

# NYTD Survey

## (National Youth in Transition Database)

Case #: \_\_\_\_\_ Client ID: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Staff Name: \_\_\_\_\_

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### SURVEY QUESTIONS

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**Currently are you employed full time?**

Yes  No  Declined

*Help:* "Full Time" means working at least 35 hours per week at one or multiple jobs.

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**Currently are you employed part-time?**

Yes  No  Declined

*Help:* "Part Time" means working at least 1 – 34 hours per week at one or multiple jobs.

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**In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?**

Yes  No  Declined

*Help:* These experiences would have helped you acquire employment related skills, such as specific trade skills; i.e., carpentry, auto mechanics, word processing or use of office equipment.

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**Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments)?**

Yes No Declined

*Help:* These are payments from the government to meet basic needs for food, clothing and shelter. You may be receiving these payments because of a parent's or guardian's disability, rather than your own.

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**Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses?**

Yes No Declined

*Help:* Scholarships, grants, and stipends are funds awarded for spending on expenses related to gaining an education. "Student Loan" means a government-guaranteed, low-interest loan for students in post-secondary education.

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**Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?**

Yes No Declined

*Help:* This means periodic and/or significant financial resources or support from a family member, or child support that you received for yourself. It will also include any legal settlements. This does not include occasional gifts, such as birthday or graduation checks or small donations of food or personal incidentals, child care subsidies, child support for your child, or other financial support which does not benefit you directly in supporting yourself.

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**What is the highest educational degree or certification that you have received?**

- High School Diploma/GED     Vocational Certificate     Vocational License  
 Associates Degree     Bachelor's Degree     Higher Degree  
 None of the Above     Declined

*Help:* "Vocational Certificate" means you have a document stating you received education or training that qualifies you for a particular job, e.g., auto mechanics or cosmetology. "Vocational License" means you have a document by the State or Local government which recognizes you as a qualified professional in a particular trade or business. An "Associates Degree" is generally a two-year degree from a Community College and a "Bachelors Degree" is a four-year degree from a College or University. "Higher Degree" indicates a graduate degree, such as Master's Degree or Doctorate Degree. "None of the above" means you have not received any of the above educational certifications.

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**Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college?**

- Yes     No     Declined

*Help:* This means both enrolled and attending high school, GED classes, or postsecondary vocational training or college. You are still considered enrolled/attending even if you are currently out of session when taking this survey.

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**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     No     Declined

*Help:* This refers to an adult who you can go to for advice or guidance when there is a decision to make or a problem to solve, or for companionship when celebrating personal achievements. This can include adult relatives, parents or foster parents. It excludes spouses, partners, boyfriends or girlfriends and current caseworkers. The adult must be easily accessible to you, either by telephone or in person.

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**Have you ever been homeless? OR In the past two years, were you homeless at any time?**

Yes No Declined

*Help:* "Homeless" means you had no regular or adequate place to live. This includes living in a car, on the street, or staying in a homeless to other temporary shelter.

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**Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling? OR In the past two years, did you refer yourself, or had someone else referred you for an alcohol or drug abuse assessment or counseling?**

Yes No Declined

*Help:* This includes either self-referring or being referred by a social worker, school staff, physician, mental health worker, foster parent or other adult for an alcohol or drug abuse assessment or counseling. Alcohol or drug abuse assessment is a process designed to determine if you had/have a problem with alcohol or drug use.

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**Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? OR 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?**

Yes No Declined

*Help:* This means that you were confined in a jail, prison, correctional facility, or juvenile or community detention facility in connection with a crime (misdemeanor or felony) allegedly committed by you.

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**Have you ever given birth or fathered any children that were born OR In the past two years, did you give birth to or father any children that were born?**

Yes No Declined

*Help:* This means giving birth to or fathering at least one child that was born. If you are a male and you don't know, answer "No".

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***If you responded yes to the previous question, were you married to the child's other parent at the time each child was born?***

Yes  No  Declined

*Help:* This means that when every child was born you were married to the other parent of the child.

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**Currently are you on Medicaid?**

Yes  No  Don't Know  Declined

*Help:* Medicaid (or the State assistance medical program) is a health insurance program funded by the government.

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**\*Currently do you have health insurance, other than Medicaid?**

Yes  No  Don't Know  Declined

*Help:* "Health Insurance" means you have a third party (other than Medicaid) pay for all or part of your costs of medical care, mental health care and/or prescription drugs. This includes group coverage offered by employers, schools or associations, an individual health plan, self-employed plans or inclusion in a parent's insurance plan. This also includes access to free health care through a college or other source.

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***\*\*If you responded yes to the previous question(\*), does your health insurance include coverage for medical services?***

Yes  No  Don't Know  Declined

*Help:* This means that your health insurance covers at least some medical services or procedures. This question appears because you responded "yes" to having medical health insurance coverage.

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***If you responded yes to the previous question(\*\*), does your health insurance include coverage for mental health services?***

Yes  No  Don't Know  Declined

*Help:* This means that your health insurance covers at least some mental health services. This question appears because you responded "yes" to having medical health insurance coverage.

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***If you responded yes to the previous question(\*\*), does your health insurance include coverage for prescription drugs?***

Yes  No  Don't Know  Declined

*Help:* This means that your health insurance covers at least some prescription drugs. This question appears because you responded "yes" to having health insurance.

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**CONTACT INFORMATION**  
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**Who is an adult that we can call or email in the future in order to get your contact information?**

\_\_\_\_\_

**What is the current address of that adult?**

*Address Line 1:* \_\_\_\_\_

*Address Line 2:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

**What is the current phone number of that adult?**

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

**What is the current email address of that adult?**

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