

**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

EDUCATION

- Q7. What is the highest educational degree or certification that you have received?
- High school diploma/GED Bachelor's degree
 Vocational certificate Higher degree
 Vocational license None of the above
 Associate's degree Declined
- Q8. 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

- Q9. 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

- Q10. Have you ever been homeless?
- Yes Declined
 No

RISKY BEHAVIORS

- Q11. Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?
- Yes Declined
 No
- Q12. 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
- Q13. Have you ever given birth to or fathered any children that were born?
- Yes Declined
 No

IF Q13 = YES THEN GO TO Q14
ELSE IF Q13 = NO THEN GO TO Q15

- Q14. Were you married to the child's other parent at the time each child was born?
- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Declined |
| <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

ACCESS TO HEALTH CARE

- Q15. Currently, are you on Medicaid?
- | | |
|------------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Declined |
| <input type="checkbox"/> No | <input type="checkbox"/> Do not know |

- Q16. Currently, do you have health insurance, other than Medicaid?
- | | |
|------------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Declined |
| <input type="checkbox"/> No | <input type="checkbox"/> Do not know |

IF Q16 = YES, THEN GO TO Q17

IF Q16 = NO, YOUR SURVEY IS COMPLETE

- Q17. Does your health insurance include coverage for medical services?
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Declined |
| <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Do not know | |

IF Q16 and Q17 = YES, THEN GO TO Q18

IF Q17 = NO, YOUR SURVEY IS COMPLETE

- Q18. Does your health insurance include coverage for mental health services?
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Declined |
| <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Do not know | |

- Q19. Does your health insurance include coverage for prescription drugs?
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Declined |
| <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Do not know | |

END OF SURVEY

WE APPRECIATE YOUR HELP AND COOPERATION