

2016-2017 | October 2016

EVALUATION GUIDEBOOK

Connected Youth Initiative | Social Innovation Fund



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ABOUT THE GUIDEBOOK

Nebraska Children (NC) is engaging in an effort—the Connected Youth Initiative (CYI)—to help young people in rural areas of Nebraska become contributing, independent citizens. The Social Innovation Fund (SIF) - CYI guidebook will inform the Central Navigators on the process for data collection for the CYI project and discuss the details of how and when forms and youth surveys will be completed and other program data will be documented and shared.

Please note that this guidebook focuses mainly on data collected through the Common Referral Form; however, as part of the external evaluation being conducted by West Ed/UNO, Central Navigators and others will be engaged in additional data collection and reporting beyond that covered in this guidebook.



EVALUATION PURPOSE

The Connected Youth Initiative includes a comprehensive evaluation process that will include collecting data to monitor the identified program outcomes. A standardized evaluation process has been developed to collect information and report outcomes uniformly across community sites. Each community implementing CYI is required to follow this process.

The Connected Youth Initiative will emphasize ongoing evaluation as part of the continuous improvement process as it is viewed as a critical aspect of an effective program. The continuous improvement process will include:

- Providing information which assists local program staff to improve the CYI on an ongoing basis; and
- Providing information to funders about the efficacy of the program.



YOUTH POPULATION AND KEY OUTCOMES

For the purposes of this work, unconnected youth are defined as young people aged 14-24 (up to their 25th birthday) who are currently or have been in the Nebraska foster care system, have had contact with child protective services, have had contact with the juvenile justice system (but are not on probation), or are homeless or near homeless. For additional details, see Appendix F.

The Connected Youth Initiative aims to bring young people together with service providers, funders and decision-makers to create supportive communities committed to improving outcomes for young people. The Connected Youth Initiative is also designed to build strong collaborations and infrastructure necessary for community ownership of youth well-being and the realization of improved youth outcomes.

SPECIFIC KEY OUTCOME AREAS FOR THE CONNECTED YOUTH INITIATIVE INCLUDE:

- 1. Personal and Community Engagement:** Youth have supportive relationships, are able to access services in the community to achieve their personal goals and have a voice and connection to their community.
- 2. Education:** Youth receive sufficient education and training to enable them to obtain and retain employment.
- 3. Employment:** Youth generate a sufficient income to support themselves by obtaining and retaining employment.
- 4. Housing and Transportation:** Youth have access to safe, stable, affordable housing in the community that is near public transportation, school and work.
- 5. Physical and Mental Health:** Youth have sufficient and affordable health insurance and services for both physical and behavioral health.
- 6. Social Support:** Youth have a network of stable, caring people in their life that will be around no matter what happens.
- 7. Financial Well-being:** Provide youth with assistance in understanding daily budgets, accessing financial assistance and services, opening/maintaining bank accounts, accumulating assets and other financial learning skills.
- 8. Leadership Skills:** Youth are given training and opportunities to build their own leadership skills in communities.

CYI PROCESS FOR YOUTH SURVEYS AND DATA COLLECTION

Intake - Common Referral Form

Common Referral Form completed on paper and signed by youth with support from partner agency staff or Central Navigator (CN).

CN determines if youth is eligible for CYI.

Scan form and send to CN on secured Nebraska Children "Box".

Intake - CYI Transitional Services Survey

At Intake, youth completes the CYI Transitional Services Survey (**even if previously completed by youth**) either online or on paper (scan to CN if on paper).

Youth receives \$10 gift card (see instructions below).

Consent Process

Consent form reviewed with youth by coach or CN and signed by youth and/or parent/guardian if 19 or younger. Signed and e-mailed to CN. (Further instructions to follow.)

Youth Database

Central Navigator updates youth database with youths' **Current Status**, and information from Coach/Agency Partners every six months (March and September). The CN uploads it to the Nebraska Children "Box." (Note: youth leadership database separate.)

Information to Central Navigator

Coach/Partner Agency submits all youth forms (i.e., Common Referral Form, Consent Form, Initial Transitional Services Survey, if paper) to Central Navigator immediately.

CN enters information in Youth database. Youth transferred to a new geographic area also added.

*Six-month CYI Transitional Services Survey

Coaches/Agency Partners/CN - All youth (regardless of current status) complete CYI Transitional Services Survey in October and April (online link and paper survey sent to CN) **unless** intake survey was taken in October or April.

Gift Cards

Each time youth completes the Transitional Services Survey, youth receives a \$10 gift card to a local retailer. For audit purposes, Central Navigators ensure that the following documentation is kept: 1) fully completed Youth Gift Card Documentation form (see Appendix E), and 2) gift card receipts.

