

NYTD 2023A

2023A Baseline Survey (October 1 2022 - March 31 2023)

This survey is ONLY for 2023A youth

Participation in this survey is your chance to make sure that Independent Living services (LINKS) and outcomes for youth in North Carolina are counted. The information collected in this survey is intended to help all youth in foster care. At the end of the survey, you will be asked to provide your contact information in order to receive a \$100 incentive for completing the survey. Please contact your Links Coordinator/social worker for assistance with receiving your incentive.

Participants should **only** complete this survey one time UNLESS it is not completely filled out on prior submissions.

This survey may take 10-20 minutes to complete and is completely voluntary.

1. Survey Cohort

2023A

2. Relationship to Foster Care Youth?

Select applicable survey status

- a. Self
- b. DSS Worker
- c. County Worker
- d. Parent

*****NOTE*** -**

The rest of the questions are related to the NYTD youth (youth's name / birthday / gender / etc.)

3. Youth Last Name

4. Youth First Name

5. CNDS ID - this ID is 10 characters, 9 numeric and one alpha as last character*

CNDS ID

6. Birthdate

Enter date as YYYY-MM-DD

7. SIS ID

Enter SIS ID assigned to this youth when original survey was completed (when youth was 17 years old) SIS ID - this response is 11 numeric characters

8. Select Gender

- a. Male
- b. Female

9. Select Race

- a. American Indian / Indian Alaska Native
- b. Asian
- c. Black / African American
- d. Hawaiian Pacific Islander
- e. White
- f. Unknown
- g. Declined

10. Hispanic or Latino Ethnicity

- a. Yes
- b. No

11. Outcomes Status

Select applicable survey status

- a. Youth participated
- b. Youth declined
- c. Parent declined
- d. Youth incapacitated
- e. Incarcerated
- f. Runaway/missing
- g. Unable to locate/invite
- h. Death

12. Date Survey Completed - Enter as YYYY-MM-DD

13. Are you currently in Foster Care or Extended Foster Care?

- yes
- no

14. Are you currently employed and working at least 35 hours per week?

- yes
- no
- declined

15. Are you currently employed but working less than 35 hours per week?

- yes
- no
- declined

16. In the past year, did you complete an apprenticeship, internship, or other on-the-job training?

This means that you were given training specific to a job, perhaps at a local community college or on the work site.

- yes
- no
- declined

17. Do you get a monthly check from the Social Security Administration?

This is a check that you receive for your support based on your own or your parent's disability, or because your parents have died.

- yes
- no
- declined

18. Are you currently using a scholarship, grant, stipend, student loan, or other type of educational financial aid to pay for any educational or vocational program in which you are enrolled?

This includes, but is not limited to, the Pell Grant, ETV, and NC Reach scholarships.

- yes
- no
- declined

19. Do you receive a check (public financial assistance) from your local county department of social services (DSS) through programs, such as TANF or Work First, to support your basic needs?

- yes
- no
- declined
- not applicable

20. Do you receive public food assistance (including WIC vouchers or Food and Nutrition Services formerly known as "Food Stamps")?

- yes
- no
- declined
- not applicable

21. Are you receiving public housing assistance such as Section 8, rental in a public housing unit, or receiving a housing voucher from the government?

- yes
- no
- declined
- not applicable

22. Are you receiving any other regular and/or significant financial resources or support from any other source not previously mentioned?

This could include support from a spouse or family member, child support, or support from a legal settlement that is a regular source of income.

- yes
- no
- declined

23. What is the highest educational degree or certification that you have received?

- high school ged
- vocational certificate
- vocational license
- associate
- bachelor
- higher degree
- none of the above
- declined

24. Are you currently enrolled in and attending high school, GED classes, vocational training, or college?

- yes
- no
- declined

25. Do you have at least one adult in your life (other than your current social worker/caseworker) to whom you can go for advice, companionship, or emotional support?

- yes
- no
- declined

26. In the past two years, were you homeless at any time?

This means that at some point you did not have an adequate regular place to live, were staying in a homeless shelter, were living in your car or on the street, or were in other temporary shelter.

