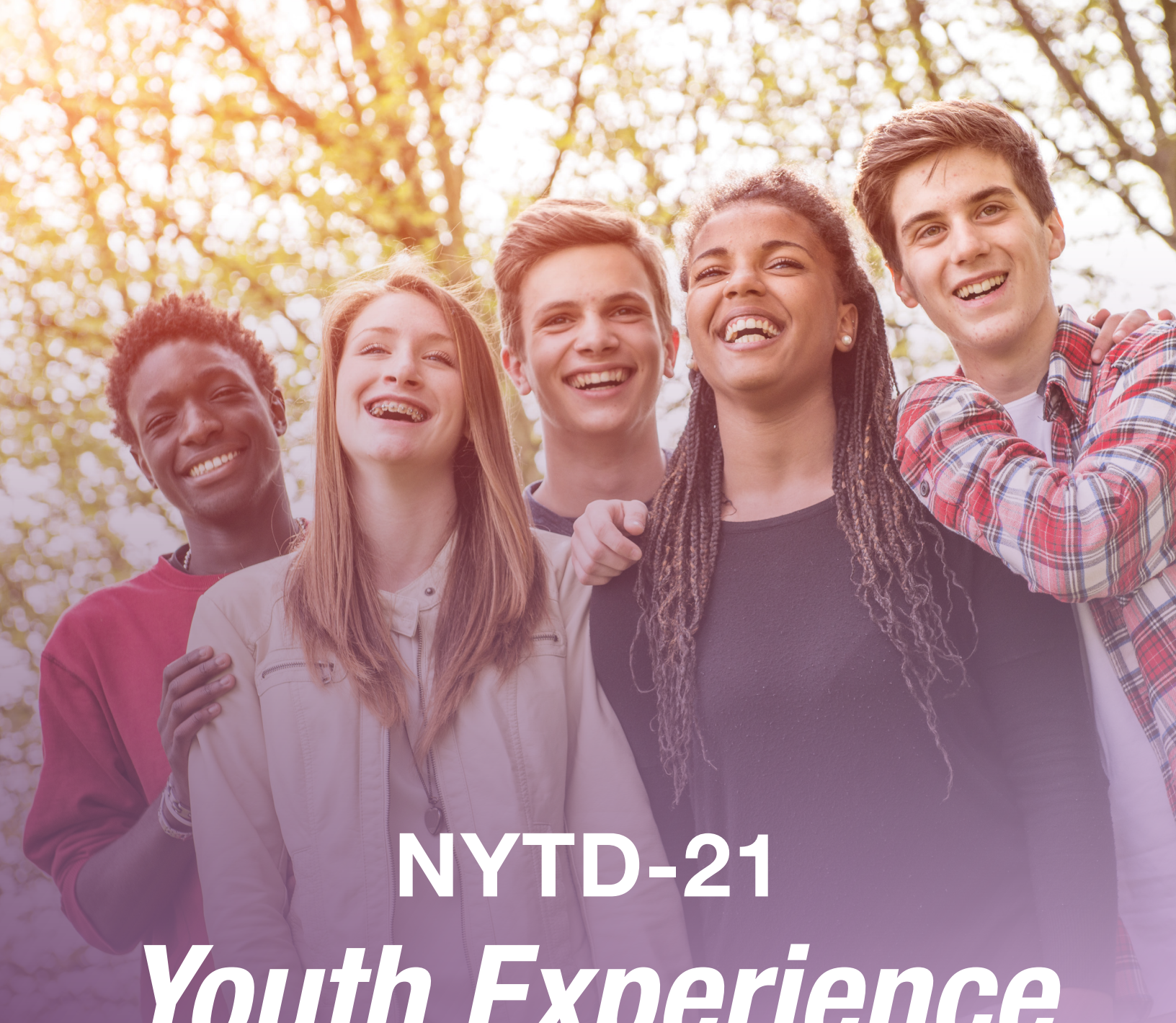

NYTD-21

Youth Experience

Complete the survey and receive a ***$75 gift card!***

What if i told you that ***RIGHT HERE***, ***RIGHT NOW***, ten minutes of your time could change someone's life?

