**Unconnected Youth**

 **Common Referral Form**

**Instructions:**

* Please fill out all sections completely and return to:

**I. Demographic Information**

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| **Youth Name** | **Birth Date**\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | **Today’s Date**\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | **Project Everlast Facebook Member**\_\_\_ Yes \_\_\_ No |
| **Phone Number** | **Email Address** | **Master Case #** | **Last 4 digits of SSN** |
| **Address** | **City/State** | **County** | **Zip** | **Best Method of Contact**\_\_\_ Phone \_\_\_ Text \_\_\_ Facebook \_\_\_ Email |
| **Did you move to Nebraska from another state?**\_\_\_ Yes (state: \_\_\_\_\_\_\_\_\_\_) \_\_\_ No | **Gender** Trans Woman/ Trans Man/ \_\_\_ Woman \_\_\_ Man \_\_\_ Trans Feminine \_\_\_ Trans Masculine\_\_\_ Prefer not specify \_\_\_ Another Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Data Quality (who completed this information)** Central Youth DHHS/ Access\_\_\_ self-report \_\_\_ NFC/Other \_\_\_ Navigator |
| **Race/Ethnicity (check all that apply)** Native American/ *Are you part of a federally*\_\_\_ White \_\_\_ Black/African American \_\_\_ Hispanic/Latino \_\_\_ Asian \_\_\_ Alaskan Native *recognized* *tribe?* Y *or* N\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Prefer not to specify |
| **Which of the following systems have you been involved with? (Check all that apply)**\_\_\_ Child Welfare: Abuse/Neglect (3a) \_\_\_ Child Welfare: Office of Juvenile Services (3b) \_\_\_ Child Welfare: Mental Health (3c) \_\_\_ Probation \_\_\_ Don’t Know \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Referral Agency** | **Referral Individual** | **Contact Phone Number** | **Referral Agency Email** |
| **Describe your current status (fill in your age for all that apply)**\_\_\_ Currently a state ward (age entered care: \_\_\_\_) \_\_\_ Adopted (age adopted: \_\_\_\_) \_\_\_ Aged out/discharged to Independent Living (at age: \_\_\_\_) \_\_\_ Guardianshipped (at age: \_\_\_\_) \_\_\_ Reunified (at age: \_\_\_\_) \_\_\_ Other/DK (please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **Are you currently in the Bridge to Independence program?***This program provides extra support for youth who aged out of foster care, including a monthly housing stipend, Medicaid coverage, and youth-directed case management services. More information is available at dhhs.ne.gov/b2i.*\_\_\_ Yes \_\_\_ No, but I am interested in signing up \_\_\_ No, and I am not interested in signing up \_\_\_ No, I am not eligible Edit for expanded populations?\_\_\_ I am not sure/need more information about the program \_\_\_ Other/Don’t Know (please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | **Medicaid coverage was recently extended to age 26 for youth who aged out of foster care at 18 or 19. Are you getting this coverage?**\_\_\_ Yes \_\_\_ No, but I am interested in applying \_\_\_ No, because I am not eligible *(I did not age out of foster care OR*  *my case was closed at 17 or younger)*\_\_\_ No, I already applied and was denied *(NOTE: some young people have had to*  *apply more than once before getting approved)*\_\_\_ I am already getting Medicaid for another reason (pregnant, blind, disabled)\_\_\_ I am not sure/need more information about the coverage\_\_\_ Other/DK (please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**Areas of Immediate Need (choose the top three) Available Plans or Assessments**

\_\_\_\_ Education \_\_\_\_ Employment DHHS/NFC Indep. Living Plan . . . . . . . . \_\_\_ Completed \_\_\_ Interested

\_\_\_\_ Housing \_\_\_\_ Permanency PALS/Branching Out Indep. Living Plan. . . \_\_\_ Completed \_\_\_ Interested

\_\_\_\_ Finances \_\_\_\_ Transportation Individual Education Plan (IEP) . . . . . . . . \_\_\_ Completed \_\_\_ Interested

\_\_\_\_ Legal Documents \_\_\_\_ Life Skills Casey Life Skills Assessment . . . . . . . . . . . \_\_\_ Completed \_\_\_ Interested

\_\_\_\_ Parenting Assistance \_\_\_\_ Mental Health/Substance Use Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. . \_\_\_ Completed \_\_\_ Interested

\_\_\_\_ Health \_\_\_\_ Dentist Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. . \_\_\_ Completed \_\_\_ Interested

**II. Current Services and Supports**

Project Everlast Council. . . . . . . . . . . . . . \_\_\_ Involved \_\_\_ Interested Education services (e.g. ETV, GED, tutoring). . \_\_\_ Involved \_\_\_ Interested

