

# CONNECTED YOUTH INITIATIVE

## TRANSITIONAL SERVICES SURVEY

**Please read this page before completing your  
Transitional Services Survey**

Please complete this survey by yourself to the best of your ability. All parts should be completed. The answers you provide will help us learn more about the experiences of young people in Nebraska and make sure the services you are receiving are helping you and others.

If you are in Omaha, Lincoln, or the Panhandle, only Connected Youth Initiative/Nebraska Children staff and staff of the agencies you are involved with will have access to your individual answers. If you are in another location in Nebraska, and have agreed to share this data, your information will also be shared with the external evaluators for the Social Innovation Fund. In all cases, every effort will be made to protect your privacy. Other than that, your answers will only be shared in a group with all the other answers combined (without your name attached).

If you would like more info or want to find out about the results of the survey, please contact Claire at [cbuddenberg@nebraskachildren.org](mailto:cbuddenberg@nebraskachildren.org).

\*\*\*Important Note: Do NOT take the Transitional Services Survey more than once per survey month (April and October). If you have already taken this survey this month, your responses the second time will be discarded.

# CONNECTED YOUTH INITIATIVE

## TRANSITIONAL SERVICES SURVEY

Name: \_\_\_\_\_  
First Middle Last

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Education

**Currently enrolled in** (Check ALL that apply)

☐ 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** (Example: If you are in 12<sup>th</sup> grade now, your highest grade completed is 11<sup>th</sup> grade)

☐ 6<sup>th</sup> grade or less    
☐ 7<sup>th</sup> grade    
☐ 8<sup>th</sup> grade    
☐ 9<sup>th</sup> grade    
☐ 10<sup>th</sup> grade  
☐ 11<sup>th</sup> grade    
☐ 12<sup>th</sup> 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

**What is your current living situation?** (Check ONE)

☐ 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?**

Weeks: \_\_\_\_ Months: \_\_\_\_ Years: \_\_\_\_

**Is your housing affordable?** (Can you pay for your housing and still have enough for other expenses such as food, transportation, and utilities?)

☐ 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

**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 – 11 months  
☐ 1 – 2 years    
☐ A few years    
☐ Indefinitely/ as long as I want    
☐ Not sure  
☐ Other: \_\_\_\_\_

**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")

## 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: _____ <i>(If you have more than one paying job, think of the job you've been at the longest)</i>
Length of time with current employer <i>(think of the job you've been at longest)</i>
___ Less than 3 months    ___ 3 – 5 months    ___ 6 – 8 months
___ 9 – 11 months    ___ 1 – 2 years    ___ More than 2 years

## Parenting

### Are you currently parenting or expecting a child? (check ONE)

Neither pregnant or  
expecting a child nor  
\_\_\_ parenting

Pregnant or  
\_\_\_ expecting a child

Both pregnant or  
expecting a child and  
\_\_\_ parenting

\_\_\_ Parenting



Total # of children: _____
How many of these children currently live with you?
Total # of these children living with you <u>full time</u> : _____
Total # of these children living with you <u>part time</u> : _____
Comments: _____

## Physical and Mental Health

### Do you have health insurance through one 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 2 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 2 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 (e.g. I do not need to take medications)

### Has there been a time over the past 6 months 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 current/former staff (e.g. group home staff)	_____ Other <u>adult</u> (please write their relationship to you, not their name): _____		

## Transportation

### What is your primary method of transportation? (Check ONE)

_____ Paid Transportation (e.g. Bus, taxi, Uber)	_____ Bicycle	_____ Walking	_____ My own car or truck	_____ 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.

	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.	—	—	—	—
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.

	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.	—	—	—	—	—	—	—	—

A few questions about you...

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

What is your gender? (check ONE)

\_\_\_ Woman    \_\_\_ Man    \_\_\_ Prefer not to say    \_\_\_ Another gender: \_\_\_\_\_

What is your race or ethnic background? (check ALL that apply):

\_\_\_ White    \_\_\_ Black or African American    \_\_\_ Hispanic or Latino    \_\_\_ Asian    \_\_\_ American Indian or Alaskan Native  
\_\_\_ Native Hawaiian or Other Pacific Islander    \_\_\_ Prefer not to say    \_\_\_ Other (please specify): \_\_\_\_\_

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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_