



NYTD 21-Survey

Sponsored by the New York State Office of Children and Family Services
Conducted by the Center for Technology in Government, University at Albany

DESCRIPTION OF NYTD

Shortly after your 17th birthday you participated in a groundbreaking new project: the National Youth in Transition Database (NYTD). As part of the NYTD survey you were asked about your employment status, education, health care situation, and services you were receiving. The NYTD is designed to provide the Federal government, particularly the Administration for Children and Families (ACF), with data that may be used to improve the quality of foster care throughout the country.

As part of this effort to improve services the NYTD is asking you to participate once again in answering those same questions, plus a few additional questions, so that ACF and New York State can better understand what the transition to adulthood is like.

YOUR RIGHTS IF YOU PARTICIPATE

- Your participation in the NYTD data collection remains completely voluntary. If you do not want to participate in the NYTD data collection simply decline and tell your caseworker or whoever has given you the survey, "I do not wish to participate." Refusing to participate in the NYTD will not be used against you in any way and will not affect the services or support you receive now or in the future.
- You can skip any question you prefer not to answer.
- Your identity and answers will be kept private and your answers will not be associated with your name or other identifying data
- Your specific answers will not be shared with foster care staff, probation officers, care providers, or any other person outside the data collection team.

SURVEY INSTRUCTIONS

Answering the questions in this survey will take approximately 10 – 15 minutes to complete. If you have any questions about the survey, who to return it to, or about your rights, please talk to your caseworker. Let your caseworker know they can call 518-442-3937 and ask for the NYTD Project Coordinator or email NYTDsurvey@ctg.albany.edu. *Please note that long-distance rates may apply.*

When you are finished with it, please mail this survey to:

Center for Technology in Government
ATTN: NYTD Survey
187 Wolf Road, Suite 301
Albany, NY 12205

PLEASE PRINT YOUR FULL NAME:

PLEASE PRINT YOUR CURRENT CASE WORKER'S FULL NAME, IF APPLICABLE:

PLEASE FILL IN Today's DATE:

SECTION 1: EMPLOYMENT

Q1: Currently are you **employed full-time***? (35 or more hours per week) (E37)

- Yes
- No
- I do not wish to answer

* Full time means working at least 35 hours per week at one or more jobs.

Q2: Currently are you **employed part-time***? (34 or fewer hours per week) (E38)

- Yes
- No
- I do not wish to answer

*Part time means working no more than 34 hours per week at one or more jobs.

Q3: In the past year, did you complete an **apprenticeship, internship, or other on-the-job training***, either paid or unpaid? (E39)

- Yes
- No
- I do not wish to answer

*Training means that it helped you acquire employment related skills which can include specific trade skills such as carpentry or auto mechanics or office skills such as word processing or use of office equipment.

SECTION 2: OTHER SOURCES OF INCOME

Q4. Currently are you receiving **social security payments*** such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments? (E40)

- Yes
- No
- I do not wish to answer

*These are payments from the government to meet basic needs for food, clothing and shelter of a person with a disability. You may be receiving these payments because of a parent or guardian's disability rather than your own or due to a parent's death.

Q5. Currently are you using a **scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses***? (E41)

- Yes
- No
- I do not wish to answer

*These are funds awarded for spending on expenses related to gaining an education. "Student loan" means a government guaranteed, low interest loan for students in post-secondary education. This includes the Education and Training Voucher or ETV.

Q6. Currently are you receiving any **periodic and/or significant financial resources or support from any other source, excluding paid employment***? (E45)

- Yes
- No
- I do not wish to answer

*This means periodic and/or significant financial support from a spouse or family member (biological, foster or adoptive), child support that you receive, or funds from a legal settlement. Not included are occasional gifts, such as birthday or graduation checks or small donations of food or personal items, child care subsidies, child support for your child, or other financial help that does not benefit you directly in supporting yourself.

SECTION 3: EDUCATION

Q7. Are you currently in foster care?

- Yes – skip to Section 3: Education** →
 No – please answer Q7-A, B, and C.
 I do not wish to answer

ONLY answer the following 3 questions if you are no longer in foster care.

Q7-A. Currently are you receiving ongoing welfare payments from the government to support your basic needs*? (E42)

- Yes**
 No
 I do not wish to answer

*This refers to ongoing welfare payments from the government to support your basic needs. Do not consider payments or subsidies for specific purposes, such as unemployment insurance, child care subsidies, education assistance, food stamps or housing assistance in this category.