Data Submission

Central Navigator collects all data from coaches/agency partners and submits youth database and other requested data for six-month reports - September 15 and March 15 to evaluation team. Please use Box (not email) for sharing the youth database.



CYI TRANSITIONAL SERVICES SURVEY LINKS

Accessing the surveys and evaluation forms by Central Navigator:

1. What We Do > Connected Youth Initiative > Training Materials > Common Referral Form
<http://tinyurl.com/zk4usdq>

Accessing the Connected Youth Transitional Services Survey at Intake:

2. What We Do > Connected Youth Initiative > Connected Youth Transitional Services Survey
<http://tinyurl.com/gobwwqu>



DATA COLLECTION AND EVALUATION ROLES AND RESPONSIBILITIES

Role	Data Collection and Evaluation Responsibilities
Central Navigators	<ul style="list-style-type: none"> • Ensure the accurate and timely collection and dissemination of all required CYI data and support community partners as needed to do this • Ensure that all youth-level data collected and stored either electronically or in hard copy is appropriately protected and secured • Collect and report data for the 6-month progress reports due to Nebraska Children and Families Foundation • Determine eligibility of youth for participation in CYI • Ensure referral agencies/organizations use and submit the CYI Common Referral Form • Receive Common Referral Form from referral agency/organization and ensure this data is entered into the CYI database • Provide website link for youth to complete Connected Youth Transitional Services Survey at Intake • Assign coach • Participate in training on how to consent youth • Ensure youth consent is sought and consent forms are completed, and resulting information is collected and stored appropriately • Ensure completion of Connected Youth Survey at intake and April and October of each year • Monitor and managing gift card purchase and distribution to youth • Use the data to inform a CQI process
Data and Evaluation Technical Assistance Provider (Local Evaluator)	<ul style="list-style-type: none"> • As needed, support Central Navigators in carrying out the responsibilities listed above • Attending and listen “with an evaluator’s ear” to the implementation-related presentations and work being led by Nebraska Children and Families Foundation staff working on implementing the Connected Youth Initiative, to proactively identify places where assistance might be needed around laying the groundwork for data collection, reporting, • Proposing and/or drafting solutions needed to proactively address any potential issues with data collection, reporting, and analysis (e.g. the CYI evaluation guide) • Facilitate the development of/enhancement of continuous quality improvement (CQI) processes in the SIF-funded communities.
External Evaluator	<ul style="list-style-type: none"> • Be the point of contact for their SIF subgrantee community for the duration of the project on all work relevant to the external evaluation described above • Be the day-to-day link between communities and West Ed/UNO (i.e. the external evaluator)
Internal Evaluator	<ul style="list-style-type: none"> • Conduct an internal evaluation of all of all NCCF CYI work statewide to help ensure that the work done is achieving the intended outcomes. This internal evaluation includes SIF-funded CYI communities, as well as Omaha, Lincoln, and the Panhandle. • Maintain the most current version of the following forms: CYI Common Referral Form, CYI Transitional Services Survey Form, Consent Form • Coordinate on behalf of NCCF with West Ed/UNO in their role as external evaluators

CONTACT INFORMATION FOR THOSE WITH DATA COLLECTION ROLES AND RESPONSIBILITIES

Role	Contact Information
Central Navigators	See list below
Data and Evaluation Technical Assistance Provider	Joyce Schmeekle, PhD Schmeekle Research 1701 S. 17th Street, Suite 2A Lincoln, NE 68502 402.477.5407 (office) 402.525.5407 (cell) joyce@schmeeklerresearch.com
External Evaluator	Trevor A. Fronius (Primary POC) WestEd Justice & Prevention Research Center Senior Research Associate tfroniu@wested.org <i>Note: West Ed subcontracts with the University of Nebraska at Omaha for a portion of this work</i>
External Evaluation Community Liaisons	Eyes of the Child Coalition (Broken Bow): Sarah Guckenburg, sgucken@wested.org Families First - The Connection (North Platte): Trevor Fronius, tfroniu@wested.org Norfolk Family Coalition: Sara Roberts, sararoberts@category1consulting.com Hall County Community Collaborative (Grand Island): Staci Wendt, swendt@wested.org Blue Valley Community Action Partnership (Beatrice): Ryan Spohn, rspohn@unomaha.edu Fremont Family Coalition: Sara Roberts, sararoberts@category1consulting.com
Internal Evaluator	Catherine Humphries Brown, PhD Nebraska Children and Families Foundation Associate Vice President for Research and Evaluation 7101 Mercy Road, Suite 106 Omaha, NE 68106 703-819-4585 (cell) cbrown@nebraskachildren.org

CENTRAL NAVIGATORS FOR EACH COMMUNITY

Community: Blue Valley Community Action Partnership

Counties Served: Polk, Butler, York, Seward, Fillmore, Saline, Thayer, Jefferson, Gage, Cass, Otoe, Johnson, Nemaha, Pawnee and Richardson

