**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)