

NYTD Survey- 17 year olds

Client Name:	DOB:	Gender:	Client ID:
---------------------	-------------	----------------	-------------------

The following survey is being done to record your experience in the West Virginia Foster Care System. Your responses are important and we really do want your input as we try to find ways to improve Foster Care and create more opportunities for youth exiting Foster Care to achieve their personal goals.

Please mark one answer for each question. You may decline individual questions on the survey. Answer the questions honestly and from your own experience. If someone helps you complete the survey they are supposed to mark your answers and should not influence your answers. Someone might help you by explaining a question but they should not tell you an answer because that would not reflect your experience, which is the goal of the survey.

Should you have any questions, please contact us at 1-866-720-3605.

<i>Will you participate in the survey and answer the questions?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Parent or guardian declined on behalf of a child in their care
State	
Date of Birth	mm/dd/yyyy
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Survey Completed	mm/dd/yyyy
Survey administered by: __ E-Mail __ Telephone __ Facebook __ In Person __ Web __ Mail __ Other (_____)	
Please provide the following information so we can stay in touch with you:	
Update your name for us if it has changed:	
What is your current mailing address?	
What is your e-mail address?	

NYTD Survey- 17 year olds

Client Name:	DOB:	Gender:	Client ID:
---------------------	-------------	----------------	-------------------

What is your home phone number?	
What is your cell phone number?	
What is your Facebook ID?	
What is your MySpace ID?	
Currently, are you employed full-time? <i>“Full time” means total number of hours worked is at least 35 hours per week.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
Currently are you employed part-time? <i>“Part-time” means total number of hours worked is between 1-34 hours per week.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
In the past year did you complete an apprenticeship, internship or other on-the-job training, either paid or unpaid? <i>This means apprenticeships, internships, or other on-the-job trainings, either paid or unpaid that 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). Apprenticeship means you work for someone but you may or may not get paid.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
Currently are you receiving Social Security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) or dependents’ payments)? <i>These are payments from the government to meet basic needs for food, clothing, and shelter of a person with a disability. You could be receiving these payments because of a parent or guardian’s disability or your own.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
What is the highest level of educational degree or certification that you have received? <i>“Vocational certificate” means a document stating a person has received education or training that qualifies him or her for a particular job, like auto mechanics. “Vocational license” means a</i>	<input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Vocational certificate <i>(document received stating you qualify for a particular job based on your education and</i>

NYTD Survey- 17 year olds

Client Name:	DOB:	Gender:	Client ID:
---------------------	-------------	----------------	-------------------

<p><i>document that indicates the State or local government recognizes an individual as a qualified professional in a particular trade or business. An Associate's degree is generally a two year degree from a community college and a Bachelor's degree is a four year degree from a college or university. "None of the above" means you have not received any of the above educational certifications.</i></p>	<p><i>training)</i></p> <p><input type="checkbox"/> Vocational license <i>(document received in which the State or local government recognizes you as a qualified professional in a particular trade or business)</i></p> <p><input type="checkbox"/> Associate's degree <i>(for example A.A. – generally two years from a community college)</i></p> <p><input type="checkbox"/> Bachelor's degree <i>(for example B.A. or B.S. – generally four years from college or university)</i></p> <p><input type="checkbox"/> Higher degree <i>(for example M.A., M.S., PhD., or J.D.)</i></p> <p><input type="checkbox"/> None of the above <i>(you have not received any of the educational certificates listed)</i></p> <p><input type="checkbox"/> Declined</p>
<p>Currently are you enrolled in and attending high school, GED classes, post high school vocational training, or college? <i>This means both enrolled and attending.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Declined</p>
<p>Currently, is there at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support? <i>This refers to an adult you can go to for advice or guidance when there is a decision to make or a problem to solve, or to share personal achievements.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Declined</p>
<p>Have you ever been homeless? <i>Homeless is defined as not having a regular or adequate place to live.</i></p> <p style="padding-left: 40px;"><i>For example, at any time in your life you have:</i></p> <ul style="list-style-type: none"> • <i>lived in a car</i> • <i>lived on the street</i> • <i>stayed in a homeless or temporary shelter</i> 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Declined</p>
<p>Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling? <i>This includes either self-referring or being referred by a social worker, school staff, physician, mental</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Declined</p>

NYTD Survey- 17 year olds

Client Name:	DOB:	Gender:	Client ID:
---------------------	-------------	----------------	-------------------

<i>health worker, foster parent, or other adult for an alcohol or drug abuse assessment or counseling.</i>	
<p>Have you ever been confined in jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? <i>This means you were confined in one of these facilities in connection with a crime (misdemeanor or felony) allegedly committed by you.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
<p>Have you ever given birth or fathered children that were born? <i>This means giving birth to or fathering at least one child that was born. If males do not know, answer "No".</i></p> <p style="color: red;"><i>If you checked "No" or "Declined", skip the next question.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
<p>If you responded yes to the previous question, were you married to the child's other parent at the time each child was born? <i>This means when every child was born you were married to the other parent of the child.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
<p>Currently, are you on Medicaid? <i>Medicaid provides a medical card that you receive from the West Virginia Department of Health and Human Resources (DHHR).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<p>Currently, do you have health insurance, other than Medicaid? <i>"Health Insurance" means having a third party pay for all or part of health care. You might have health insurance such as group coverage offered by employers or schools, or individual policies that cover medical and/or mental health care and/or prescription drugs or you might be covered under parent's insurance. This also could include access to free health care through a college or other source.</i></p> <p style="color: red;"><i>If you checked "No", "Don't Know", or "Declined", you are done completing the survey. If you checked "Yes", please continue on to the next questions.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<p>Does your health insurance include coverage for medical services? <i>This refers to health insurance that is NOT Medicaid and means your health insurance covers at least some medical services or procedures. This question is for only for you who responded "yes" to having health insurance.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
Does your health insurance include coverage for mental	<input type="checkbox"/> Yes

NYTD Survey- 17 year olds

Client Name:	DOB:	Gender:	Client ID:
---------------------	-------------	----------------	-------------------

<p>health services? <i>This refers to health insurance that is NOT Medicaid . This means your health insurance covers at least some mental health services. This question is only for you who responded “yes” to having health insurance with medical coverage. They have mental problems, like depression, anger, schizophrenia, bipolar disorder, anger problems or autism.</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<p>Does your health insurance include coverage for prescription drugs? <i>This refers to health insurance that is NOT Medicaid. This means your health insurance covers at least some prescription drugs. This question is only for you who responded “yes” to having health insurance coverage with medical coverage.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<p>Additional Questions:</p> <p>1. Do you have any concerns about your experience in foster care at this time?</p> <p>2. Current and former foster youth are working on issues around the system. If you could name one thing you would like to see them work on, what would it be and why?</p>	