Contact: Collena Laschanzky, claschanzky@bvca.net

Community: Eyes of the Child Coalition (Broken Bow)

Counties Served: Blaine, Loup, Garfield, Custer, Valley and Sherman

Contact: Cherie Kluender, cherie.kluender@bbps.org

Community: Families First – The Connection (North Platte)

Counties Served: Lincoln

Contact: Aspen Shirley, shirleya@wcdhd.org or 308-520-3743

Community: Fremont Family Coalition

Counties Served: Dodge County

Contact: Shayla Linn, shayla@fremontunitedway.org or 402-721-4157

Community: Hall County Community Collaborative

Counties Served: Hall, Buffalo, Dawon, Merrick, Hamilton, Phelps, Kearney, Adams, Clay, Harlan, Franklin, Webster and Nuckolls

Contact: Sierra Larson, slarson@heartlandcasa.org

Community: Norfolk Family Coalition

Counties Served: Pierce, Wayne, Madison and Stanton

Contact: Donna Benson, norfolkconnectedyouth@gmail.com or 402-640-4230



REPORTING

Central Navigators will obtain youth information from coaches and partner agencies and enter into the Youth Database, reviews with Joyce Schmeekle of Schmeekle Research prior to submitting the data to the NCFE website portal by the end of each quarter or 6-month period.

Sub-recipient shall maintain and furnish to Nebraska Children programmatic/evaluative reports via email to Sara Riffel (sriffel@nebraskachildren.org) and Jamie Anthony (janthony@nebraskachildren.org) according to the following schedule:

Report Name	Due On or Before	Covering the Period of
Quarterly Activity Report	October 15, 2016	July 1, 2016 – September 30, 2016
6-month Activity Report	April 15, 2017	October 1, 2016 – March 31, 2017
6-month Activity Report	October 15, 2017	April 1, 2017 – September 30, 2017

I. The programmatic/evaluative reports shall describe programmatic and partnership activities, as well as evaluation activities and outcomes consistent with the Scope of Work described in **Attachment A** found in your contract. Further, the following questions need to be specifically address:

- a) Update on Collaborative
- b) Success Stories
- c) Challenges and Barriers
- d) Update on securing Match commitment

II. The monthly budget expenditure reports shall provide a comparison of actual expenses against the approved program budget in **Attachment B** found in your contract. Each financial report shall document all actual allowable costs, projected costs, Program Income, and Non-Federal Matching Share amounts. A general ledger detail report generated directly from your fiscal agent, in addition to, your background check tracking spreadsheet (**Attachment D** found in your contract) is required to be submitted with your monthly budget expenditure reports (see **Attachment C** found in your contract).

III. All quarterly reports are due fifteen (15) calendar days after the end of the calendar quarter and shall be completed online through Nebraska Children's online portal system. If Sub-recipient anticipates any delay in submitting reports, it should contact Nebraska Children's Community Investment Manager as soon as possible, but in no event after the required deadline for each report.

IV. Time and Effort Reporting

In tandem with its quarterly financial and programmatic reports, Sub-recipient must submit corresponding time and effort activity reports, consistent with the rules set forth in the applicable Federal Cost Principles, for each employee who is supported in whole or in part with funds under this Agreement (including by Non-Federal Matching Share funds).



DEFINITIONS

Intake: The first time a young person works with a coach to access ANY of the resources that are part of CYI (i.e. Opportunity Passport, youth leadership, or CYI support services) The receipt and processing of a referral form by the Central Navigator including the initial process of referring the youth for coaching services, youth leadership, opportunity passport or a brief contact.

Central Navigator: The collaborative contracted designee who serves as a hub for entry into the CYI through receiving, validating of eligibility where needed and the processing of referrals. The Central Navigator also maintains the up to date collaborative database through communication with coaches and services, oversees the dispensing and documentation of gift cards for surveys at intake and in April and October, and when required convenes meetings with youth and providers to assure a youth led common plan.

Coach: Coach is a generic term applied to persons whose job responsibility within their own agency is to support youth in moving to adulthood.

Community or Agency Partner or Provider: Any community organization or individual who is part of ongoing planning and implementation for CYI collective impact is a community partner. Community or agency providers are those who offer a specific service accessed by youth as part of CYI.

Other Referral Source: A referral that comes from outside of the local collective impact CYI community partners. Outside referrals may come from an individual or organization who knows about CYI but does not participate in the ongoing development or from a someone outside of the service area.

