



**MYTD-17**

**YOUTH**

**EXPERIENCE**

**SURVEY**

**WHAT IF I TOLD YOU THAT RIGHT HERE, RIGHT NOW, YOU COULD BE SOMEONE'S HERO? LET ME EXPLAIN...**

**WE WANT TO MAKE SURE YOUNG PEOPLE HAVE THE PROGRAMS AND RESOURCES THEY NEED TO TRANSITION FROM FOSTER CARE INTO ADULTHOOD, BUT HOW DO WE KNOW WHAT YOUNG PEOPLE NEED? WELL, WE ASK SOMEONE GOING THROUGH IT, SOMEONE LIKE YOU!**



**WE'LL ASK YOU TO TELL US ABOUT YOUR EXPERIENCES THREE TIMES BETWEEN NOW AND WHEN YOU TURN 21, CHECKING IN WITH YOU A COUPLE TIMES AS YOU GET OLDER ALLOWS US TO SEE HOW YOUR NEEDS CHANGE AS YOU MAKE THE TRANSITION.**

**YOUR STORY CAN HELP US MAKE REAL CHANGES TO IMPROVE PROGRAMS AND START NEW PRACTICES AND CAN HELP MAKE THINGS EASIER FOR THE YOUTHS WHO COME AFTER YOU. IT'S SMALL IN COMPARISON, BUT TO SHOW OUR THANKS, WE'LL GIVE YOU A \$15 GIFT CARD FOR COMPLETING THIS SURVEY.**

**REMEMBER, YOU CAN ALWAYS DECLINE TO ANSWER QUESTIONS THAT MAKE YOU UNCOMFORTABLE, AND YOUR ANSWERS AND IDENTITY ARE ALWAYS CONFIDENTIAL, IF YOU DON'T FEEL COMFORTABLE PARTICIPATING, NO ONE IS GOING TO FORCE YOU OR HOLD IT AGAINST YOU, AND THE BEST PART? IT'S QUICK! IT TAKES JUST ABOUT 10 MINUTES FOR YOU TO MAKE A DIFFERENCE AND EARN A \$15 GIFT CARD.**



**SO, ARE YOU READY TO BE A HERO?**



	<p>Please write your: <b>Full Name:</b> _____</p> <p><b>Birthdate:</b> _____</p> <p><b>Caseworker's Name:</b> _____</p> <p><b>Today's Date:</b> _____</p>
	<p>1: Are you currently in foster care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Decline</span></p>
	<p>2: Currently are you employed full-time?</p> <p>• Full time means you are working at least 35 hours per week at one or more jobs.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Decline</span></p>
	<p>3: Currently are you employed part time?</p> <p>• Part time means you are working no more than 34 hours per week at one or more jobs.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Decline</span></p>
	<p>4: In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?</p> <p>• Training means that it helped you 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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Decline</span></p>
	<p>5: Currently are you receiving social security payments such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments?</p> <p>• These are payment from the government to meet basic needs for food, clothing, and shelter of a person with a disability.</p> <p>• You may be receiving these payments because of a parent or guardian's disability rather than your own or due to a parent's death.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Decline</span></p>
	<p>6: Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses?</p> <p>• These are funds awarded for spending on expenses related to gaining an education.</p> <p>• "Student loan" means a government guaranteed, low interest loan for students in post-secondary education. This includes the Education and Training Voucher or ETV.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Decline</span></p>
	<p>7: Currently are you receiving any periodic and/or significant financial resources or support from any other source, excluding paid employment?</p> <p>• 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.</p> <p>• Not included are occasional gifts such as birthday or graduation checks or small donations of food or personal items, child care subsidies, child support for your child, or other financial help that does not benefit you directly in supporting yourself.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Decline</span></p>
	<p>8: What is the highest educational degree or certification that you have received?</p> <p>• Mark the degree for the highest level you have completed as of today's date.</p> <p><input type="checkbox"/> A <b>vocational certificate</b> is a document stating that a person has received education or training that qualifies him for a particular job (such as auto mechanics or cosmetology).</p> <p><input type="checkbox"/> A <b>vocational license</b> is a document that indicates that the State or Local government recognizes an individual as a qualified professional in a particular trade or business.</p> <p><input type="checkbox"/> An <b>associate's degree</b> is generally a two-year degree from a community college.</p> <p><input type="checkbox"/> A <b>bachelor's degree</b> is a four year degree from a college of university.</p> <p><input type="checkbox"/> A <b>higher degree</b> is a graduate degree (such as a Master's Degree or a Juris Doctor).</p> <p><input type="checkbox"/> None of the above. <span style="float: right;"><input type="checkbox"/> Decline</span></p>

9: Are you currently enrolled in and attending high school, GED or TASC classes, post-high school vocational training, or college?

