Omaha Pathways Community HUB
Omaha Community Foundation Affiliate

1120 S. 101st Street
Suite 320
Omaha, NE 68124

402-819-2902

Participant Referral Form

Participant Information		
Name:	Date of Birth:	
Address:	City, State, Zipcode:	
Email:	Sex:	Race/Ethnicity:
Cell Phone:	Alternate Phone (if available):	
Referred By		
Name:	Agency:	
Phone:	Email:	

Is the participant pregnant? ☐ Yes ☐ No

This program is currently serving pregnant individuals and their families. If the individual being referred is not pregnant and is in need of additional services to support their social and medical needs please contact 211 (https://ne211.org, 402-444-666)

Please check all opportunities / risk factors that apply:	
☐ Prior birth outcome w/ complication*	☐ Access to prenatal care
☐ Alcohol/Substance Use	☐ Job / Employment
☐ Child Care	☐ Legal
☐ Depression or Other Mental Health Concern	☐ Income status
☐ Domestic Violence or other Safety Concern	☐ Supplies: clothing, baby supplies, etc.
☐ Education Assistance	☐ Transportation
☐ Financial Assistance	☐ Other (please describe):
☐ Food	
☐ Housing or Utilities	
☐ Medical Insurance	

**this may include but is not limited to pre-term birth, low-birth weight, NICU admission, infant death or other*

Insurance Status: ☐ Medicaid ☐ Uninsured ☐ Commercial ☐ Unknown ☐ Other:_____

Please provide any additional information that may be helpful:

By signing here, I confirm that the above participant provided verbal or written consent to share this information with the Omaha Pathways HUB for purposes of enrolling in the Pathways HUB services.

Name: Date:

Signature:

Please email the completed form or questions to PathwaysHub@omahafoundation.org