Opportunity Passport. . . . . . . . . . . . . . . . \_\_\_ Involved \_\_\_ Interested Food services (e.g. local pantries) . . . . . . . . \_\_\_ Involved \_\_\_ Interested

Housing services. . . . . . . . . . . . . . . . . . . . \_\_\_ Involved \_\_\_ Interested Health services (physical or mental, sub. abuse). . \_\_\_ Involved \_\_\_ Interested

Independent living/life skills services. . . \_\_\_ Involved \_\_\_ Interested Mentoring services . . . . . . . . . . . . . . . . . . . . \_\_\_ Involved \_\_\_ Interested

Family finding services. . . . . . . . . . . . . . . \_\_\_ Involved \_\_\_ Interested Transportation services (e.g. bus, cab) . . . . . \_\_\_ Involved \_\_\_ Interested

Employment services. . . . . . . . . . . . . . . . \_\_\_ Involved \_\_\_ Interested Nebraska Friends of Foster Care (past 12 mo.) . . \_\_\_ Involved \_\_\_ Interested

Need Based Funds (past 12 months). . . . \_\_\_ Involved \_\_\_ Interested Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. . \_\_\_ Involved \_\_\_ Interested

**Public Assistance**

Medicaid . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_ Receiving \_\_\_ Interested Food Stamps (SNAP). . . . . . . . . . . . . . . . . . \_\_\_ Receiving \_\_\_ Interested

Aid to Dependent Children . . . . . . . . . . . \_\_\_ Receiving \_\_\_ Interested SSI/SSDI . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_ Receiving \_\_\_ Interested

Childcare Subsidy/Title XX . . . . . . . . . . \_\_\_ Receiving \_\_\_ Interested WIC . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_ Receiving \_\_\_ Interested

Housing Voucher/Section 8 . . . . . . . . . . \_\_\_ Receiving \_\_\_ Interested TANF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_ Receiving \_\_\_ Interested

Unemployment . . . . . . . . . . . . . . . . . . . . . \_\_\_ Receiving \_\_\_ Interested Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . . \_\_\_ Receiving \_\_\_ Interested

**III. Independent Living/Life Skills**

Move to separate form?

