

### National Youth in Transition Database Survey

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 when you turn 21. This information will help DCF improve services to all youth.

<b>Youth Contact Information</b>			
<b>Youth Name:</b> _____	<b>Client ID:</b> _____		
<b>Street Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____
<b>Phone-Home:</b> _____	<b>Phone-Work:</b> _____	<b>Phone-Cell:</b> _____	
<b>Email Address 1:</b> _____		<b>Email Address 2:</b> _____	
Please list account/user name information we may use to follow-up with you.			
<b>Facebook:</b> _____	<b>Twitter:</b> _____		
<b>Instagram:</b> _____	<b>Snapchat:</b> _____		
<b>Other:</b> _____			

**Survey Population Type:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Decline the Survey:**     Yes     No

Reason Survey Declined:
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- |   |                                  |                                 |                                       |
|---|----------------------------------|---------------------------------|---------------------------------------|
| 1. Currently are you employed full-time?  | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> | <input type="radio"/> <b>Declined</b> |
| 2. Currently are you employed part-time?  | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> | <input type="radio"/> <b>Declined</b> |
| 3. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?   | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> | <input type="radio"/> <b>Declined</b> |
| 4. Currently are you receiving Social Security payments, such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependent's payments?  | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> | <input type="radio"/> <b>Declined</b> |
| 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)? | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> | <input type="radio"/> <b>Declined</b> |
| 6. Currently are you receiving any periodic and/or significant financial resources or support directly, excluding paid employment, from another source not previously indicated, such as independent living subsidy?            | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> | <input type="radio"/> <b>Declined</b> |
| 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, 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 medical services?  Yes  No  Declined  Don't Know

**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?  Yes  No  Declined  Don't Know

**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?  Yes  No  Declined  Don't Know

**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 follow up population:**

20. Currently are you receiving ongoing welfare payments from the government to support your basic needs?  Yes  No  Declined

21. Currently are you receiving public food assistance?  Yes  No  Declined

22. Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?  Yes  No  Declined

23. Can we help you with independent living services? If the answer is yes, please contact your independent living coordinator.  Yes  No

**For 19 and 21 follow up populations only:** 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

### National Youth in Transition Database Survey

<b>MM/DD/YYYY</b>	<b>Agency Staff</b>	<b>Type Contact</b>	<b>Contact Information</b>	<b>Who was Contacted</b>	<b>Information: Result of Attempt</b>

