

# Let Your

# VOICE

# Be Heard!



**KSNYTD**  
National Youth in Transition Database



**\$50**

Complete the survey to receive a \$50 incentive!\*

\*You must complete the survey and provide your contact information in order to receive the \$50 incentive.

## NYTD – Follow Up 19 and 21 Survey

**You have a unique story—and it matters.**

The National Youth in Transition Database (NYTD) survey is your chance to speak up about your experience in Kansas foster care. NYTD surveys help the Kansas Department for Children and Families (DCF) understand how foster care services are really working, and your feedback helps improve support for future youth transitioning to adulthood.

### How it Works:

- You first took this survey at age 17, and now again at 19 or 21.
- The survey covers six outcome areas:

Financial self-sufficiency

Positive connections with adults

Experience with homelessness

High-risk behavior

Educational attainment

Access to health insurance



Children’s Bureau, our federal partner, posts snapshots of previous data collected from young people in Kansas who complete the survey. Find previous results by scanning the QR code to the left.

### Questions?

Talk to your case manager to find out more about NYTD and DCF Independent Living services, or contact us here:

✉ [DCF.NYTD@ks.gov](mailto:DCF.NYTD@ks.gov)

☎ 1-785-368-8192



Scan this QR code to visit the DCF website for more information and resources.

## Let’s Get Started!

### Your Information

*We will try to contact you once every four to six months to keep your contact information up-to-date.*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Date Survey Completed: \_\_\_\_\_

Survey Population Type:  Follow up 19 years  Follow up 21 years

Would you like to decline taking the entire survey?  Yes  No *You may decline the entire survey or specific questions.*

*If you would like to decline specific questions, please indicate in the appropriate check box for each question.*

If yes, reason survey declined: \_\_\_\_\_

## NYTD Follow Up 19 and 21 Survey

1. Currently are you employed full-time?

Yes  No  Declined

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

2. Currently are you employed part-time?

Yes  No  Declined

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

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

Yes  No  Declined

*This means apprenticeships, internships, or other on-the-job trainings, either paid or unpaid, that helped the youth 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).*

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

Yes  No  Declined

*These are payments from the government to meet basic needs for food, clothing, and shelter of a person with a disability. A youth may be receiving these payments because a parent or guardian’s disability, rather than his/her own.*

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

Yes  No  Declined

*Scholarships, grants, and stipends 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.*

*Additional Kansas Information: In Kansas, this would include the Education and Training Voucher (ETV) assistance or tuition waiver. This also includes federal financial aid, including Pell grants and Kansas Comprehensive grants.*

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

Yes  No  Declined

*This means periodic and/or significant financial 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.*

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

- High school diploma/GED**
- Vocational certificate** (means a document stating that a person has received education or training that qualifies him or her for a particular job, e .g., auto mechanics or cosmetology)
- Vocational license** (means 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 or Doctorate degree)
- None of the above**
- Declined**

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

*This means both enrolled in and attending high school, GED classes, or postsecondary vocational training or college. A youth is still considered enrolled in and attending school if the youth would otherwise be enrolled in and attending a school that is currently out of session (e.g., Spring break, summer vacation, etc.).*

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

*This refers to an adult who the youth 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. The adult must be easily accessible to the youth, either by telephone or in person.*

10. In the past two years, were you homeless at any time?  Yes  No  Declined

*“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.*

11. In the past two years, did you refer yourself or had someone else referred you for an alcohol or drug abuse assessment or counseling?  Yes  No  Declined

*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.*

12. 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  Declined

*This means that the youth was confined in a jail, prison, correctional facility, or juvenile or community detention facility in connection with a crime (misdemeanor or felony) allegedly committed by the youth.*

13. In the past two years, did you give birth to or father any children that were born?  Yes  No  Declined

*This means giving birth to or fathering at least one child that was born. If males do not know, answer “No.”*

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?