Let me explain…

We want to make sure young people have the programs and resources they need to transition into adulthood—but how do we know what young people need? Well, we ask someone going through it, ***someone like you!***

We started asking you about your experiences when you were 17, and now we're checking in with you for the last time. Checking in with you as you get older allows us to see how your needs change over time.

Your voice can help us make real changes to improve programs, start new practices, and can help make things easier for the youths who come after you. It's small in comparison, but to show our thanks, we'll give you a $75 gift card for your time and commitment in completing this survey.

Remember, you can always decline to answer questions that make you uncomfortable. If you don't feel comfortable participating, no one is going to force you or hold it against you. And the best part? It's quick! It takes about 10 minutes for you to make a difference and earn a $75 gift card.

Your voice is needed.
Are you ready?

If you have any questions about the survey, please call us at (716) 346-9929, email us at NYTD@albany.edu, or visit us online at NYTD.org. Should you need any further help, please contact your caseworker or local foster care agency.

National Youth in Transition Database Survey
Sponsored by the New York State Office for Children and Family Services
Conducted by the Center for Human Services Research

Let's Begin.

Full Name _____

Birthdate _____

Caseworker's Name _____

Today's Date _____

1. Currently are you employed full-time?

- *"Full time" means you are working at least 35 hours per week at one or multiple jobs.*

☐ Yes ☐ No ☐ Decline

2. Currently are you employed part-time?

- *"Part time" means you are working at least 1–34 hours per week at one or multiple jobs.*

☐ Yes ☐ No ☐ Decline

3. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?

- *Such programs help you acquire employment-related skills (which can include specific trade skills such as carpentry or auto mechanics, or office skills such as word processing or use of office equipment).*

☐ Yes ☐ No ☐ Decline

4. Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments)?

- *These are payments from the government to meet basic needs for food, clothing, and shelter of a person with a disability.*
- *You may be receiving these payments because of a parent or guardian's disability, rather than your own.*

☐ Yes ☐ No ☐ Decline

5. Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses?

- *These are funds awarded for spending on expenses related to gaining an education.*
- *"Student loan" means a government-guaranteed, low-interest loan for students in post-secondary education.*
- *This includes the Education and Training voucher or ETV.*

☐ Yes ☐ No ☐ Decline

6. Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?

- *This may be support from a spouse or family member (biological, foster or adoptive), child support that you receive or funds from a legal settlement.*
- *This does not include occasional gifts, such as birthday or graduation checks or small donations of food or personal incidentals, child care subsidies, child support for your child or other financial help that does not benefit you directly in supporting yourself.*

☐ Yes ☐ No ☐ Decline

7. Currently are you receiving ongoing welfare payments from the government to support your basic needs?

- *Do not consider payments or subsidies for specific purposes, such as unemployment insurance, child care subsidies, education assistance, food stamps or housing assistance in this category.*
- *If you are still in foster care, this question is not applicable to you. Please mark "Not applicable" below.*

☐ Yes ☐ No ☐ Not applicable ☐ Decline

8. Currently are you receiving public food assistance?

- *Public food assistance includes food stamps, which are government-issued coupons or debit cards that recipients can use to buy eligible food at authorized stores.*
- *Public food assistance also includes assistance from the Women, Infants, and Children (WIC) program.*
- *If you are still in foster care, this question is not applicable to you. Please mark "Not applicable" below.*

☐ Yes ☐ No ☐ Not applicable ☐ Decline

9. Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?