- This means both enrolled in and attending high school, GED classes, or post-secondary vocation training or college.
- You are still considered enrolled in and attending if you are currently on a school break and will be returning to school at the end of the break (for example, spring break or summer vacation).

Yes  No  Decline

10: Are there any barriers that are preventing you from continuing your education?

Yes  No (Skip to #12)  Decline

11: What is the BIGGEST barrier preventing you from continuing your education?

I have no way to pay for school

I need to work full time

I have child care responsibilities

I don't have transportation

I have been discouraged by significant others

I have academic difficulties

Other, please specify \_\_\_\_\_

Not applicable

Don't know  Decline

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

- This refers to an adult to whom you can go to for advice or guidance when there is a decision to make, a problem to solve, or for companionship to share personal achievements.
- The adult must be easily accessible to you either by telephone or in person.
- This does NOT include spouses, partners, boyfriends/girlfriends, or current caseworkers.

Yes.  No  Decline

13: Do you currently have a close relationship with any members of your biological family?

Yes  No (Skip to #15)  Decline

14: With which members of your biological family do you currently have a close relationship? Select ALL that apply.

Mother

Father

Sibling

Aunt/Uncle

Grandparent/ Great grandparent

Cousin

Other, please specify \_\_\_\_\_

Not applicable  Decline

15: Have you ever been homeless?

- Homeless means you had no regular or adequate place to live.
- This includes situations where you are living in a car or on the street, or other temporary shelter.

Yes  No  Decline

16: Have you ever couch surfed or moved from house to house because you didn't have a permanent place to stay?

Yes  No  Decline

17: Have you ever referred yourself or had someone else refer you for an alcohol or drug abuse assessment or counseling?

- This includes either a self-referral or referral by a social worker, school staff, physician, mental health worker, foster parent, or other adult.
- Alcohol or drug abuse assessment is a process designed to determine if someone has a problem with alcohol or drug abuse.

Yes  No  Decline

18: 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  No  Decline

<p>19: Have you ever given birth to or fathered any children that survived?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Decline</span></p>
<p>20: Were you married to the child's other parent at the time each child was born?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <span style="float: right;"><input type="checkbox"/> Decline</span></p>
<p>21: Currently are you on Medicaid?</p> <ul style="list-style-type: none"> <li>• If you are currently in foster care you are most likely on Medicaid in New York State.</li> <li>• You may not be using Medicaid services at this time, but we would like to know whether you know if you are enrolled in the program.</li> <li>• This is not a question about other sources of health coverage or benefits.</li> </ul> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <span style="float: right;"><input type="checkbox"/> Decline</span></p>
<p>22: Currently do you have health insurance other than Medicaid?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to #26) <input type="checkbox"/> Don't know (Skip to #26) <span style="float: right;"><input type="checkbox"/> Decline</span></p>
<p>23: Does your non-Medicaid insurance include coverage for medical services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable <span style="float: right;"><input type="checkbox"/> Decline</span></p>
<p>24: Does your non-Medicaid insurance include coverage for mental health services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable <span style="float: right;"><input type="checkbox"/> Decline</span></p>
<p>25: Does your non-Medicaid insurance include coverage for prescription drugs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable <span style="float: right;"><input type="checkbox"/> Decline</span></p>
<p>26: Which of the following documents do you currently have in your possession? (Check all that apply.)</p> <p><input type="checkbox"/> Social Security Card</p> <p><input type="checkbox"/> Birth certificate</p> <p><input type="checkbox"/> Proof of citizenship or residency (Green card)</p> <p><input type="checkbox"/> Proof of immunization</p> <p><input type="checkbox"/> Driver's license</p> <p><input type="checkbox"/> Other state identification</p> <p><input type="checkbox"/> None of the above <span style="float: right;"><input type="checkbox"/> Decline</span></p>
<p>27: How would you describe the role that you have played in the development of your independent living plan?</p> <p><input type="checkbox"/> I led the development of my independent living plan.</p> <p><input type="checkbox"/> I was involved in the development of my independent living plan but did NOT lead it.</p> <p><input type="checkbox"/> I was not involved in the development of my independent living plan.</p> <p><input type="checkbox"/> I am not aware of my independent living plan.</p> <p><input type="checkbox"/> Don't know <span style="float: right;"><input type="checkbox"/> Decline</span></p>