Current Status Definitions (also listed in the Youth Database):

1. **Brief contact:** youth contacted the CN for one purpose for one time such as need-based funds for foster care youth
2. **Active:** youth seen past 6 months and has received any coaching, supported services, Opportunity Passport, or Leadership
3. **Inactive:** 24 or younger and have received services but not in the last 6 months
4. **Aged Out:** youth reaches 25th birthday
5. **Transferred:** youth transferred to another community
6. **Other:** youth moved to another state, or is deceased, or enters long-term care
7. **Ineligible:** youth does not meet eligibility requirements for the program

CONNECTED YOUTH COMMON REFERRAL FORM

Name: _____
First Middle Last

Today's Date: ____/____/____

All parts of the Common Referral Form should be completed prior to receiving Connected Youth Initiative services. The Common Referral Form may be completed with the support of either a Coach or Central Access Navigator, who may answer questions and offer help as needed.

1. How can we help?

I am here for... (check all that apply)

☐ Opportunity Passport ☐ Need Based Fund ☐ Youth Leadership ☐ Other supportive services (check most important need below)



<input type="checkbox"/> Education	<input type="checkbox"/> Employment	<input type="checkbox"/> Housing	<input type="checkbox"/> Finances
<input type="checkbox"/> Physical Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Use	<input type="checkbox"/> Dentist
<input type="checkbox"/> Transportation	<input type="checkbox"/> Legal Documents	<input type="checkbox"/> Supportive Relationships	
<input type="checkbox"/> Other: _____			

2. Current services and supports

I am currently receiving the following services and supports... (check all that apply)

<input type="checkbox"/> Opportunity Passport	<input type="checkbox"/> Need Based Fund (in the past 12 mo.)	<input type="checkbox"/> Youth Leadership Council
<input type="checkbox"/> Bridge to Independence Services	<input type="checkbox"/> Other Indep. Living/Life Skills Services	<input type="checkbox"/> Housing Services
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Education Services (e.g. ETV, GED, tutoring)	<input type="checkbox"/> Mentoring Services
<input type="checkbox"/> Family Finding Services	<input type="checkbox"/> Transportation Services (e.g. IntelliRide)	<input type="checkbox"/> Food Services (e.g. local pantries)
<input type="checkbox"/> Medical Services	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Substance Use Services
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Credit Repair Services	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Other: _____		

I am currently receiving the following types of public assistance... (check all that apply)

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Aid to Dependent Children
<input type="checkbox"/> Childcare Subsidy/Title XX	<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> WIC
<input type="checkbox"/> Housing Voucher/Section 8	<input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Other: _____		

3. A few questions about you...

Phone Number	Email Address	Birth Date ____/____/____	Last 4 digits of SSN	
Current/Mailing Address	City	State	County	Zip

Did you move to NE from another state?

☐ No ☐ Yes (state: _____)

What is your gender?

☐ Woman ☐ Man ☐ Another Gender: _____ ☐ Prefer not to say

What is your race/ethnicity? (check all that apply)

☐ White ☐ Black or African American ☐ Hispanic or Latino ☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other: _____ ☐ Prefer not to say

Have you experienced any of the following?

☐ Foster care/state ward/placed outside of the home ☐ In-home services for your family (from DHHS) ☐ Guardianship ☐ Adoption ☐ Probation ☐ Homelessness ☐ Other: _____ ☐ Prefer not to say

X _____
Young Person's Signature

Date: ____/____/____

X _____
Legal Guardian's Signature (if applicable)

Date: ____/____/____

Referral Agency	Referral Individual	Contact Phone Number	Contact Email Address
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CONNECTED YOUTH INITIATIVE

TRANSITIONAL SERVICES SURVEY

Name: _____
First Middle Last

Today's Date: ____/____/____

Young people should complete this survey independently to the best of their ability. All parts should be completed.

Education

Currently enrolled in

Junior High or Middle School	High School	GED Classes	Part time: Vocational/Trade School	Full time: Vocational/Trade School
Part time: Community College	Full time: Community College	Part time: College	Full time: College	
Part time: Grad School (Master's or Doctoral)	Full time: Grad School (Master's or Doctoral)	n/a (not enrolled)	Other: _____	

Highest grade completed

6 th grade or less	7 th grade	8 th grade	9 th grade	10 th grade
11 th grade	12 th grade (High School Diploma)	GED/ Modified Diploma	1+ years of college (but no degree)	Vocational/Trade School Degree
Associate's Degree	Bachelor's Degree	Graduate Degree (Master's or Doctoral)	Other: _____	

What school or agency did you complete this grade/degree at?

Have you ever received special education services?

