

Oregon 18 & older NYTD Followup Survey

Welcome to Oregon's National Youth in Transition Database (NYTD) Survey. This survey is for youth who are or were in foster care and are at least 18 year olds or older. The Survey will take about 15 minutes to complete. Thank you for taking the time to fill out the survey. This information will be provided to the state of Oregon and will be used to collect information with a goal of helping to improve the foster care system.

The questions on this survey should be answered from YOUR perspective. In other words, you should answer based on what you know at this point in time. Don't get discouraged if you don't know some of the answers – this is not a test and you won't be graded. Part of the goal of NYTD is to measure what young people understand about their own situations.

However, if you don't know some of these answers, FosterClub encourages you to download a list of the questions **AFTER YOU COMPLETE THE SURVEY** and go over it with your caseworker, foster parent, or another supportive adult. This will help you make sure that you understand all of the resources that are available to you. FosterClub also created a list of explanations to some of the questions that might be confusing. Access on the Website www.fosterclub.com

Any questions you leave unanswered will be reported as **DECLINED TO ANSWER**.

***PLEASE DO NOT TAKE THIS SURVEY UNTIL AFTER YOU ARE
18 years old or older.***

Oregon 18 & older NYTD Follow-up Survey

Today's date: ___/___/___

a. First name: _____ b. Middle initial: ___ c. Last Name: _____
d. Nickname: _____ e. Gender: _____ f. What is your date of birth?: ___/___/___
g. Street Address _____ h. Mailing Address (if different):
(including city, state & zip code): _____

i. Home Phone: (____) ____-____ j. Cell Phone: (____) ____-____

k. May we send texts to this cell phone? Yes No

l. E-mail address: _____

m. Last 4 digits of you social security #: _ _ _ _

n. Caseworker: _____

o. Case number: _____

p. Youth Personal ID: _____

q. Have you ever received services from an Independent Living Program (ILP) Provider?
 No 1 to 6 months 7 to 12 months 1 to 2 years 2 or more years Declined

r. If you were not living in Oregon on your 17th birthday, what state were you in?: _____

s. Contact information of a friend or family member who you think would be able to reach you:

Name _____ Phone (____) ____-____

E-mail address: _____

EMPLOYMENT

a. Currently are you employed full-time? Answer "yes" if currently employed at least 35 hours per week at one or multiple jobs. Yes No Declined

b. Currently are you employed part-time? Answer "yes" if currently employed less than 35 hours per week at one or multiple jobs. Yes No Declined

c. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid? Yes No Declined

*If YES to a b or c then Skip d

d. If not working, which of the following have you done to find a job during the past month?

Select all that apply:

- Contacted Employers
- Contacted employment agency
- Contacted employment department (WorkSource Oregon/iMatchSkills)
- Contacted friends or relatives
- Contacted school/university employment center
- In School changed wording placement
- Filled out job applications or Sent out resumes changed wording placement
- Searched/responded to help wanted ads
- Had a job interview
- Attended job training programs
- Declined
- Do not know

OTHER SOURCES OF INCOME

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

- Yes No Declined

b. 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

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

d. Currently are you receiving public food assistance?

- Yes No Declined

e. 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

f. 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 changed to question f. all others moved up.

EDUCATION

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

- High school diploma/GED
- Vocational certificate (a document stating you received education or training for a particular job)
- Vocational license (document indicates that the state or local government recognizes you as a qualified professional in a particular trade or business)
- Associates degree (2 year degree from a community college)
- Bachelor's degree (4 year degree from a college or university)
- Higher degree (a graduate degree, such as a Masters or Doctorate)
- None of the above
- Declined

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

***If YES to b then Skip c**

c. What is the biggest barrier preventing you from continuing your education? (select all that apply) :

- I have no way to pay for school
- I need to work full time
- I have child care responsibilities
- I do not have transportation
- I have been discouraged by significant others
- I have academic difficulties
- Declined
- Do not know

PERMANENT RELATIONSHIPS WITH ADULTS

a. Currently is there at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support?