# ***STAYING IN CONTACT***

***BECAUSE WE WANT TO SEE WHAT PROGRAMS YOU USE AS YOU GET OLDER, WE WANT TO STAY IN TOUCH WITH YOU UNTIL YOU TURN 21. TO HELP, WE'RE GOING TO ASK FOR CONTACT INFO THAT SHOULD HELP US REACH YOU IN THE FUTURE,***

***DON'T WORRY, WE PROMISE NEVER TO SHARE YOUR INFORMATION OR USE IT FOR ANY OTHER PURPOSE, IF YOU***



**LIST OTHER PEOPLE AS POSSIBLE CONTACTS, WE WILL ONLY ASK THEM HOW TO GET IN TOUCH WITH YOU; WE'LL NEVER ASK THEM FOR OTHER INFORMATION ABOUT YOU,**

**WE WILL TRY TO CONTACT YOU ONCE EVERY 3 TO 6 MONTHS JUST TO MAKE SURE OUR CONTACT INFORMATION IS STILL CORRECT,**



**WE ALSO NEED YOUR CONTACT INFORMATION SO WE CAN SEND YOU A GIFT CARD FOR PARTICIPATING! IF YOU WANT MORE GIFT CARD CHOICES, MAKE SURE YOU PROVIDE AN EMAIL ADDRESS FOR US TO SEND IT TO, IF YOU DO NOT PROVIDE AN EMAIL ADDRESS, WE WILL MAIL YOU A **WALMART** GIFT CARD.**

**AND REMEMBER, YOU GET ANOTHER GIFT CARD FOR EACH SURVEY YOU PARTICIPATE IN, SO MAKE SURE WE CAN REACH YOU!**

1: What is your current mailing address? Street address: _____ Apartment #: _____ City/town: _____ ZIP code: _____
2: If you have plans to move, please tell us where you will be moving to. Street address: _____ Apartment #: _____ City/town: _____ ZIP code: _____
3: What are the best phone numbers to reach you at? Cell phone: _____ Home phone: _____ Family/friend's phone: _____ Other phone: _____



4: Please list any email addresses you use. **Remember, you get more gift card choices through email.**

5: Do you use social media (like Facebook or Instagram)? Please specify which types you use and what your username is for each. (We will only use this to send you a private message.)

6: What is the best way to stay in touch with you over the next 2 years? Select ALL that apply.

- Cell phone  
  Home phone  
  Family/friend's phone  
  Text message  
  Email  
  Facebook  
  Twitter  
 Postal mail  
  Other (please specify: )

7: If you are currently living with a foster parent, please provide as much contact information for them as possible.

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 Apartment #: \_\_\_\_\_  
 City/town: \_\_\_\_\_  
 ZIP code: \_\_\_\_\_  
 Other: \_\_\_\_\_

8: Who do you expect to maintain contact with for the next 2 years? Provide as much contact info for them as possible.

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 Apartment #: \_\_\_\_\_  
 City/town: \_\_\_\_\_  
 ZIP code: \_\_\_\_\_  
 Other: \_\_\_\_\_

9: Your participation in this survey automatically makes you eligible to take the survey again as you get older. Do we have your permission to use the contact information you provided here as well as that in your case file to contact you and those that might help us get in touch with you until you have taken the final survey?

- Yes  
  No

10: When we contact those people whom you have identified on this survey as people who can help us contact you in the future, do we have your permission to explain this survey to them?

- Yes  
  No



11: Is there any specific contact information you would like us to NOT use, or any specific people you would like us to NOT contact when trying to reach you?

We want to send you a gift card to thank you for participating in this survey. In order to get yours, we need you to provide either an email or mailing address. If you provide an email address, you will be able to choose which one of over 40 stores you want a gift card to. If you provide a mailing address, we will send you a Target gift card.

Which gift card option do you want? Only choose one.

I want more choices, send me an email gift card to this address:

I want a Target gift card mailed to this address:

***THANK YOU FOR BEING A HERO BY HELPING US IMPROVE PROGRAMS AND POLICIES TO SUPPORT YOUTHS LIKE YOU.***

***PLEASE FAX THIS SURVEY TO 518-442-5732 OR MAIL IT TO:***

Center for Human Services Research  
Mandi Breen  
135 Western Avenue  
Albany, NY 12222

***IF YOU HAVE QUESTIONS OR NEED A PREPAID ENVELOPE TO RETURN THIS SURVEY, CONTACT THE SURVEY TEAM TOLL FREE AT (844) 220-5887, BY EMAIL AT NYTD@ALBANY.EDU, OR FIND US ONLINE AT NYTD.ORG.***