___ No ___ Yes (reason: _____)

Housing

How many different places have you lived in the past 6 months? (include the place you are currently living)

_____ (please write a number, e.g. "1")

Currently living arrangement

___ Bio parent(s)	___ Adoptive parent(s)	___ With other bio/adoptive family members	___ Independently/ in my own place	___ With a friend/ significant other
___ With another non-relative adult	___ Legal guardian(s)	___ Foster home	___ Group home	___ Independent/Transitional Living Program
___ School dorm	___ Couch surfing/ house to house	___ Homeless/ in a homeless shelter	___ Other: _____	

About how long has this been your living situation? (how long have you lived there?)

Weeks: _____ Months: _____ Years: _____

How long do you plan to stay in your current living situation?

___ Less than 1 week	___ A couple weeks	___ About a month	___ A few months	___ 6 months – 1 year
___ 1 – 2 years	___ A few years	___ Indefinitely/ as long as I want	___ Not sure	
___ Other: _____				

Is your housing affordable?

___ Yes ___ No ___ I don't pay for housing

Do you feel safe in your current living situation?

___ Yes ___ No

Do you feel that your current living situation is stable? (can you stay as long as you would like; do you have control over whether you stay or leave?)

___ Yes ___ No

Employment

Current employment status

☐ Not employed and
not trying to get a job

☐ Not employed,
but trying to get a job

☐ Employed



of paying jobs: _____

Average number of hours you work each week: _____

Hourly wage: _____ *(If you have more than one paying job,
think of the job you've been at the longest)*

Length of time with current employer *(think of the job you've been at longest)*

☐ Less than 3 months ☐ 3 – 5 months ☐ 6 – 8 months
☐ 9 – 22 months ☐ 1 – 2 years ☐ More than 2 years

Parenting

Are you currently parenting or expecting a child? (check all that apply)

☐ Neither pregnant/
expecting nor parenting

☐ Pregnant or
expecting a child

☐ Parenting



Total # of children: _____

How many of these children currently live with you?

Total # of these children living with you full time: _____

Total # of these children living with you part time: _____

Comments: _____

Physical and Mental Health

Do you have health insurance through any of the following? (check one)

☐ Medicaid ☐ My parent(s) insurance ☐ My employer ☐ My spouse's insurance ☐ My school
☐ I buy private insurance myself ☐ Other: _____ ☐ I do not have health insurance ☐ Don't know

Do you have a disability that affects your ability to engage in daily activities? (e.g. working/school, living on your own, etc.)

☐ Yes ☐ No

When did you last have a physical exam by a doctor or nurse?

☐ Less than 1 year ago ☐ 1 to 2 years ago ☐ More than 3 years ago ☐ Never ☐ Don't know

Do you have any unmet physical or medical needs right now?

☐ Yes ☐ No

When did you last have a dental exam by a dentist or hygienist?

☐ Less than 1 year ago ☐ 1 to 2 years ago ☐ More than 3 years ago ☐ Never ☐ Don't know

Do you have any unmet dental needs right now?

☐ Yes ☐ No

Do you have any unmet mental health needs right now?

☐ Yes ☐ No

Do you have access to the medications you need?

☐ Yes ☐ No ☐ n/a

Has there been a time over the past 6 mo where you thought you should get medical care, dental care, or care from a mental health professional but you did not or weren't able to? (check all that apply)

☐ No

☐ Yes – I did not get medical care

☐ Yes – I did not get dental care

☐ Yes – I did not see a mental health professional for a problem (e.g. depression, anxiety, substance use)

How many times have you visited the Emergency Room (ER) in the past 6 months?

_____ (please write a number, e.g. "0")

Social Support

Do you have enough people to count on when you need someone to...

Give you good advice about a crisis	Enough people ___ you can count on	Too few people ___ you can count on	No one ___ you can count on	___ Don't know
Give you good advice about your job or school	Enough people ___ you can count on	Too few people ___ you can count on	No one ___ you can count on	___ Don't know
Loan you money in an emergency	Enough people ___ you can count on	Too few people ___ you can count on	No one ___ you can count on	___ Don't know

Do you have supportive adults in your life that you will always be able to turn to for support?

___ No

___ Yes



Approximate total # of supportive adults: _____

What supportive adults do you have to always turn to?

___ Birth parent	___ Adoptive parent	___ Legal guardian	___ Adult sibling
___ Spouse	___ Extended family member (e.g. aunt, grandpa)	___ Teacher	___ Someone from my church/ faith-based community
___ Current foster parent	___ Former foster parent	___ Mentor/ community member	___ Caseworker (e.g. Indep. Living staff, case manager)
___ Other <u>adult</u> (please write their relationship to you, not their name): _____			

Transportation

What is your primary method of transportation?

Public transportation (e.g. bus, taxi)	___ Bicycle	___ Walking	___ Own a car	Borrowing ___ someone else's car
___ Program staff	___ Friends/family (asking for rides)	___ Other motorized vehicle (e.g. motorcycle, moped)	___ Other: _____	

Do you have access to the transportation you need to get to school or work?

