

**NATIONAL YOUTH IN TRANSITION DATABASE  
FOLLOW UP SURVEY**

<b>Youth's Name:</b>
<b>Date Survey Completed:</b>
<b>Method of Survey Administration:</b> <i>(choose one)</i>
<input type="checkbox"/> In-Person (Office) <input type="checkbox"/> In Person (Home) <input type="checkbox"/> Phone <input type="checkbox"/> Mail/Email
<b>Survey Administrator:</b>
<input type="checkbox"/> Caseworker <input type="checkbox"/> NYTD Coordinator <input type="checkbox"/> Other _____

**Instructions:**

To answer a question, simply X the box next to the correct answer. Please pay attention to the instructions within the survey. The instructions are intended to help you answer the correct questions based on the answers you provide.

The information gathered from the surveys completed by hundreds of youth will be used to help improve services for youth in the future. Any answers/information you provide will not be used in any negative manner towards you. Thank you in advance for your participation and your honesty.

**EMPLOYMENT**

- Q1. Currently are you employed full-time?  
 Yes                               Declined  
 No
- Q2. Currently are you employed part-time?  
 Yes                               Declined  
 No
- Q3. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?  
 Yes                               Declined  
 No

**OTHER SOURCES OF INCOME**

- Q4. Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments)?  
 Yes                               Declined  
 No
- Q5. Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses?  
 Yes                               Declined  
 No

IF FORMER YOUTH IN CARE = ANSWER Q6, Q7, Q8  
IF CURRENT YOUTH IN CARE = SKIP TO Q9

- Q6. Currently are you receiving ongoing welfare payments from the government to support your basic needs?
- Yes  Declined  
 No
- Q7. Currently are you receiving public food assistance?
- Yes  Declined  
 No
- Q8. Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?
- Yes  Declined  
 No
- Q9. Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?
- Yes  Declined  
 No

### **EDUCATION**

- Q10. What is the highest educational degree or certification that you have received?
- High school diploma/GED  Bachelor's degree (e.g., B.A. or B.S.)  
 Vocational certificate  Higher degree  
 Vocational license  None of the above  
 Associate's degree (e.g., A.A.)  Declined
- Q11. Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college?
- Yes  Declined  
 No

### **PERMANENT RELATIONSHIPS WITH ADULTS**

- Q12. 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  Declined  
 No

### **HOUSING**

- Q13. In the past two years, were you homeless at any time?
- Yes  Declined  
 No

### **RISKY BEHAVIORS**

- Q14. 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  Declined  
 No
- Q15. 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  Declined  
 No

Q16. In the past two years, did you give birth to or father any children that were born?

- Yes                       Declined  
 No

IF Q16 = YES THEN GO TO Q17

IF Q16 = NO OR DECLINED THEN GO TO Q18

Q17. 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                       Declined  
 No

#### **ACCESS TO HEALTH CARE**

Q18. Currently are you on Medicaid?

- Yes                       Declined  
 No                       Don't Know

Q19. Currently do you have health insurance, other than Medicaid?

- Yes                       Declined  
 No                       Don't Know

IF Q19 = YES, THEN GO TO Q20

IF Q19 = NO, DECLINED, OR DON'T KNOW, YOUR SURVEY IS COMPLETE

Q20. Does your health insurance include coverage for medical services?

- Yes                       Declined  
 No                       Don't Know

IF Q19 and Q20 = YES, THEN GO TO Q21

IF Q20 = NO, DECLINED, OR DON'T KNOW, YOUR SURVEY IS COMPLETE

Q21. Does your health insurance include coverage for mental health services?

- Yes                       Declined  
 No                       Don't Know

Q22. Does your health insurance include coverage for prescription drugs?

- Yes                       Declined  
 No                       Don't Know

**END OF SURVEY**

**WE APPRECIATE YOUR HELP AND COOPERATION**