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| **Assistance is needed in the following areas:** |
| **Transportation**\_\_\_ Learning the bus routes\_\_\_ Budgeting for bus passes\_\_\_ Saving for a car\_\_\_ Driver’s Ed./driving experience\_\_\_ Obtaining a driver’s license\_\_\_ Obtaining registration/car insurance\_\_\_ Fixing/maintenance on a car\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Dietary Needs**\_\_\_ How to grocery shop\_\_\_ How to cook\_\_\_ Healthy diet/food pyramid\_\_\_ Reading food labels\_\_\_ Meal planning­­­\_\_\_ Understanding calories\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Exercise and Fitness**\_\_\_ Developing a fitness plan\_\_\_ Participating on a sports team\_\_\_ Picking the right gym \_\_\_ Registering for a fitness class\_\_\_ Purchasing fitness equipment\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Social Outlets**\_\_\_ Positive peer groups\_\_\_ Personal advocacy skills\_\_\_ Public speaking skills\_\_\_ Social capital (networking)\_\_\_ Dangers of the internet\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Personal Maintenance**\_\_\_ Healthy relationships\_\_\_ Support groups (AA, NA, GLSEN, etc)\_\_\_ Stress management\_\_\_ Anger management\_\_\_ Parenting classes\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Personal Hygiene and Cleaning**\_\_\_ How to do laundry\_\_\_ Cleaning schedule for home\_\_\_ Hygiene maintenance\_\_\_ How to dress for success\_\_\_ Cons of visible tattoos/piercings\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Financial Knowledge**\_\_\_ Opening/managing checking account\_\_\_ How to make a budget/money management skills\_\_\_ How to balance a checkbook\_\_\_ Understanding potential dangers of credit cards\_\_\_ Conducting a credit report check\_\_\_ Resolving credit issues\_\_\_ Understanding debt consolidation\_\_\_ Knowing how and when to file taxes\_\_\_ Understanding a check stub\_\_\_ Managing savings account (saving $\_\_\_\_\_\_\_\_\_/month)\_\_\_ Understanding retirement/saving for the future\_\_\_ Understanding dangers of Payday Loans/Check Cashing\_\_\_ Understanding Buy Here/Pay Here and Rent to Own\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mental/Physical Health**\_\_\_ Information about Affordable Care Act\_\_\_ Access to health insurance/Medicaid\_\_\_ Primary physician or info on free clinics\_\_\_ Importance of regular physical/dental exams\_\_\_ How/when to call for an appointment\_\_\_ When to go to the ER\_\_\_ How to get/refill prescriptions\_\_\_ Where to go for pre-natal care\_\_\_ Education on pregnancy prevention\_\_\_ Dangers of alcohol/tobacco/drug use\_\_\_ How/when to contact Boys Town Hotline \_\_\_ Copies of medical records (dental, vision, immunizations, diagnoses, meds, etc.)\_\_\_ Copies of mental health records\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Employment**\_\_\_ Driver’s license/identification card or original social security card\_\_\_ Job searching\_\_\_ Interview skills/mock interviews\_\_\_ Professional interview outfit\_\_\_ Resume (including references)\_\_\_ Education on professional behavior\_\_\_ Conflict management skills\_\_\_ How to select employment benefits\_\_\_ Job shadowing/mentoring\_\_\_ Volunteering/internships\_\_\_ Participating in work study\_\_\_ Resolving criminal history\_\_\_ Locating a daycare\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Education**\_\_\_ Copies of school/education records/transcripts\_\_\_ Copy of high school/GED diploma\_\_\_ Information on local GED or modified diploma programs (if needed)\_\_\_ Updated copy of IEP (if applicable)\_\_\_ College visits\_\_\_ ACT/SAT prep and testing times and places\_\_\_ FAFSA application\_\_\_ Education and Training Voucher program application\_\_\_ Information on other financial aide\_\_\_ Bridge to Independence program application\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Documentation**\_\_\_ Original social security card\_\_\_ Original or certified copy of birth certificate\_\_\_ Driver’s license or state identification card\_\_\_ Immigration/citizenship documents (green card, school visa, etc.)\_\_\_ Copy of final court order or letter from DHHS indicating the youth was a state ward and date of discharge\_\_\_ Documentation of social security or other benefits\_\_\_ Death certificate(s) of parent(s) (if applicable)\_\_\_ Voter registration form or card\_\_\_ If male, registered for the Selective Services\_\_\_ Personal filing system (lock box, file folder, etc.)\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Permanency**\_\_\_ List of supportive adults to contact when in crisis\_\_\_ Contact information for all relatives (if appropriate)\_\_\_ Contact information for siblings\_\_\_ Life Book/compilation of personal history and photographs\_\_\_ Copy of family finding report (if applicable)\_\_\_ How to obtain a copy of foster care case file/court file\_\_\_ Mentoring program\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Housing**\_\_\_ How to look for housing \_\_\_ Conflict resolution \_\_\_ Co-habitation prep/pros and cons of living with a roommate\_\_\_ Understanding rental agreements \_\_\_ Working with utilities companies \_\_\_ Up-keep (home repairs)\_\_\_ Understanding renters’ insurance \_\_\_ Importance of paying rent on time \_\_\_ House maintenance (cleaning)\_\_\_ Understanding how leases work \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IV. Youth Questions: to be completed by the young adult**

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| **Education** |
| **Currently enrolled in (if applicable)** Part Time: Full Time:\_\_\_ Junior High/Middle School \_\_\_ High School \_\_\_ GED Classes \_\_\_ Vocational/Trade School \_\_\_ Vocational/Trade School\_\_\_ Part Time: Community College \_\_\_ Full Time: Community College \_\_\_ Part Time: College \_\_\_ Full Time: College \_\_\_ Part Time: Graduate School \_\_\_ Full Time: Graduate School \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ n/a (not enrolled) |
| **Highest grade completed**\_\_\_ 6th grade or less \_\_\_ 7th grade \_\_\_ 8th grade \_\_\_ 9th grade \_\_\_ 10th grade \_\_\_ 11th grade \_\_\_ 12th grade (High School Diploma)\_\_\_ GED/modified diploma \_\_\_ 1+ years of college (but no degree) \_\_\_ Associate’s Degree \_\_\_ Bachelor’s Degree \_\_\_ Graduate Degree |
| Name of the school/agency you completed this grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To be completed by youth/coach via online survey? | **Have you ever received special education services?**\_\_\_ Yes (reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_ No |