___ Yes ___ No ___ n/a

Do you have access to the transportation you need for things like therapy, medical appointments, supportive services, etc?

___ Yes ___ No ___ n/a

Is the transportation you use reliable and consistent?

___ Yes ___ No ___ n/a

Do you have a driver's license?

___ Yes ___ No ___ Not old enough

Financial Well-Being

Right now, do you have a bank (or credit union) account into which you can deposit and withdraw money?

___ Yes ___ No

In the past month, did you have enough money to cover your expenses? (e.g. rent, bills, food, transportation, school supplies, child care, school loans, etc.)

___ Yes ___ No

Do you currently have any savings? (savings can be money that you put away somewhere in your home, deposited in an account at a bank or credit union, asked a family member or friend to keep for you, etc.)

___ Yes ___ No

Scale Questions

Please read the statements below and select the response that best describe how you see yourself today.

	<i>Strongly disagree/ Not at all like me</i>	<i>Disagree/ Unlike me</i>	<i>Agree/ Like me</i>	<i>Strongly agree/ Very much like me</i>
If I think about a situation ahead of time, I can avoid losing my cool.	—	—	—	—
I can stop myself when I am going to say something I will regret.	—	—	—	—
After leaving a heated argument, I can return and talk to the person I am mad at.	—	—	—	—
I can remove myself from a frustrating situation.	—	—	—	—
I value feedback from people about how I handle different tense situations.	—	—	—	—
I don't let little things upset me.	—	—	—	—
I feel in control of my emotions.	—	—	—	—
I acknowledge my anger but don't express it with hostility.	—	—	—	—
I am patient.	—	—	—	—
It's important to analyze events before we over-react.	—	—	—	—

Once again, please read each item carefully and select the answer that best describes you.

	<i>Definitely false</i>	<i>Mostly false</i>	<i>Somewhat false</i>	<i>Slightly false</i>	<i>Slightly true</i>	<i>Somewhat true</i>	<i>Mostly true</i>	<i>Definitely true</i>
If I should find myself in a jam, I could think of many ways to get out of it.	—	—	—	—	—	—	—	—
At the present time, I am energetically pursuing my goals.	—	—	—	—	—	—	—	—
There are lots of ways around any problem that I am facing now.	—	—	—	—	—	—	—	—
Right now, I see myself as being pretty successful.	—	—	—	—	—	—	—	—
I can think of many ways to reach my current goals.	—	—	—	—	—	—	—	—
At this time, I am meeting the goals that I have set for myself.	—	—	—	—	—	—	—	—

A few questions about you...

Phone Number	Email Address		Birth Date	Last 4 digits of SSN
			___/___/___	
Current/Mailing Address	City	State	County	Zip

Thank you for taking our survey!

Is there anything else you would like to tell us about this survey or any of the topics in it?

CONNECTED YOUTH INITIATIVE (CYI) INFORMATION USE & DISCLOSURE AUTHORIZATION FORM

Nebraska Children and Families Foundation is engaging in an effort—the Connected Youth Initiative—to help unconnected youth in rural areas of Nebraska become contributing, independent citizens. For the purposes of this work, unconnected youth are defined as young people ages 14-24 who are currently or have been in the Nebraska foster care system, have had contact with child protective services, have had contact with the juvenile justice system (but are not on probation), or are homeless or near homeless.

By federal law, we (Nebraska Children and Families Foundation) are required to give people the opportunity to choose whether or not they want their data shared. We are also required to explain the purpose of this data sharing; details on the purpose of this data sharing are provided below. Any data you authorize to be shared will be used to evaluate the CYI and may help young people in similar situations to yours. **If you sign this document, you are giving permission for data about your education, housing, employment, physical and mental health, social well-being, transportation, and financial well-being to be shared only with the agencies and people listed below.** This is voluntary, so you are not required to sign this form in order to receive services. Please read the following statements below – if you have any questions, please ask before signing.