*This means that when every child was born the youth was married to the other parent of the child.*

*If Question 13 was answered “Yes,” then Question 14 **may not** be answered “Not Applicable.”*

*If Question 13 was answered “No” or “Declined,” then Question 14 **must** be answered “Not Applicable.”*

Yes  No  
 Declined  Not Applicable

15. Currently are you on Medicaid?

*Medicaid (or the State medical assistance program) is a health insurance program funded by the government.*

*Additional Kansas Information: In Kansas, this may also be referred to as KanCare administered through Managed Care Organizations (MCO) such as Healthy Blue Kansas, Sunflower Health Plan, or UnitedHealthcare Community Plan of Kansas.*

Yes  No  
 Don’t Know  Declined

**16. Currently do you have health insurance, other than Medicaid?**

*“Health insurance” means having a third party pay for all or part of health care. Youth 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  No  
 Don't Know  Declined

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

*This means that the youth’s health insurance covers at least some medical services or procedures. This question is for only those youth who responded “Yes” to having health insurance.*

*If Question 16 was answered “Yes,” then Question 17 **may not** be answered “Not Applicable.”*

*If Question 16 was **not** answered “Yes,” then Question 17 **must** be answered “Not Applicable.”*

- Yes  No  
 Don't Know  Declined  
 Not Applicable

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

*This means that the youth’s health insurance covers at least some mental health services. This question is for only those youth who responded “Yes” to having health insurance with medical coverage.*

*If Question 16 was answered “Yes,” then Question 18 **may not** be answered “Not Applicable.”*

*If Question 16 was **not** answered “Yes,” then Question 18 **must** be answered “Not Applicable.”*

*If Question 17 was answered “Yes,” then Question 18 **may not** be answered “Not Applicable.”*

*If Question 17 was **not** answered “Yes,” then Question 18 **must** be answered “Not Applicable.”*

- Yes  No  
 Don't Know  Declined  
 Not Applicable

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

*This means that the youth’s health insurance covers at least some prescription drugs. This question is for only those youth who responded “Yes” to having health insurance with medical coverage.*

*If Question 16 was answered “Yes,” then Question 19 **may not** be answered “Not Applicable.”*

*If Question 16 was **not** answered “Yes,” then Question 19 **must** be answered “Not Applicable.”*

*If Question 17 was answered “Yes,” then Question 19 **may not** be answered “Not Applicable.”*

*If Question 17 was **not** answered “Yes,” then Question 19 **must** be answered “Not Applicable.”*

- Yes  No  
 Don't Know  Declined  
 Not Applicable

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

*This refers to 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.*

- Yes  No  Declined

**21. 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.*

- 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

*Public housing is rental housing provided by the government to keep rents affordable for eligible individuals and families, and 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.*

23. Can we help you with independent living services?  Yes  No

*If yes, we can help get you in contact with the independent living coordinator in your region.*

## Stay in Touch

In this section, please provide additional contact information so we can reach you to send your prepaid debit card reward and notify you of opportunities to complete additional surveys and earn more incentives in the future.

*Please note:* We will not share your information or use it for any other purpose except to contact you for NYTD survey information. If you list other people as possible contacts, we will only ask them how to get in touch with you in the event we cannot reach you at the contact information you provided; we will never ask them for other information about you.

### Alternate Mailing Address

*If you are planning to move or otherwise might not be reached at your current mailing address.*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Alternate Phone Numbers

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Family/Friend's Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Alternate Email Addresses

Your Alternate Email(s): \_\_\_\_\_

Friend or Family Email(s): \_\_\_\_\_

### Social Media Accounts

*We will only use this information to contact you via private message. Please list the social media platform alongside your account handle(s).*

Your Social Media Handle(s): \_\_\_\_\_

### Preferred Contact Method

*What is the best way to reach you over the next two years? Select all that apply.*

Cell Phone  Home Phone  Family/Friend's Phone  Text Message  Email  Facebook

Postal Mail  Other (please specify): \_\_\_\_\_

### Alternate Contact Person 1

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

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other: \_\_\_\_\_

### Alternate Contact Person 2

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

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other: \_\_\_\_\_

### Do Not Contact

Please list any specific contact information you would like us **not** to use, or any specific people you would like us **not** to contact.

**Thank you for sharing your experience!**  
**Your feedback helps improve programs and policies to support young people like you.**



In order to receive your \$50 prepaid debit card or other incentives, you must provide a mailing address and phone number. NYTD staff will follow up with you at the contact information provided if more information is needed.

I want a prepaid debit card.

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I do not want a prepaid debit card. Please send a check.

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I do not want a prepaid debit card or a check.