

National Youth in Transition Database (NYTD) Survey for Wisconsin Youth Age 19

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 know some of these answers, FosterClub encourages you to **download a list of the questions** after you complete the survey and go over it with your caseworker, foster parent, or another supportive adult. This will help you make sure that you understand all of 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 3.13, http://www.acf.hhs.gov/programs/cb/systems/nytd/faq/data_elements/outcomes.htm)

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

Foster Club Profile ID	Date of Survey (mm/dd/yyyy)	Birthdate (mm/dd/yyyy)
Name – Youth (First, MI, Last)		Suffix (Jr. Sr., II, III)
1. Address – Youth (Street No., Street Name, Apt. No., City, State, Zip Code)		
Telephone Number – Youth		Email Address – Youth

EMPLOYMENT

2. Yes No Declined Currently are you employed full-time?

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

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

4. What is your hourly pay?

- Under minimum wage (\$8.00 per hour)
- \$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 months 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 load, voucher, or other type of educational financial aid to cover any educational expenses?

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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?
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10. Yes No Declined Currently are you receiving public food assistance?
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11. Yes No Declined Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?
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12. Yes No Declined Currently are you receiving ongoing welfare payments from the government to support your basic needs? (Wisconsin Works)
-

EDUCATION

13. What is the highest educational degree or certification that you have received?
- High school diploma / GED
 - Vocational certificate
 - Vocational license
 - Associate's degree (e.g., A.A.)
 - Bachelor's degree (e.g., B.A. or B.S.)
 - 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 No. 14, then go to No. 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", go to No. 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 No. 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 child care responsibilities
 - I do not have transportation
 - I have been discouraged by significant others
 - 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 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. In the past two years have you been able to maintain or strengthen your relationships with the biological family members to whom you feel close?

- Yes
- No
- Some but not enough
- 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 have these adults helped you with in the last two years? **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 camp ground)
- 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 No. 24, otherwise go to No. 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 In the past two years, were you homeless at any time?

26. Yes No Declined In the past two years did you ever move from house to house because you didn't have a permanent place to stay?

BEHAVIORS

27. Yes No Declined In the past two years, did you refer yourself, or had someone else referred you for alcohol or drug abuse assessment or counseling?

28. Yes No Declined In the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?

29. Yes No Declined In the past two years, did you give birth to or father any children that were born?

30. Yes No Declined If you responded yes to the previous question, 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?

If you responded “No”, “Do not know” or “Declined”, then go to No. 36.

33. Yes No Do not know Declined Does your health insurance include coverage for medical services?

34. Yes No Do not know Declined Does your health insurance include coverage for mental health services?

35. Yes No Do not know Declined Does your health insurance include coverage for prescription drugs?

36. Yes No Do not know Declined In the past two years did you receive counseling / other treatment for alcohol or substance abuse?

37. Yes No Do not know Declined In the past two years did you receive counseling / other treatment for a psychological or emotional problem?

If you responded "Yes" to No. 36 OR No. 37, then go to No. 39.

38. Yes No Do not know Declined If you did not receive counseling in the past two years, 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
- None
- 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

Thank you for completing the Wisconsin NYTD survey.

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- By clicking this box I agree to have the survey sent to my county child welfare agency.
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Instructions for Completing (NYTD) Survey for Wisconsin Youth Age 19

