etc.)
___ Electrical ___ Truck Driver or Driving Instructor
___ Fitness Instructor ___ Welding
___ Healthcare Profession (Nurse, Aide, etc.) ___ Other:
___ Home Appliances Repair
___ Landscaping

*If Yes, please consider visiting Pod E.

5. Are you interested in continuing your education?
___ Yes* ___ No
*If Yes, please consider visiting Pod E.

6. Have you ever served in the U.S. Military?
___ Yes* ___ No ___ Don't Know* ___ Chose not to answer
*If Yes / don't know, please consider visiting Pod A.

7. Are you homeless? ___ Yes ___ No
If "Yes," please check all that apply.
___ This is my first time being homeless.
___ I have been homeless for a year or more.
___ I have been homeless 4 times or more in past 3 years.

- 8. Where did you stay last night? (Type of Living Situation)
___ Center Point Campus for Hope ___ Abandoned House/Building
___ Care Corps Family Services ___ Apartment or house you rent
___ Domestic Violence Shelter ___ Foster care or in a group home
___ Heartland Family Service ___ Hospital
___ MICAH House ___ Hotel/Motel without voucher or rent assist
___ New Visions (MOHM's Place) ___ Jail or juvenile corrections facility
___ Open Door Mission ___ Stayed in a car or van
___ Oxford House ___ Stayed outdoors, in a tent, or on the street
___ Restored Hope ___ Stayed with a family or friend in their housing
___ Salvation Army ___ Prefer not to disclose
___ Siena/Francis House
___ Stephen Center
___ Youth Emergency Services
___ Other _____

9. Would you like to speak with a prosecutor to try to take care of any misdemeanor warrants?
___ Yes* ___ No

10. Are there other legal issues with which you'd like assistance?
___ Yes* ___ No
*If Yes to questions 9 or 10, please consider visiting Pod E.

11. Project Homeless Connect Omaha has developed a way for you to leave a message for family and friends. Would you be interested in using this functionality at the event?
___ Yes ___ No
If "Yes," please inquire at Ask Me Station #2.

OVER ->

Please complete sections A and B below. Then review the List of Available Services & Goal Sheet in the Navigator Packet with your guest. Your guest will determine the services he/she wishes to access today.

A. Personal Health Assessment

Suggested Services for Guest

1. Do you feel physically healthy? Yes No Health Screening Recommended
2. Do you have any diseases or chronic health problems? Yes No
 If yes, what are the health problems?
 Addiction Arthritis Chronic Pain COPD Diabetes High Blood Pressure
 Heart Attack / Heart Problems Hepatitis C / Liver Disease Glaucoma Stroke
 Seizures Stomach / Intestinal Problems Kidney Disease Other _____
3. Are you able to cope with problems well? Yes No Mental Health Screening Recommended
4. Have you felt nervous, anxious or depressed during the last month? Yes No
5. Do you experience problems in your daily life due to:
 - Difficulty in walking? Yes No - Difficulty maintaining your balance? Yes No Mobility & Vision Screening Recommended
 - Poor hearing? Yes No - Lack of strength in your hands? Yes No
 - Physical tiredness? Yes No - Poor vision? Yes No
6. Have you had a fall in the past 3 months? Yes No

B. Diabetes Risk Screening

Score:

- A. How old are you? Less than 40 yrs. (0 points) 40-49 yrs. (1 point) 50-59 yrs. (2 points) 60 yrs. or older (3 points) _____
- B. Are you a man or a woman? Man (1 point) Woman (0 points) _____
- C. If you are a woman, have you ever been diagnosed with gestational diabetes? Yes (1 point) No (0 points) _____
- D. Do you have a mother, father, sister, or brother with diabetes? Yes (1 point) No (0 points) _____
- E. Have you ever been diagnosed with high blood pressure? Yes (1 point) No (0 points) _____
- F. Are you physically active? No (1 point) Yes (0 points) _____
- G. What is your weight category? (This will be calculated using table below at Medication Recall / Vitals Station.) _____

Total Score: _____

Note: Med Recall/Vitals Volunteers: A Score of 5 or higher: Risk for type 2 diabetes, refer to A1C screening station for a diabetes assessment. Tool Adapted from American Diabetes Association

Navigators: Proceed to the List of Available Services & Goal Sheet in the Navigator Packet.

**To be Completed by Housing Check-In,
Pod D in Social Services**

Guest First Name: _____

Guest Action List is below.

- Housing section missing information _____ proceed to tented area for assistance
- Open referral for Housing at: _____ proceed to provider table to connect with them
- Pending - Connect with Housing
- Verify with Region 6 Voucher list
- Connect with General Assistance providers or agencies such as those below as needed:
- _____ .
- _____ .
- _____ .

Height	Weight (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+

1 point **2 points** **3 points**
 If you weigh less than the amount in the left column: **0 points**

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.