- *Public housing is rental housing provided by the government to keep rents affordable for eligible individuals and families.*
- *A housing voucher allows participants to choose their own housing while the government pays part of the housing costs.*
- *This does not include payments from the child welfare agency for room and board payments, or IL stipends.*
- *If you are still in foster care, this question is not applicable to you. Please mark "Not applicable" below.*

☐ Yes ☐ No ☐ Not applicable ☐ Decline

10. What is the highest educational degree or certification that you have received?

- *Mark the degree for the highest level you have completed as of today's date.*
- *Mark the high school diploma/GED option if you have completed the TASC Assessment.*

☐ High school diploma/GED/TASC
☐ Vocational certificate (a document stating that a person has received education or training that qualifies him or her for a particular job, such as auto mechanics or cosmetology)
☐ Vocational license (a document that indicates that the State or local government recognizes an individual as a qualified professional in a particular trade or business)
☐ Associate's degree (generally a two-year degree from a community college)
☐ Bachelor's degree (a four year degree from a college of university)
☐ Higher degree (a graduate degree such as a Masters Degree or a Juris Doctor (J.D))
☐ None of the above ☐ Decline

11. Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college?

- *You are considered to be enrolled in and attending school even if school is out of session for things like holidays, summer, winter, and spring breaks, etc.*
- *You are considered enrolled in and attending school if you are attending TASC classes, a high school equivalency program like GED.*

☐ Yes ☐ No ☐ Decline

12. If you want to continue your education, is there anything that is preventing you from doing so?

☐ Yes *(Answer Question 12a)* ☐ No *(Skip to Question 13)*
☐ I do not want to continue my education *(Skip to Question 13)* ☐ Decline *(Skip to Question 13)*

12a. If yes, what are the barriers preventing you from continuing your education? Select ALL that apply

☐ Money/Financial Supports | *Examples: I can't pay for school*
☐ Academic challenges | *Examples: I need extra support in class; I have a learning disability; I have a hard time focusing; I find standardized tests difficult; I struggle with reading*
☐ Health related challenges | *Examples: I am struggling with mental health; I need to take health related absences*
☐ Employment | *Examples: I work full time/part time*
☐ Childcare | *Examples: I need childcare; I provide childcare to others*
☐ Transportation | *Examples: I don't have a way to get to school; I don't live on a bus line*
☐ Housing | *Examples: I don't have stable housing; I am moving; I am concerned I will have no place to live during school breaks and summer*
☐ Lack of direction/support | *Examples: I am unsure of what education to pursue; I do not know how to start the process; I cannot find courses I would like to take*
☐ Other, please specify_____
☐ Decline

13. Currently is there at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support?

- *This refers to any adult who is accessible to you who you can go to for advice or guidance when there is a decision to make or a problem to solve, or for companionship to share personal achievements.*
- *This can include, but is not limited to, adult relatives, parents or foster parents.*
- *The definition excludes spouses, partners, boyfriends or girlfriends and current caseworkers.*

☐ Yes *(Answer Question 13a)* ☐ No *(Skip to Question 14)* ☐ Decline *(Skip to Question 14)*

13a. Which adult(s) can you go to for advice or emotional support? Select ALL that apply.

☐ Mother
☐ Father
☐ Foster parent
☐ Sibling(s)
☐ Friend
☐ Aunt/uncle
☐ Grandparent(s) or great grandparent(s)
☐ Cousin
☐ Niece or nephew
☐ Other family member
☐ Family friend
☐ Current or former teacher or professor
☐ Other, please specify_____
☐ Decline

14. In the past two years, were you homeless at any time?

- *"Homeless" means that the youth had no regular or adequate place to live.*
- *This includes living in a car, or on the street, or staying in a homeless or other temporary shelter.*
- *This does not include being AWOL from a foster care placement.*

☐ Yes ☐ No ☐ Decline

15. In the past two years, have you couch surfed or moved from house to house because you didn't have a permanent place to stay?

- *This includes moving between hotels, shelters, and/or other temporary living arrangements with family or friends.*

☐ Yes ☐ No ☐ Decline

16. In the past two years did you experience unstable housing at any point

- *This could include not being able to afford housing, having to move when you didn't want to, not having a safe place to live, or living in an overcrowded home)?*

☐ Yes *(Answer question 16a)* ☐ No *(Skip to question 17)* ☐ Decline *(Skip to question 17)*

16a. How many periods of unstable housing have you experienced in the last two years?