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| **Housing** |
| **Current living arrangement** With other bio/ Independently/ With a friend/ With another\_\_\_ Bio parent(s) \_\_\_ Adoptive parent(s) \_\_\_ adoptive family members \_\_\_ in my own place \_\_\_ significant other \_\_\_ non-relative adult\_\_\_ Legal guardian(s) \_\_\_ Foster home \_\_\_ Group home \_\_\_ School dorm \_\_\_ Independent Living Program/Transitional Living Program \_\_\_ Couch surfing/house to house \_\_\_ Homeless/homeless shelter \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **About how long has this been your living situation (how long have you lived there)?**Weeks: \_\_\_\_ Months: \_\_\_\_ Years: \_\_\_\_  | **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 housing situation is stable?** (e.g. can you stay as long as you would like, do you have control over whether you stay or have to leave)\_\_\_\_ Yes \_\_\_\_ No |
| **How Long do You Plan to Stay There?**\_\_\_ Less than 1 week \_\_\_ A couple weeks \_\_\_ About a month \_\_\_ A few months \_\_\_ Less than 1 year \_\_\_ 1 – 2 years \_\_\_ A few years \_\_\_ Indefinitely/As long as I want \_\_\_ Not sure \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Employment** |
| **Current employment status**\_\_\_ Employed \_\_\_ Not employed but trying to get a job\_\_\_ Not employed and not trying to get a job | **# paying jobs** (if applicable) | **Hourly wage** (if applicable) | **Average hours per****week** (if applicable) | **Length of time with current employer** (think of the job you’ve been at the longest)\_\_\_ Less than 3 mo. \_\_\_ 3-5 mo. \_\_\_ 6-8 mo. \_\_\_ 9-11 mo. \_\_\_ 1-2 yrs. \_\_\_ More than 2 yrs. |

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| **Parenting** |
| **Are you currently parenting or expecting a child? (Check all that apply)** \_\_\_ Not pregnant/expecting or parenting\_\_\_ Parenting (total # of children: \_\_\_\_\_) \_\_\_ Pregnant/expecting a child | **How many of these children currently live with you?** (if applicable)Total # of children living with you full time: \_\_\_\_\_\_\_ Total # of children living with you part time: \_\_\_\_\_\_\_ |
| *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Health/Mental Health** |
| **Do you have health insurance through any of the following? (check one)**\_\_\_ Medicaid \_\_\_ My parents’ insurance \_\_\_ My employer \_\_\_ My spouse’s insurance \_\_\_ My school \_\_\_ I buy private insurance myself \_\_\_ Don’t know \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ I do not have health insurance |
| **When did you last have a physical exam by a doctor or nurse?**\_\_\_ Less than 1 yr ago \_\_\_ 1 to 2 yrs ago \_\_\_ More than 2 yrs ago \_\_\_ Never \_\_\_ Don’t know | **Do you have any unmet physical or medical needs right now?**\_\_\_\_ Yes \_\_\_\_ No | **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 dental exam by a dentist or hygienist?**\_\_\_ Less than 1 yr ago \_\_\_ 1 to 2 yrs ago \_\_\_ More than 2 yrs 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 |
| **Has there been any time over the past 6 mo when you thought you should get medical care, dental care, or care from a mental health professional but 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, substance abuse, anxiety) | **Do you have access to the medications you need?**\_\_\_\_ Yes \_\_\_\_ No\_\_\_\_ n/a |

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| **Permanence** |
|  | *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 enough people to count on when you need someone to **give you** **good advice about a crisis?** |  |  |  |  |
| Do you have enough people to count on when you need someone to **give you** **good advice about your job or school?** |  |  |  |  |
| Do you have enough people to count on when you need someone to **loan you money in an emergency**? |  |  |  |  |

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| **Do you have supportive adults in your life that you will always be able to turn to for support?** \_\_\_ No (go to next question) \_\_\_ Yes (approx.. total #: \_\_\_\_\_\_\_ – please check all that apply below)\_\_\_ Birth parent \_\_\_ Adoptive parent \_\_\_ Legal guardian \_\_\_ Adult sibling \_\_\_ Spouse \_\_\_ Extended family member (e.g. aunt, grandpa, cousin)\_\_\_ Teacher \_\_\_ Someone from my church/faith-based community \_\_\_ Current foster parent \_\_\_ Former foster parent\_\_\_ Mentor/community member \_\_\_ Caseworker (case manager, Independent Living staff, etc.) \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To be completed by youth/coach via online survey? |

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| **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. scooter, 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 transportation for things like therapy, medical appts, 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 |

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| **Survey Questions** |
| Potentially replaced by Youth Thrive? | *Strongly disagree/**Not at all like me* | *Disagree/**Unlike me* | *Agree/**Like me* | *Strongly agree/**Very much like me* |
| 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. |  |  |  |  |

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|  | *Definitely false* | *Mostly false* | *Somewhat false* | *Slightly false* | *Slightly true* | *Somewhat true* | *Mostly true* | *Definitely true* |
| 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. |  |  |  |  |  |  |  |  |

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| **Final Comments** |
| **Is there anything else you would like to tell us?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

 Young Person’s Signature

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

 NFC/DHHS Worker/Guardian’s Signature (if applicable)