

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?
