

National Youth in Transition Database (NYTD) Survey for Wisconsin Youth Age 17

Use of Form: This form is part of the National Youth in Transition Database (NYTD) survey. Specifically, this version is provided to young adults who recently turned 17 years old and have foster care experience. NYTD is an effort dedicated to receiving input directly from young people. States must fulfill NYTD requirements as stipulated in [45 CFR 1356.80-86](#).

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 understand a question or the answer options, you can ask a trusted peer or adult for help (though you still must be the one to provide the answer!). Also, after completing the survey, we encourage you go over the survey with your caseworker, foster parent, or another supportive adult. This will help you make sure that you understand all 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 federal guidance, <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/nytd/faq>.)

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

eWisACWIS ID	Birthdate (mm/dd/yyyy)
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Youth Full Name (First, MI, Last)

1. Youth Address (Street, City, State, Zip Code)

Telephone Number	Email Address
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EMPLOYMENT

2. Yes No Declined Currently are you employed full-time? (Answer "Yes" if currently employed at least 35 hours a week at one or multiple jobs.)

3. Yes No Declined Currently are you employed part-time?

If you responded "No" to Number 2 AND Number 3., then go to Number 6.

4. What is your hourly pay?

Under minimum wage (\$8.00 hr.)

\$8.00 – \$10.99

\$11.00 – \$14.99

Over \$15.00

Do not know

Declined

5. How long have you been working at this job?

Less than 3 months

3 months to 7 months

8 to 11 months

12 months or more

Do not know

Declined

6. Yes No Declined In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?

OTHER SOURCES OF INCOME

7. Yes No Declined Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents payments)?
-
8. Yes No Declined Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses?
-
9. Yes No Declined Currently are you receiving any periodic and / or significant financial resources or support from another source not previously indicated and excluding paid employment? (For example, spouse or biological family member, foster or adoptive parent or child support.)
-
10. Yes No Not applicable Declined Currently are you receiving public food assistance?
-
11. Yes No Not applicable Declined Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?
-
12. Yes No Not applicable Declined Currently are you receiving ongoing welfare payments from the government (Wisconsin Works) to support your basic needs?
-

EDUCATION

13. What is the highest educational degree or certification that you have received? **Select only one.**
- High school diploma / GED
 - Vocational certificate
 - Vocational license
 - Associate degree
 - Bachelor's degree
 - Higher degree
 - None of the above
 - Declined
-
14. Yes No Declined Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college?
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If you responded "No" to Number 14., then go to Number 17.

15. In what type of school or post-high school education program are you currently enrolled? **Select only one.**
- Regular high school
 - GED program
 - Vocational school
 - Community, junior or two-year college
 - Four-year college or university
 - Do not know
 - Declined
-

If you responded, "Regular high school", "GED", "Do not know" or "Declined", skip to Number 18.

16. How are you paying for your education? **Select all that apply.**
- Scholarships / grants
 - Student loans
 - Earnings from employment
 - Savings
 - Education and Training Voucher (ETV)
 - Other assistance from a child welfare agency or independent living program
 - Assistance from family or friends
 - SSI (Social Security Income)
 - Do not know
 - Declined
-

Skip to Number 18.

17. Select the **biggest** barrier(s) preventing you from continuing your education. **Select all that apply.**

- I have no way to pay for school
 - I need to work full-time
 - I have childcare responsibilities
 - I do not have transportation
 - I have been discouraged by important people in my life
 - I have academic difficulties
 - Other
 - Do not know
 - Declined
-

PERMANENT RELATIONSHIPS WITH ADULTS

18. Yes No Declined Currently is there at least one adult in your life, other than your caseworker, to whom you can go to for advice or emotional support?

19. With which members of your biological family do you have a close relationship? **Select all that apply.**

- Mother
 - Father
 - Sibling
 - Aunt / uncle
 - Grandparent / great-grandparent
 - Cousin
 - Other
 - None
 - Do not know
 - Declined
-

20. How much has been done **while in foster care** to help you maintain or strengthen your relationships with the biological family members to whom you feel close?

