

**NATIONAL YOUTH IN TRANSITION DATABASE
BASELINE SURVEY**

Youth's Name:
Date Survey Completed:
Method of Survey Administration: <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
Survey Administrator:
<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.

It is very important that you answer these questions truthfully. 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
- Q6. 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
- Q7. Currently are you receiving ongoing welfare payments from the government to support your basic needs?
- Yes Declined
 No
- Q8. Currently are you receiving public food assistance?
- Yes Declined
 No
- Q9. 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

EDUCATION

- Q10. What is the highest educational degree or certification that you have received?
- | | |
|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Vocational certificate | <input type="checkbox"/> Higher degree |
| <input type="checkbox"/> Vocational license | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> 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. Have you ever been homeless?
- Yes Declined
 No Do not know

RISKY BEHAVIORS

- Q14. Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?
- Yes Declined
 No
- Q15. Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?
- Yes Declined
 No
- Q16. Have you ever given birth or fathered any children that were born?
- Yes Declined
 No

IF Q16 = YES THEN GO TO Q17
ELSE IF Q16 = NO THEN GO TO Q18

- Q17. 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 [or name of the State's medical assistance program under title XIX]?
- Yes Declined
 No Do not know
- Q19. Currently do you have health insurance, other than Medicaid?
- Yes Declined
 No Do not know
- Q20. Does your health insurance include coverage for medical services?
- Yes Declined
 No Not applicable
- Q21. Does your health insurance include coverage for mental health services?
- Yes Declined
 No Not applicable
- Q22. Does your health insurance include coverage for prescription drugs?
- Yes Declined
 No Not applicable

END OF SURVEY

WE APPRECIATE YOUR HELP AND COOPERATION