Purpose of data sharing and other important information	
<ul style="list-style-type: none">▪ I understand the purpose of this data sharing is to assist with providing services, follow up in future months, and support evaluation of the Connected Youth Initiative.▪ I understand this data will be used to measure outcomes to see how the Connected Youth Initiative is helping young people. My data will be combined with data about other young people receiving and not receiving Connected Youth Initiative services in Nebraska. My name and individual data will <u>not</u> be publicly shared. My data are only available to the agencies listed below.▪ I understand that the data listed below will only be shared with the organizations affiliated with the Connected Youth Initiative and its evaluation partner in order to provide me with services and evaluate the program.▪ I understand that <u>only</u> if my data shows that I am being harmed or there is potential for harm, my data may be disclosed; otherwise, my data <u>will not</u> be disclosed without my written consent.	
People with whom your data would be shared	
<ul style="list-style-type: none">• Central Navigator and Partner Agencies• Contracted external evaluators for the Connected Youth Initiative. Specifically, WestEd and their subcontracted evaluators at the University of Nebraska at Omaha, and Category One Consulting.• Nebraska Children and Families Foundation research and evaluation staff (Connected Youth Initiative Common Referral Form and Transitional Services Survey data only)• Schmeeckle Research (Connected Youth Initiative Common Referral Form and Transitional Services Survey data only)	
What data do you allow to be shared? (Check those that you allow; also note that none of the data you allow to be shared will be publicly reported in a way that identifies you individually)	
<ul style="list-style-type: none"><input type="checkbox"/> Any information you provide on the Connected Youth Initiative Common Referral form<input type="checkbox"/> Any information you provide on the Connected Youth Initiative Transitional Services Survey<input type="checkbox"/> Educational records maintained by the state of Nebraska<input type="checkbox"/> Employment records maintained by the state of Nebraska or their contracted entities<input type="checkbox"/> Housing records maintained by the state of Nebraska or their contracted entities<input type="checkbox"/> Criminal records maintained by the state of Nebraska or their contracted entities<input type="checkbox"/> Health and human service records maintained by the state of Nebraska or their contracted entities<input type="checkbox"/> Connected Youth Initiative program data, including information about what services were provided and when, as well as other program-related data<input type="checkbox"/> Information previously collected as part of my involvement with the Connected Youth Initiative or services received as part of the Connected Youth Initiative<input type="checkbox"/> I <u>allow</u> all of the data listed above to be shared.<input type="checkbox"/> I <u>do not allow</u> any of the data listed above to be shared.	
Name of young person (First, Middle, Last)	Date of birth

I understand that I do not have to allow my data to be shared in order to receive services. I also understand that in the future I can request in writing to the Associate Vice President of Research and Evaluation at Nebraska Children and Families Foundation if I no longer want my data to be shared, although this won't affect any information that has already been shared between the named above. **I understand that I can see and get another copy of this form at any time, upon request. By signing this form, I agree to share my data that I have checked off in the box above.**

This consent starts on the date I sign this form and this will expire after five (5) years from the date of signature.

Required - Signature of young person

Date

Required if young person is 19 or younger - Signature of parent or legal guardian

Date

Required if young person is 19 or younger – Person named above's relationship to young person (printed)

Required - Signature of agency representative who presents and explains this form

Date

Required – Printed name of agency which the person named above represents

Updated 7/2016

INICIATIVA JUVENTUD CONECTADA (CYI)

FORMULARIO DE USO DE INFORMACIÓN Y AUTORIZACIÓN DE DIVULGACIÓN

La Fundación de Niños y Familias de Nebraska se está involucrando en un esfuerzo—la Iniciativa Juventud Conectada— para ayudar a que los jóvenes desconectados en zonas rurales de Nebraska sean ciudadanos independientes y cooperadores. En virtud de este trabajo, los jóvenes desconectados se definen como aquellas personas jóvenes entre los 14-24 años que actualmente estén o hayan estado en el sistema de cuidado adoptivo de Nebraska, hayan tenido contacto con servicios de protección infantil, hayan tenido contacto con el sistema de justicia juvenil (pero que no estén en condena condicional), o que estén sin hogar o cerca de estarlo.

Por ley federal, a nosotros (la Fundación de Niños y Familias de Nebraska) se nos exige dar a las personas la oportunidad de elegir si desean que sus datos sean compartidos o no. También se nos exige explicar el objetivo de este intercambio de datos; más adelante se entregan los detalles sobre el objetivo de este intercambio de datos. Cualquier dato que usted autorice que sea compartido, será utilizado para evaluar la CYI y puede ayudar a los jóvenes en situaciones similares a la suya. **Si firma este documento, usted está autorizando que los datos acerca de su educación, vivienda, empleo, salud física y mental, bienestar social, transporte, y bienestar financiero sean sólo compartidos con las agencias y personas clasificadas a continuación.** Esto es voluntario, por lo que no se le exige firmar este formulario para recibir los servicios. Por favor, lea las siguientes declaraciones – si tiene alguna duda, por favor pregunte antes de firmar.