- A lot
 - Some but not enough
 - Nothing was done
 - Do not know
 - Declined
-

21. Which of the following adults provides a trusting, supportive, and unconditional relationship for you? **Select all that apply.**

- Birth parent
 - Adoptive parent
 - Legal guardian
 - Foster parent (or former foster parent)
 - Sibling
 - Aunt / uncle
 - Grandparent / great-grandparent
 - Cousin
 - Case worker / social worker
 - Independent living worker
 - Teacher or coach
 - Mentor (Big Brother / Big Sister, other volunteer)
 - Church member of faith-based community
 - Parent of a friend
 - Other
 - None
 - Do not know
 - Declined
-

22. What do these adults help you with? **Select all that apply.**

- Talk with me about my problems
- Give me advice
- Provide me with a place to live
- Help me find a job
- Help if I am sick
- Help me pay for my education
- Help me manage my money
- Help with care for my children
- Help me feel good about myself
- Other
- Do not know
- Declined

HOUSING

23. Which best describes your **current** living situation? **Select only one.**

- I am living in a foster home
- I am living with birth or adoptive parents
- I am living with other family members
- I am living with former foster parents
- I am living with friends or a roommate
- I am living in a group care setting
- I am living in a college dormitory or residence hall
- I am living in military barracks
- I am living in a hospital or in a treatment center
- I am in detention, jail, prison or another correctional facility
- I am living in my own apartment, house, or trailer
- I am moving from house to house
- I am homeless (living in a shelter, hotel / motel, street, vehicle, abandoned building, or campground)
- Do not know
- Declined

If you responded "Former foster parents", "Other family members", "Friends or roommate", "College dormitory", "Military barracks", "Own apartment" or "House or trailer", then go to Number 24, otherwise go to Number 25.

24. Yes No Sometimes Do not know Declined Do you currently have enough financial resources to pay for your living expenses (rent, food, utilities, transportation)?

25. Yes No Declined Have you ever been homeless?

26. Yes No Do not know Declined Have you ever moved from house to house because you didn't have a permanent place to stay?

BEHAVIORS

27. Yes No Declined Have you ever referred yourself or has someone else referred you for alcohol or drug abuse assessment or counseling?

28. Yes No Declined Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?

29. Yes No Not applicable Declined Have you ever given birth or fathered any children that were born?

If you responded "No" to Number 29, then go to Number 31.

30. Yes No Not applicable Declined Were you married to the child's other parent at the time each child was born?

ACCESS TO HEALTH CARE

31. Yes No Do not know Declined Currently are you on Medicaid (Badger Care Plus)?
32. Yes No Do not know Declined Currently do you have health insurance, other than Medicaid?
33. Yes No Do not know Not applicable Declined Does your health insurance include coverage for medical services?
34. Yes No Do not know Not applicable Declined Does your health insurance include coverage for mental health services?
35. Yes No Do not know Not applicable Declined Does your health insurance include coverage for prescription drugs?
36. Yes No Do not know Declined Are you currently receiving counseling / other treatment for alcohol or substance abuse?
37. Yes No Do not know Declined Are you currently receiving counseling / other treatment for a psychological or emotional problem?
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If you responded "Yes" to Number 36 AND Number 37, then go to Number 39.

38. Yes No Do not know Declined If not currently receiving counseling, do you think you would benefit from counseling?
-

OTHER

39. Yes No Do not know Declined Do you have a reliable means of transportation to school and / or work?
-

40. Which of the following documents do you currently have? **Select all that apply.**

- Social security card
 - Birth certificate
 - Proof of citizenship or residency (Green card)
 - Proof of immunization
 - Driver's license
 - Other state identification
 - Declined
-

41. How would you describe the role that you have played in the development of your independent living plan?

- I was involved in the development of my independent living plan
 - I was NOT involved in the development of my independent living plan
 - I am not aware of my independent living plan
 - Do not know
 - Declined
-

42. What type of independent living education or assistance are you currently receiving? **Select all that apply.**

- Academic support
 - Post high school educational support
 - Career preparation
 - Employment program or vocational training
 - Budget and financial management
 - Housing education and home management training
 - Health education and risk prevention
 - Family support and healthy marriage education
 - Mentoring
 - Supervised independent living
 - Room and board financial assistance
 - Education financial assistance
 - None
 - Do not know
 - Declined
-

43. By checking this box, I acknowledge that the results of my survey will be forwarded to the Wisconsin Department of Children and Families to assist in improving outcomes for youth in foster care.
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