☐ 1 or 2 ☐ 3 or more ☐ Decline

17. In the past two years, did you refer yourself, or has someone else referred you for an alcohol or drug abuse assessment?

- *This includes either self-referring or being referred by a social worker, school staff, physician, mental health worker, foster parent, or other adult for an alcohol or drug abuse assessment or counseling.*
- *Alcohol or drug abuse assessment is a process designed to determine if someone has a problem with alcohol or drug use.*

☐ Yes ☐ No ☐ Decline

18. In the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?

☐ Yes ☐ No ☐ Decline

19. In the past two years, did you give birth to or father any children that were born?

- *This refers to biological children born in the last two years.*

☐ Yes *(Answer question 19a)* ☐ No *(Skip to Question 20)* ☐ Decline *(Skip to Question 20)*

19a. If you responded yes to the previous question, were you married to the child's other parent at the time each child was born?

☐ Yes ☐ No ☐ Decline

20. Currently are you on Medicaid?

- *If you are currently in foster care you are most likely on Medicaid in New York State.*
- *You may not be using Medicaid services at this time, but we would like to know whether you are enrolled in the program.*
- *This is not a question about other sources of health coverage or benefits.*

☐ Yes ☐ No ☐ Don't know ☐ Decline

21. Currently do you have health insurance other than Medicaid?

- *"Health insurance" means having a third party pay for all or part of health care.*
- *You might have health insurance such as group coverage offered by employers or schools, or individual policies that cover medical and/or mental health care and/or prescription drugs, or youth might be covered under parents' insurance.*
- *This also could include access to free health care through a college, Indian Tribe, or other source.*

☐ Yes *(Answer Questions 21a – 21c)* ☐ No *(Skip to Question 22)*

☐ Don't know *(Skip to Question 22)* ☐ Decline *(Skip to Question 22)*

21a. Does your health insurance include coverage for medical services?

☐ Yes ☐ No ☐ Don't know ☐ Decline

21b. Does your health insurance include coverage for mental health services?

☐ Yes ☐ No ☐ Don't know ☐ Decline

21c. Does your health insurance include coverage for prescription drugs?

☐ Yes ☐ No ☐ Don't know ☐ Decline

22. Which of the following documents do you currently have in your possession? Select ALL that apply.

- *Possessing these documents includes having them at home or in a location that you can easily access.*
- *They do not have to be with you or in your hand at the time of this survey.*

☐ Social Security Card (not a copy)
☐ Birth certificate (certified or original)
☐ Proof of citizenship or residency (Green card)
☐ Proof of immunization
☐ Medicaid card or other health insurance card
☐ Driver's license
☐ Other state identification
☐ Foster care verification letter (date of entry/discharge into foster care)
☐ None of the above ☐ Decline

23. If you were in foster care within the last two years, did you have an update/review of your transition plan?

☐ Yes *(Answer Question 23a)* ☐ No ☐ Decline ☐ Not applicable/I was not in care within the last 2 years

23a. If yes, how would you describe the role that you played in the update/review of your transition plan?

☐ I led the update/review of my transition plan
☐ I was involved in the update/review of my transition plan but did NOT lead it
☐ My transition plan was updated/reviewed without my participation/involvement/knowledge
☐ I refused to participate in the update/review of my transition plan
☐ Decline

Thank you!

Thank you for adding your voice to help us improve programs and policies to support youths like you!

In order to receive your $75 gift card, you must provide either an email or mailing address. If you provide an email address, you will receive an online visa gift card. If you provide a mailing address, you will receive a Target gift card.

Which gift card option do you want? *Only choose one.*

☐ I want a visa card, send me an email gift card to this address:

_____

☐ I want a Target gift card mailed to this address:

_____

_____

☐ I do not want a gift card

If you have questions or need a prepaid envelope to return this survey, contact the survey team at **(716) 346-9929**, by email at **NYTD@albany.edu**, or find us online at **NYTD.org**.

You may return this survey by email to **nytd@albany.edu**, by fax to **(518) 442.5732** or by mail to:

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