(excludes spouses, partners, boyfriends or girlfriends and current caseworkers)

- Yes
- No
- Declined

*If NO to a then skip b and c

b. If yes who is that? (check all that apply):

- family friend
- grandparent
- biological parents
- siblings
- other family member
- CASA or other court advocate
- counselor
- church group
- foster parent
- ILP Worker
- Previous Caseworker - DHS or Tribal
- other

c. If you have a relationship that is trusting, supportive and unconditional with an adult, what can you count on this person to do? (check all that apply) :

- Talk with me about my problems
- Give me advice
- Provide me with a place to live
- Invite me over for the holidays
- Help me find a job
- Help if I am sick
- Help me pay for my education
- Help me manage my money
- Help with care for my children
- Help me feel good about myself
- Provide transportation to my appointments
- Declined
- Do not know
- Don't have anyone I can count on

HOUSING

a. In the past two years, were you homeless at any time? Select YES if you have ever not had a home to live in. This could include living in a car, “couch surfing” (which means staying overnight at the home of different friends or family members), living on the street, or staying in a homeless shelter. Yes No Declined

b. Which best describes your **current** living situation? **Select only one:**

- I am living in my own apartment, house, or trailer
- I am living with birth or adoptive parents
- I am living with a spouse/partner
- I am living with other family members
- I am living with former foster parents
- I am living with friends or a roommate
- I am living in a foster home
- I am living in a group care setting (including a group home or residential care facility)
- I am living in a college dormitory or residence hall
- I am living in a transitional housing program or dormitory style housing
- I am living in military barracks
- I am living in a hospital or in a treatment center for mental health or substance abuse problems
- I am in detention, jail, prison or other correctional facility
- I am couch surfing or moving from house to house/place to place
- I am homeless (and living in a shelter, in a motel/hotel room, on the street, in a car or other vehicle, in an abandoned building, or at a camping ground)
- Declined
- Do not know

LIFESTYLE QUESTIONS

a. In the past two years, did you refer yourself, or had someone else referred you for alcohol or drug abuse assessment or counseling?

- Yes No Declined

b. 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

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

- Yes No Declined

***If No or DECLINED to c then Skip d**

d. 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

ACCESS TO HEALTH CARE

a. Currently are you on Medicaid? (OHP is the same as Medicaid, Chafee Medical, or FFCY Medical)

- Yes No Do not know Declined

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

- Yes No Do not know Declined

***If YES to b then answer c below**

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

- Yes No Do not know Declined

***If YES to c then answer remaining questions below**

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

- Yes No Do not know Declined

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

- Yes No Do not know Declined

f. Which of the following best describes the source of your health insurance coverage?

- Covered by my parent's insurance
 Covered by my spouse's insurance
 Covered by insurance that my employer provides
 Covered by insurance that my school provides
 Covered by private insurance that I purchase myself
 Covered by state's OHP or Chafee/FFC Youth Medical
 Declined
 Do not know

OTHER a. How adequate was your independent living/transition plan and services when it came to addressing the following needs?

	Very Helpful	Somewhat helpful	Barely helped	Not at all helpful	Don't know	Declined
1. Stable Housing						
2. Health Care						
3. Education or training						
4. Employment						
5. Transportation						
6. Basic life skills money management, time management, cooking, cleaning, etc.)						
7. Developing healthy relationships with individuals who could be sources of support						
8. Developing relationships with organizations that could be sources of support						
9. Funding for special needs or items (ID, bike, work clothes, driver's ed., driver's license, housing start-up kit, etc.)						

b. What is one thing you would like the foster care system to improve or do better? (essay answer)

c. What is one thing you would like the Independent Living Program to improve or what service would you like to see provided? (essay answer)

I understand that this information is for the National Youth in Transition Database and will be provided to the state of Oregon and will be used to collect information with a goal of helping to improve the system.

Signed _____

Thank you for completing the Oregon NYTD Followup survey. You have done your part in Grading Foster Care.

Congratulations – You will automatically be entered into a prize drawing.