Question Number

1. **MAILING ADDRESS (IF DIFFERENT. IF THE SAME, SKIP DOWN TO L. HOME PHONE)**
Do you have your mail sent somewhere other than what you listed above? Some people might list a P.O. Box, for example. If you live away at college, you might list a parent's address as a mailing address, if you prefer to have mail sent there.
2. Select YES if you are currently employed 35 hours per week. This should be the TOTAL hours per week you are employed, whether it's at one job or multiple jobs
3. Select YES if currently employed LESS THAN 35 hours per week TOTAL, whether you work at one job or at multiple jobs.
6. Select YES if you participated in an apprenticeship, internship, or other on-the-job training. It could have been an experience where you were paid or volunteered. Select no if you did not participate in a program like this.
7. Select YES if you are currently receiving payments from the government to meet basic needs for food, clothing, and shelter because you or a parent or guardian has a disability or because your parent or guardian died.
8. Select YES if you are currently receiving scholarships, grants, student loan or stipends to pay for your education, whether the money comes from your state, the Federal Government, or a private scholarship or loan source. Your educational expenses could include tuition, housing, books and supplies, or transportation costs that are required to obtain your education.
9. Select YES if you are currently receiving financial support from someone else. This could be from your biological family, foster or adoptive family or even another supportive adult or friend. Select YES if you receive funds from a legal settlement. DO NOT INCLUDE occasional gifts, such as birthday or graduation checks or small donations of food or personal incidentals, child care assistance, or other financial help that does not benefit you directly in supporting *yourself*. Also, select YES if you receive child support payments for YOURSELF), but do not include child support if you have a child.
10. Select YES if you are currently receiving public food assistance such as food stamps, which are government-issued coupons or debit cards that can be used to buy food. Public food assistance also includes assistance from the Women, Infants and Children (WIC) program.
11. Select YES if you currently live in public housing, which is rental housing where the government covers a portion of the cost that keeps rents affordable for eligible individuals and families. This does not include payments from the foster care or child welfare agency for room and board payments, such as money through your Chafee Independent Living program to pay for housing or housing provided through a Transitional Living Program.
12. Select YES if you are currently receiving ongoing welfare payments from the government to support your basic needs. Does not include payments or subsidies for unemployment insurance, child care subsidies, education assistance, food stamps or housing assistance.
13. Choose the highest degree or certification from the list. They are listed in order, from lowest degree (the ones that usually take the least amount of time to complete) to the highest degree. If you have not yet earned one of the degrees, then select "None of the Above."
14. Select YES if you are enrolled in and attending school. Select yes if you are enrolled in school but you're not currently attending because you are on summer break. Do not select yes if you have future plans to attend school, but have not yet signed up.
18. Currently is there at least one adult in your life, other than your caseworker, to whom you can go to for advise or emotional support or any other State agency staff whose job it is to work with you? (not including spouses, partners, boyfriends or girlfriends and current caseworkers)
25. Select YES if you have ever not had a home to live in. This could include living in a car, "couch surfing" (which means staying overnight at the home of different friends or family members), living on the street, or staying in a homeless shelter.
27. Select YES if you have ever been referred to, or asked to go to, a drug or alcohol assessment, treatment center, or counseling session, whether or not you think you have or had a drug or alcohol problem.
28. "Allegedly" means that you were accused of a crime, even if you were never convicted. Answer YES to this question if you have ever spent ANY amount of time in a jail, prison, correctional facility, or juvenile or community detention facility because someone suspected that you committed a crime. DO NOT count times you may have visited any of these places for a school field trip, for example.
29. Select YES if you have given birth or fathered a child, even if you are not currently parenting the child. Do not select yes if the pregnancy ended in a miscarriage or abortion and the child was not born.

30. Select YES if you were married to the other parent of any or all of your children at the time the each child was born.
31. Select YES if you currently receive Medicaid (or the State medical assistance program), which is a health insurance program funded by the government, from your state
32. Select YES if you have other health insurance through a company or organization other than Medicaid. This could include health insurance provided by a parent, through your employer, or a plan that you pay for yourself. This also could include access to free health care through a college, Indian Tribe, or other source.
33. If you have health insurance, does it cover at least part of the cost of medical services, such as doctor's appointments, emergency room visits, or surgery? Select YES if it does.
34. If you have health insurance, does it cover at least part of the cost of mental health services, such as psychiatrist visits, counseling or therapy? Select YES if it does.
35. Select YES if your health insurance covers a portion or all of the cost of prescription drugs.