



NYTD-17
Youth Experience

Complete the
survey and receive
a **\$15 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'll ask you to tell us about your experiences three times between now and when you turn 21. 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 \$15 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 \$15 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. 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.

- 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 (e.g. A.A.) (generally a two-year degree from a community college).
- Bachelor's degree (e.g. B.A. or B.S.) (a four year degree from a college or university).
- Higher degree (a graduate degree such as a Masters Degree or a Juris Doctor (J.D)).
- None of the above. Decline

8. 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

9. Is there anything that is preventing you from continuing your education?

- Yes (Answer Question 9a) No (Skip to Question 10) Decline (Skip to Question 10)



9a. What is the BIGGEST barrier preventing you from continuing your education?

- I have no way to pay for school
- I need to work full time
- I have child care responsibilities
- I don't have transportation
- I have been discouraged by significant others
- I have academic difficulties
- Other, please specify _____
- Don't know Decline

10. 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 No Decline

11. Do you currently have a close relationship with any members of your birth/adoptive family?

- Yes (Answer Question 11a) No (Skip to Question 12) Decline (Skip to Question 12)



11a. With which members of your birth/adoptive family do you currently have a close relationship?
Select ALL that apply.

- Mother Father Sibling Aunt/Uncle Grandparent/ Great grandparent Cousin
- Decline Other, please specify _____

12. Have you ever been homeless?

- “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

13. Have you ever 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 other temporary living arrangements.

Yes No Decline

14. Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?

- 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

15. Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?

Yes No Decline

16. Have you ever given birth or fathered any children that were born?

- This refers to any biological children.

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

 **16a. 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

17. 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

18. 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 18a – 18c) No (Skip to Question 19)

Don’t know (Skip to Question 19) Decline (Skip to Question 19)

 **18a. Does your health insurance include coverage for medical services?**

Yes No Don’t know Decline

 **18b. Does your health insurance include coverage for mental health services?**

Yes No Don’t know Decline

 **18c. Does your health insurance include coverage for prescription drugs?**

Yes No Don’t know Decline

19. Which of the following documents do you currently have in your possession? (Check 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
- Birth certificate
- Proof of citizenship or residency (Green card)
- Proof of immunization
- Driver's license
- Other state identification
- None of the above Decline

20: How would you describe the role that you have played in the development of your independent living plan?

- I led the development of my independent living plan.
- I was involved in the development of my independent living plan but did NOT lead it.
- I was not involved in the development of my independent living plan.
- I am not aware of my independent living plan.
- Don't know Decline



You're finished!

Now that that's over, please fill out the following contact information to receive your \$15 gift card.



Staying in Contact.

Because we want to see what programs you use as you get older, we want to stay in touch with you until you take the last survey. To help, we're going to ask for contact info that should help us reach you in the future.

Don't worry, we promise never to share your information or use it for any purpose beyond contacting you for this survey. If you list other people as possible contacts, we will only ask them how to get in touch with you; we'll never ask them for other information about you.

We will try to contact you once every four to six months just to make sure our contact information is still correct.

We also need your contact information so we can send you a gift card for participating! If you want more gift card choices, make sure you provide an email address for us to send it to. If you do not provide an email address, we will mail you a Target gift card.

And remember, you get another gift card for each survey you participate in, so make sure we can reach you!

1. What is your current mailing address?

Street address _____ Apartment # _____
City _____ State _____ ZIP code _____

2. If you plan to move in the next six months, please provide your new mailing address.

Street address _____ Apartment # _____
City _____ State _____ ZIP code _____

3. What phone numbers can we reach you at? Include all that are helpful.

Cell phone _____ Home phone _____
Family/friend's phone _____ Other phone _____

4. What email can we reach you at? Include all that are helpful.

Your email(s) _____
Email of someone close to you _____

5. Do you use social media (like Facebook or Instagram)? Please specify which types you use and what your username is for each. (We will only use this to send you a private message.)

6. What is the best way to stay in touch with you over the next 2 years? Select ALL that apply.

Cell phone Home phone Family/friend's phone Text message Email Facebook Twitter
 Postal mail Other please specify: _____

7. If you are currently living with a foster parent, please provide as much contact information for him/her as you can. If you are not living with a foster parent, or do not want to answer this question, please leave the fields blank.

Name _____
Phone _____ Email _____
Street address _____ Apartment # _____
City _____ State _____ ZIP code _____
Other _____

8. Please provide as much contact information as you can for someone whom you expect to maintain contact with for the next two years. If you do not want to answer this question, please leave the fields blank.

Name _____
Phone _____ Email _____
Street address _____ Apartment # _____
City _____ State _____ ZIP code _____
Other _____

9. Your participation in this survey automatically makes you eligible to take the survey when you turn 19 and 21. We will use the contact information you provided here as well as that in your case file to stay in touch with you until you have taken the final survey. We may also reach out to people close to you who can help us contact you; if we do so, we may explain this survey to them.

Please list below any specific contact information you would like us NOT to use, or any specific people you would like us NOT to contact when we reach out to you in the future.



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

In order to receive your \$15 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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