**National Youth in Transition Database (NYTD) survey for 17 year olds**

[Get $50 when you turn in the survey in before the deadline. You’ll be asked to take this survey again when you’re 19 and 21 years old.]

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Currently, are you employed full-time (at least 35 hours a week total, at one or more jobs)?**

\_\_Yes \_\_No \_\_Declined to answer

1. **Currently, are you employed part-time (1 to 34 hours a week total, at one or more jobs)?** \_\_Yes \_\_No \_\_Declined to answer
2. **In the past year, have you obtained employment-related skills (completed apprenticeships, internships, or other on-the-job training, paid or unpaid)?**

\_\_Yes \_\_No \_\_Declined to answer

1. **Currently, are you receiving Social Security (SSI or SSDI, either because you have a disability or because your parent/guardian has a disability)?**

\_\_Yes \_\_No \_\_Declined to answer

*NOTE: SSI payments are made to eligible low-income persons with disabilities. SSDI payments are made to persons with a certain amount of work history who become disabled.*

1. **Currently, are you receiving Educational Aid (scholarships, education or training vouchers, grants, stipends, student loans, or other types of educational financial aid)?**

\_\_Yes \_\_No \_\_Declined to answer

1. **Currently, are you receiving Public Financial Assistance (ongoing cash welfare payments from the government to support your basic needs)?**

\_\_Yes \_\_No \_\_Declined to answer

*Excludes: payments for specific purposes such as unemployment insurance, child care subsidies, education assistance, food stamps or housing assistance.*

*NOTE: Check “Not Applicable” if you are still in foster care.*

1. **Currently, are you receiving Public Food Assistance (food stamps, government sponsored checks, coupons, or debit cards- to buy eligible food)?**

\_\_Yes \_\_No \_\_Declined to answer

 *Includes: receiving public food assistance through the Women, Infants, and Children (WIC) program.*

*NOTE: Check “Not Applicable” if you are still in foster care.*

1. **Currently, are you receiving Public Housing Assistance (living in government-funded public housing, or receiving a government-funded housing voucher to pay for part of housing costs)?**

\_\_Yes \_\_No \_\_Declined to answer

*NOTE: Check “Not Applicable” if you are still in foster care.*

1. **Currently, are you receiving other financial support (any other support financial support not listed so far)?**

\_\_Yes \_\_No \_\_Declined to answer

*NOTE: This means periodic and/or significant financial support from spouse/family member (biological, foster or adoptive) that benefits you directly.*

*Includes: child support or funds from a legal settlement that you receive .*

*Excludes: occasional gifts, child care subsidies or child support for your child or other financial help that does not benefit you directly in supporting yourself.*

1. **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 to answer

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

\_\_Yes \_\_No \_\_Declined to answer

*NOTE: you are still considered enrolled in and attending school if you would otherwise be enrolled in and attending a school that is currently out of session (e.g. spring/summer break).*

1. **Currently, is there at least one adult in your life, other than your caseworker, to whom you go for advice or guidance, or to share personal achievements?**

\_\_Yes \_\_No \_\_Declined to answer

 *NOTE: Includes: adult relatives, parents or foster parents.*

*Excludes: spouses, partners, boyfriends, girlfriends, current caseworkers.*

1. **Have you ever been homeless?** *(this includes couch surfing)*

\_\_Yes \_\_No \_\_Declined to answer

1. **Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?**

\_\_Yes \_\_No \_\_Declined to answer

1. **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 \_\_No \_\_Declined to answer

1. **Have you ever given birth or fathered any children that were born?**

\_\_Yes \_\_No \_\_Declined to answer

1. **Were you married at the time of the child’s birth (marriage recognized by law to child’s other parent)?**

\_\_Yes \_\_No \_\_Declined to answer \_\_Not Applicable

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

1. **Currently, are you on Medicaid?**

\_\_Yes \_\_No \_\_Don’t Know \_\_Declined to answer

1. **Currently, do you have other health insurance?**

\_\_Yes \_\_No \_\_Don’t Know \_\_Declined to answer \_\_Not Applicable

*NOTE: Includes group coverage offered by employers, schools or associations, an individual health plan, self-employed plan, or inclusion in a parent’s insurance plan.*

*Also includes access to free health care through a college, Indian Tribe, or other source.*

1. **Does your health insurance cover part/full medical health care services?**

\_\_Yes \_\_Don’t Know \_\_Declined to answer \_\_Not Applicable

1. **Does your health insurance cover part/full mental health care services, such as counseling or therapy?**

\_\_Yes \_\_No \_\_Don’t Know \_\_Declined to answer \_\_Not Applicable

1. **Does your health insurance cover at least some prescription drugs?**

\_\_Yes \_\_No \_\_Don’t Know \_\_Declined to answer \_\_Not Applicable

1. **Living Arrangement?**

\_\_Ameri Corps \_\_College Dorm \_\_Foster Home \_\_Group Home

\_\_Homeless \_\_ Incarcerated \_\_Job Corp \_\_Live with relative

\_\_Live with non-relative \_\_Military \_\_Other \_\_ Own Housing

\_\_Supportive Permanent Housing \_\_ Transitional Housing \_\_Unknown

1. **Has the youth received scholarships?**

\_\_Yes \_\_No \_\_Don’t Know \_\_Declined to answer \_\_Not Applicable

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Youth Name (print) Youth Name (signature)**