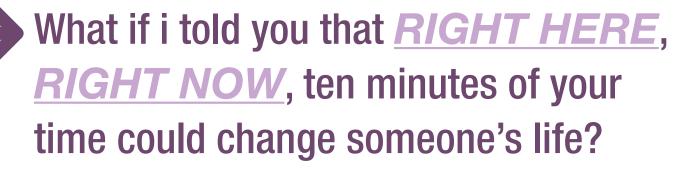


Complete the survey and receive a \$75 gift card!



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.



Full Name		
Caseworke	er's Na	ame
Today's Da	ate	
	_	employed full-time? s you are working at least 35 hours per week at one or multiple jobs.
□Yes	□No	□Decline
• "Part tim	_	employed part time? as you are working at least 1–34 hours per week at one or multiple jobs. □ Decline
• Such pro	grams l	d you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid nelp you acquire employment-related skills (which can include specific trade skills such as a mechanics, or office skills such as word processing or use of office equipment).
□Yes	□No	□Decline
Disability In These are You may	nsurance e payme	receiving social security payments (Supplemental Security Income (SSI), Social Security (SSDI), or dependents' payments)? Into the government to meet basic needs for food, clothing, and shelter of a person with a disability iving these payments because of a parent or guardian's disability, rather than your own.
• These are • These are • "Student • This inclu	id to co e funds : loan" m	using a scholarship, grant, stipend, student loan, voucher, or other type of educational ver any educational expenses? awarded for spending on expenses related to gaining an education. neans a government-guaranteed, low-interest loan for students in post-secondary education. Education and Training voucher or ETV.
 not previous This may or funds This does incidenta in suppo 	usly ind be supp from a l s not ind als, child	receiving any periodic and/or significant financial resources or support from another source icated and excluding paid employment? Foort from a spouse or family member (biological, foster or adoptive), child support that you receive egal settlement. Edude occasional gifts, such as birthday or graduation checks or small donations of food or personal care subsidies, child support for your child or other financial help that does not benefit you directly urself.

7.	Currentl	v are voi	u receivina onaoina	g welfare paym	ents from th	ne governme	ent to suppo	rt vour basic	needs?
	 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	onodoro to ye	74. 1 10400 TH	τινου αρρι	iodoio boiow.	
8.	Public can usPublic	food ass se to buy food ass	u receiving public f sistance includes for eligible food at auth sistance also include n foster care, this qu	od stamps, whic norized stores. es assistance fro	th are govern om the Wome	en, Infants, ar	nd Children (\	NIC) program.	it recipients
	□Yes	□No	☐ Not applicable	□ Decline					
9.	 Public familie A hous This d	or receit housing es. sing vouc	u receiving any sor ving a housing vou is rental housing proher allows participant nelude payments from foster care, this quarticable	cher? ovided by the go ts to choose the om the child wel	overnment to ir own housin fare agency t	keep rents a g while the go for room and	affordable for overnment pa board payme	eligible individ ays part of the hents, or IL stipe	duals and
10		_	hest educational de	-	_				
	 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 of university). Higher degree (a graduate degree such as a Masters Degree or a Juris Doctor (J.D)). None of the above. Decline 								
11	You are summedYou are	e ge? e conside er, winter	ou enrolled in and a ered to be enrolled in and spring breaks, ered enrolled in and ED.	n and attending etc.	school even	if school is c	out of sessior	n for things like	holidays,
	□Yes	□No	□Decline						
12	2. Is there	anythin	g that is preventing	g you from con	tinuing your	education?			
	☐ Yes (A	Inswer Q	uestion 12a) □ N	No (Skip to Ques	stion 13)	□ Decline (S	Skip to Quest	ion 13)	
	4	12a. Wh	nat is the BIGGEST	barrier preven	ting you fro	m continuin	g your educa	ation?	
		□I need □I have □I don'	e no way to pay for so d to work full time e child care responsi t have transportations, please specify	ibilities		ademic diffic en discouraç ow		cant others	

□No

☐ Don't know

☐ Decline

☐ Yes

 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 □No □Decline	
14. Do you currently have a close relationship with any members of your birth/adoptive family?	
☐ Yes (Answer Question 14a) ☐ No (Skip to Question 15) ☐ Decline (Skip to Question 15)	
14a. 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	_
 15. 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 	
 16. In the past two years, 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	
 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 under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with alcohol or drug under the process designed to determine if someone has a problem with all the process designed to determine if some process designed to determine the process designed to determine it is a process designed to determine it is a	
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 any biological children. 	
□ 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 progra This is not a question about other sources of health coverage or benefits. 	am.

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.

parents' insurance. • This also could include access to free health care through a college, Indian Tribe, or other source.							
□Yes	(Answer Question	ns 21a – 21c) □ No	lo (Skip to Question 22)				
□Don	ı't know <i>(Skip to C</i>	Question 22) □ Dec	cline (Skip to Question 22)				
	21a. Does you □ Yes □ No		include coverage for medical services?				
	→ 21b. Does you		include coverage for mental health services? ☐ Decline				
	→ 21c. Does you		include coverage for prescription drugs? ☐ Decline				
 22. 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							
23: How \	would you descr	ribe the role that you	u have played in the development of your independent living plan?				
□I wa: □I wa: □I am	as involved in the das not involved in t	the development of my independent living pl	ndependent living plan but did NOT lead it. my independent living plan.				





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.

ich 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:

Center for Human Services Research Richardson Hall, Room 386 C/O Mandi Breen 135 Western Avenue Albany, NY 12222