

NYTD Survey – Youth Friendly Explanations

General instructions:

The questions on this survey should be answered from YOUR perspective. In other words, you should answer based on what you know... there is no need for you to try to track down the information to complete the survey. 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.

Another note: any questions you leave unanswered will be reported as DECLINED TO ANSWER. (Note: this is per fed guidance 3.13, http://www.acf.hhs.gov/programs/cb/systems/nytd/faq/data_elements/outcomes.htm)

GENERAL CONTACT INFORMATION

MAILING ADDRESS (IF DIFFERENT. IF THE SAME, SKIP DOWN TO L. HOME PHONE)

Do you have your mail sent somewhere other than what you listed above? Some people might list a P.O. Box, for example. If you live away at college, you might list a parent's address as a mailing address, if you prefer to have mail sent there.

EMPLOYMENT

Currently are you employed full-time?

Select YES if you are currently employed 35 hours per week. This should be the TOTAL hours per week you are employed, whether it's at one job or multiple jobs.

Currently are you employed part-time?

Select YES if currently employed LESS THAN 35 hours per week TOTAL, whether you work at one job or at multiple jobs.

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

Select YES if you participated in an apprenticeship, internship, or other on-the-job training. It could have been an experience where you were paid or volunteered. Select no if you did not participate in a program like this.

OTHER SOURCES OF INCOME

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

Select YES if you are currently receiving payments from the government to meet basic needs for food, clothing, and shelter because you or a parent or guardian has a disability or because your parent or guardian died.

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

Select YES if you are currently receiving scholarships, grants, student loan or stipends to pay for your education, whether the money comes from your state, the Federal Government, or a private scholarship or loan source. Your educational expenses could include tuition, housing, books and supplies, or transportation costs that are required to obtain your education.

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

Select YES if you are currently receiving financial support from someone else. This could be from your biological family, foster or adoptive family or even another supportive adult or friend. Select YES if you receive funds from a legal settlement. DO NOT INCLUDE occasional gifts, such as birthday or graduation checks or small donations of food or personal incidentals, child care assistance, or other financial help that does not benefit you directly in supporting *yourself*. Also, select YES if you receive child support payments for YOURSELF), but do not include child support if you have a child.

Currently are you receiving public food assistance?

Select YES if you are currently receiving public food assistance such as food stamps, which are government-issued coupons or debit cards that can be used to buy food. Public food assistance also includes assistance from the Women, Infants and Children (WIC) program.

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

Select YES if you currently live in public housing, which is rental housing where the government covers a portion of the cost that keeps rents affordable for eligible individuals and families. This does not include payments from the foster care or child welfare agency for room and board payments, such as money through your Chafee Independent Living program to pay for housing or housing provided through a Transitional Living Program.

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

Select YES if you are currently receiving ongoing welfare payments from the government to support your basic needs. Does not include payments or subsidies for unemployment insurance, child care subsidies, education assistance, food stamps or housing assistance.

EDUCATION

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

Choose the highest degree or certification from the list. They are listed in order, from lowest degree (the ones that usually take the least amount of time to complete) to the highest degree. If you have not yet earned one of the degrees, then select "None of the Above."

Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college?

Select YES if you are enrolled in and attending school. Select yes if you are enrolled in school but you're not currently attending because you are on summer break. Do not select yes if you have future plans to attend school, but have not yet signed up.

PERMANENT RELATIONSHIPS WITH ADULTS

Currently is there at least one adult in your life, other than your caseworker or any other State agency staff who are employed to work with the youth, who you can go to for advice or emotional support? (excludes spouses, partners, boyfriends or girlfriends and current caseworkers):

HOUSING

Have you ever been homeless?

Explanation: Select YES if you have ever not had a home to live in (including when you were a younger kid). 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.

LIFESTYLE QUESTIONS

Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?

Select YES if you have ever been referred to, or asked to go to, a drug or alcohol assessment, treatment center, or counseling session, whether or not you think you have or had a drug or alcohol problem.

Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?

"Allegedly" means that you were accused of a crime, even if you were never convicted. Answer YES to this question if you have ever spent ANY amount of time in a jail, prison, correctional facility, or juvenile or community detention facility because someone suspected that you committed a crime. DO NOT count times you may have visited any of these places for a school field trip, for example.

Have you ever given birth or fathered any children that were born?

Select YES if you have given birth or fathered a child, even if you are not currently parenting the child. Do not select yes if the pregnancy ended in a miscarriage or abortion and the child was not born.

If you responded yes to the previous question, were you married to the child's other parent at the time each child was born?

Select YES if you were married to the other parent of any or all of your children at the time the each child was born.

HEALTH

Currently are you on Medicaid?

Select YES if you currently receive Medicaid (or the State medical assistance program), which is a health insurance program funded by the government, from your state.

Currently do you have health insurance, other than Medicaid?

Select YES if you have other health insurance through a company or organization other than Medicaid. This could include health insurance provided by a parent, through your employer, or a plan that you pay for yourself. This also could include access to free health care through a college, Indian Tribe, or other source.

Does your health insurance include coverage for medical services?

If you have health insurance, does it cover at least part of the cost of medical services, such as doctor's appointments, emergency room visits, or surgery? Select YES if it does.

Does your health insurance include coverage for mental health services?

If you have health insurance, does it cover at least part of the cost of mental health services, such as psychiatrist visits, counseling or therapy? Select YES if it does.

Does your health insurance include coverage for prescription drugs?

Select YES if your health insurance covers a portion or all of the cost of prescription drugs.