DCF is collecting data from youth about independent living services. In addition to this current survey, we will offer it to you again when you turn 19 and again when you turn 21. This information will help DCF improve services to all youth.

**Youth Contact Information**

<table>
<thead>
<tr>
<th>Youth Name:</th>
<th>Client ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone-Home:</td>
<td>Phone-Work:</td>
</tr>
<tr>
<td>Email Address 1:</td>
<td>Email Address 2:</td>
</tr>
</tbody>
</table>

**Survey Population Type:**

1. Currently are you employed full-time?  ○ Yes  ○ No  ○ Declined
2. Currently are you employed part-time?  ○ Yes  ○ No  ○ Declined
3. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?  ○ Yes  ○ No  ○ Declined
4. Currently are you receiving Social Security payments, such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependent’s payments?  ○ Yes  ○ No  ○ Declined
5. Currently are you using a scholarship, grant, stipend, student loan, vouchers, or other type of educational financial aid to cover any educational expenses, such as tuition waiver or Education and Training Voucher (ETV)?  ○ Yes  ○ No  ○ Declined
6. Currently are you receiving any periodic and/or significant financial resources or support, excluding paid employment, from another source not previously indicated, such as independent living subsidy?  ○ Yes  ○ No  ○ Declined

(This form supersedes CFS Appendix 7D Rev 7/11)
7. What is the highest educational degree or certification that you have received?
   - High school diploma/GED
   - Vocational certificate
   - Vocational license
   - Associate’s degree (e.g. A.A.)
   - Bachelor’s degree (e.g. B.A. or B.S.)
   - Higher degree
   - None of the above
   - Declined

8. Currently are you enrolled and attending high school, GED classes, or post high school vocational training?  
   - Yes  
   - No  
   - Declined

9. Currently is there at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support?  
   - Yes  
   - No  
   - Declined

10. Have you ever been homeless? OR in the last two years were you homeless at any time?  
    - Yes  
    - No  
    - Declined

11. Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling? OR in the past two years, did you refer yourself or had someone else refer you for an alcohol or drug abuse assessment or counseling?  
    - Yes  
    - No  
    - Declined

12. Have you ever been confined in a jail, prison, correctional facility, or juvenile community detention facility, in connection with allegedly committing a crime? OR in the past two years were you confined in a jail, prison, correction facility, or juvenile community detention facility in connection with allegedly committing a crime?  
    - Yes  
    - No  
    - Declined

13. Have you ever given birth or fathered any children that were born? OR in the past two years, did you give birth to or father any children that were born?  
    - Yes  
    - No  
    - Declined

14. 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  
    - Declined  
    - N/A  

   If question 13 was answered “Yes,” then Question 14 MAY NOT be answered “N/A.”
   If Question 13 was answered “No,” or “Declined,” then Question 14 MUST be answered “N/A.”

15. Currently are you on Medicaid or have a medical card?  
    - Yes  
    - No  
    - Declined  
    - Don’t Know

16. Currently, do you have health insurance other than Medicaid?  
    - Yes  
    - No  
    - Declined  
    - Don’t Know

17. Does your health insurance include coverage for  
    - Yes  
    - No  
    - Declined  
    - Don’t Know

(This form supersedes CFS Appendix 7D Rev 7/11)
medical services?

If Question 16 was answered “Yes,” then Question 17 MAY NOT be answered “N/A.”
If Question 16 was NOT answered “Yes,” then Question 17 MUST be answered “N/A.”

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

If Question 16 was answered “Yes,” then Question 18 MAY NOT be answered “N/A.”
If Question 16 was NOT answered “Yes,” then Question 18 MUST be answered “N/A.”

19. Does your health insurance include coverage for prescription drugs?

If Question 16 was answered “Yes,” then Question 19 MAY NOT be answered “N/A.”
If Question 16 was NOT answered “Yes,” then Question 19 MUST be answered “N/A.”

Please answer the following questions if you are 19 or 21 years of age.

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

21. Currently are you receiving public food assistance?

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

23. Can we help you with independent living services? If the answer is yes, please contact your independent living coordinator.

You will be eligible for an incentive if you fill out your contact information and answer the questions on the survey.

Incentive Type

Gift Card

None
(This form supersedes CFS Appendix 7D Rev 7/11)