- yes
- no
- declined

27. In the past two years, did you refer yourself, or had someone else referred you for an alcohol or drug assessment, treatment, or counseling?

- yes
- no
- declined

28. In the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?

- yes
- no
- declined

29. In the past two years, did you give birth to or father any children that were born?

- yes
- no
- declined

30. If you answered "Yes" to the last question, were you married to the child's other parent at the time of the birth?

If you answered "No" to the last question, then check "Not Applicable"

- yes
- no
- not applicable
- declined

31. Are you currently receiving Medicaid coverage?

- yes
- no
- do not know
- declined

32. Do you have any other health insurance other than Medicaid?

- yes
- no
- do not know
- declined

33. Does your health insurance include coverage for medical services (such as visits to a doctor's office or clinic, routine medical care, emergency, or hospitalization, etc.)?

- yes
- no
- do not know
- not applicable
- declined

34. Does your health insurance include coverage for mental health services (such as counseling, therapy, case management, in-patient or out-patient treatment, etc.)?

- yes
- no
- do not know
- not applicable
- declined

35. Does your health insurance include coverage for prescription drugs?

- yes
- no
- do not know
- not applicable
- declined

The following seven questions will gauge how well prepared you are (or were) to handle your own life when you leave (or left) foster care. Please use the scale below as a guide when responding to the next seven questions.

0 = Not at all prepared

1 = Not too prepared

2 = Not Sure

3 = Somewhat prepared

4 = Prepared

5 = Very well prepared

6 = Declined

36. While you were in foster care, or since you've exited care; do you feel that you were/are prepared to locate and secure a safe and stable place to live?

0 = Not at all prepared

1 = Not too prepared

2 = Not Sure

3 = Somewhat prepared

4 = Prepared

5 = Very well prepared

6 = Declined

37. How prepared do you feel that you are/were to financially meet your basic needs once you exit foster care or since you've been out on your own?

0 = Not at all prepared

1 = Not too prepared

2 = Not Sure

3 = Somewhat prepared

4 = Prepared

5 = Very well prepared

6 = Declined

38. Do you feel that you received the appropriate education/job training to prepare you to obtain a good paying job?

0 = Not at all prepared

1 = Not too prepared

2 = Not Sure

3 = Somewhat prepared

4 = Prepared

5 = Very well prepared

6 = Declined

39. Do you feel that you are/were prepared with a strong personal support network, to include people you can depend on and that will listen to you and provide advice/assistance in an emergency?

0 = Not at all prepared

1 = Not too prepared

2 = Not Sure

3 = Somewhat prepared

4 = Prepared

5 = Very well prepared

6 = Declined

40. Do you feel that you are/were prepared to postpone parenthood until you are/were emotionally and financially able to parent?
- 0 = Not at all prepared
 - 1 = Not too prepared
 - 2 = Not Sure
 - 3 = Somewhat prepared
 - 4 = Prepared
 - 5 = Very well prepared
 - 6 = Declined
41. Do you feel that you are/were prepared to abstain from high-risk activities and interests that would be dangerous to yourself or others (for example: drugs, alcohol, unprotected sex, gambling, etc.)?
- 0 = Not at all prepared
 - 1 = Not too prepared
 - 2 = Not Sure
 - 3 = Somewhat prepared
 - 4 = Prepared
 - 5 = Very well prepared
 - 6 = Declined
42. Do you feel that you are/were prepared to know how to access/find medical care, dental care, and mental health services so that you can stay healthy?
- 0 = Not at all prepared
 - 1 = Not too prepared
 - 2 = Not Sure
 - 3 = Somewhat prepared
 - 4 = Prepared
 - 5 = Very well prepared
 - 6 = Declined

Contact Information

Now that you've successfully completed the survey, please take a moment, and provide your contact information (**complete mailing address**) in the text boxes below so that you can receive your incentive.

43. Please provide your email address:

44. Please provide your county:

45. First Name

46. Middle Initial

47. Last Name

48. Street Address:

49. City

50. Zip Code

Please contact your Links Coordinator/social worker for assistance with receiving your incentive.