Objetivo del intercambio de datos y otra información importante
<ul style="list-style-type: none">▪ Comprendo que el objetivo de este intercambio de datos es ayudar con la entrega de servicios, seguimiento en futuros meses, y apoyar la evaluación de la Iniciativa Juventud Conectada.▪ Comprendo que estos datos se utilizarán para medir los resultados, y ver la forma en que la Iniciativa Juventud Conectada está ayudando a los jóvenes. Mis datos se unirán con los datos de otros jóvenes que reciben o que no reciben los servicios de la Iniciativa Juventud Conectada en Nebraska. Mi nombre y mis datos individuales <u>no</u> se compartirán públicamente. Mis datos sólo están disponibles para las agencias clasificadas a continuación.▪ Comprendo que los datos clasificados a continuación sólo se compartirán con las organizaciones afiliadas con la Iniciativa Juventud Conectada y su socio de evaluación para así brindarme servicios y evaluar el programa.▪ Comprendo que <u>sólo</u> si mis datos muestran que estoy siendo perjudicado o si hay un potencial de daño, mis datos pueden ser divulgados; de otro modo, mis datos <u>no</u> serán divulgados sin mi consentimiento por escrito.
Personas con las cuales se intercambiarán sus datos
<ul style="list-style-type: none">• Navegadora Central y Agencias asociadas• Evaluadores externos contratados para la Iniciativa Juventud Conectada. Específicamente, WestEd y sus evaluadores contratados en la Universidad de Nebraska en Omaha, y Category One Consulting.• Personal de investigación y evaluación de la Fundación de los Niños y Familias de Nebraska (sólo los datos del Formulario de Referencia Común de la Iniciativa Juventud Conectada y de la Encuesta de Servicios de Transición)• Schmeckle Research (sólo los datos del Formulario de Referencia Común de la Iniciativa Juventud Conectada y de la Encuesta de Servicios de Transición)
¿Qué datos usted permite que sean compartidos? (Marque aquellos que usted permita; note también que ninguno de los datos que usted permita que sean compartidos serán reportados públicamente en una forma que lo identifique de manera individual)
<ul style="list-style-type: none"><input type="checkbox"/> Cualquier información que usted proporcione en el formulario de Referencia Común de la Iniciativa Juventud Conectada.<input type="checkbox"/> Cualquier información que usted proporcione en la Encuesta de Servicios de Transición de la Iniciativa Juventud Conectada.<input type="checkbox"/> Expedientes educacionales mantenidos por el estado de Nebraska<input type="checkbox"/> Expedientes laborales mantenidos por el estado de Nebraska o sus entidades contraídas<input type="checkbox"/> Expedientes de vivienda mantenidos por el estado de Nebraska o sus entidades contraídas<input type="checkbox"/> Expedientes criminales mantenidos por el estado de Nebraska o sus entidades contraídas<input type="checkbox"/> Expedientes de servicios médicos y humanos mantenidos por el estado de Nebraska o sus entidades contraídas<input type="checkbox"/> Datos del programa Iniciativa Juventud Conectada, incluyendo información acerca de qué servicios fueron brindados, así como también otros datos relacionados con el programa

- ☐ Información previamente recolectada como parte de mi participación con la Iniciativa Juventud Conectada o los servicios recibidos como parte de la Iniciativa Juventud Conectada
- ☐ Yo **permiso** que todos los datos clasificados anteriormente sean compartidos
- ☐ Yo **no permiso** que alguno de los datos clasificados anteriormente sean compartidos

Nombre del joven (Primer nombre, Segundo Nombre, Apellido)	Fecha de nacimiento

Comprendo que **no** estoy obligado a permitir que mis datos sean compartidos para recibir los servicios. También comprendo que, en el futuro, puedo solicitar por escrito al Vicepresidente Asociado de Investigación y Evaluación en la Fundación de Niños y Familias de Nebraska si ya no deseo que mis datos sean compartidos, aunque esto no afectará ninguna información que ya se haya compartido entre los mencionados anteriormente. **Comprendo que puedo ver y obtener otra copia de este formulario en cualquier momento, a petición. Al firmar este formulario, acuerdo compartir mis datos que he seleccionado en las casillas anteriores.**

Este consentimiento tiene inicio en la fecha que firmo este formulario y expira luego de cinco (5) años a partir de la fecha de la firma.

Obligatorio - Firma del (de la) joven

Fecha

Obligatorio si el(la) joven tiene 19 años de edad o es menor - Firma del padre o custodio legal

Fecha

Obligatorio si el(la) joven tiene 19 años de edad o es menor - Relación de la persona mencionada anteriormente con el(la) joven (en imprenta)

Obligatorio - Firma del representante de la agencia que presenta y explica este formulario

Fecha

Obligatorio – Nombre en imprenta de la agencia a la cual la persona mencionada anteriormente representa

CYI Youth Gift Card Distribution Documentation (CYI Transitional Services Survey)

Instructions: Partner agency should fill out the first and last columns. Young people should fill out all middle columns. For reimbursement, submit this completed documentation, plus the receipt for the original gift card purchase, to the Central Navigator in your community.

Community/Location _____

Time Frame _____

Gift card number	Date Gift Card Provided	Young person printed name	Young person signature	Partner Agency Name and Initials of person providing gift card