Q7-B. Currently are you receiving public food assistance*? (E43)

- Yes**
 No
 I do not wish to answer

*Public food assistance includes food stamps, which are government-issued coupons or debit cards that recipients can use to buy eligible food at authorized stores. Public food assistance also includes assistance from the WIC program.

Q7-C. Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher*? (E44)

- Yes**
 No
 I do not wish to answer

*Public housing is rental housing provided by the government to keep rents affordable for eligible individuals and families, and a housing voucher allows participants to choose their own housing while the government pays part of the housing costs.

Q8. What is the **highest educational degree or certification** that you have received? (Circle the degree for the highest level you have **completed** as of today's date.) (E46)

Degree	Description
High school diploma/GED	
Vocational certificate	A document stating that a person has received education or training that qualifies him for a particular job, e.g. auto mechanics or cosmetology.
Vocational license	A document that indicates that the State or Local government recognizes an individual as a qualified professional in a particular trade or business.
Associate's degree	Generally a two-year degree from a community college.
Bachelor's degree	A four-year degree from a college or university.
Higher degree	A graduate degree, such as a Master's Degree or a Juris Doctor (J.D.)
None of the above	
I do not wish to answer	

Q9. Are you currently **enrolled in and attending high school, GED classes, post-high school vocational training, or college***? (E47)

- Yes**
 No
 I do not wish to answer

*This means both enrolled in and attending high school, GED classes, or post-secondary vocation training or college. You are still considered enrolled in and attending if you are currently on a school break and will be returning to school at the end of the break (for example, spring break or summer vacation).

SECTION 4: PERMANENT RELATIONSHIPS WITH ADULTS

Q10. Currently is there **at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support***? (E48)

- Yes
- No
- I do not wish to answer

* This refers to an adult to whom you can go to for advice or guidance when there is a decision to make, a problem to solve, or for companionship to share personal achievements. The adult must be easily accessible to you either by telephone or in person. This does NOT include spouses, partners, boyfriends or girlfriends and current caseworkers.

Q10A. If yes, **who is that person?**

Q11. In the past two years, **were you homeless at any time?***? (E49)

- Yes
- No
- I do not wish to answer

*Homeless means you had no regular or adequate place to live. This includes situations where you are living in a car or on the street, or other temporary shelter.

Q12. In the past two years, did you refer yourself, or had someone else referred you for an **alcohol or drug abuse assessment or counseling***? (E50)

- Yes
- No
- I do not wish to answer

*This includes either a self-referral or referral by a social worker, school staff, physician, mental health worker, foster parent, or other adult. Alcohol or drug abuse assessment is a process designed to determine if someone has a problem with alcohol or drug use.

Q13. 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? (E51)

- Yes
- No
- I do not wish to answer

Q14. In the past two years, did you **give birth to or father** any children that survived? (E52)

- Yes – please answer Q14A
- No - please skip to Q15
- I do not wish to answer

Q14A. If you responded yes to the previous question, were you **married to the child's other parent** at the time each child was born? (E53)

- Yes
- No
- Not Applicable
- I do not wish to answer

SECTION 5: ACCESS TO HEALTH CARE

Q15. Currently are you on **Medicaid***? (E54)

- Yes
- No
- Don't Know
- I do not wish to answer

* If you are currently in foster care you are most likely on Medicaid in New York State. You may not be using Medicaid services at this time, but we would like to know whether you know if you are enrolled in the program. This is not a question about other sources of health coverage or benefits.

Q16. Currently do you have **health insurance, other than Medicaid?** (E55)

- Yes
- No
- Don't Know
- I do not wish to answer

Q17. Does your health insurance include coverage for medical services? (E56)

- Yes
- No
- Don't Know
- Not Applicable
- I do not wish to answer

Q18. Does your health insurance include coverage for mental health services? (E57)

- Yes
- No
- Don't Know
- Not Applicable
- I do not wish to answer

Q19. Does your health insurance include coverage for prescription drugs? (E58)

- Yes
- No
- Don't Know
- Not Applicable
- I do not wish to answer

SECTION 6: OTHER

Q20. Which of the following documents do you currently have in your possession? (Check all that apply.)

- Social Security card
- Birth certificate
- Proof of citizenship or residency (Green card)
- Proof of immunization
- Driver's license
- Other state identification
- None of the above
- I do not wish to answer

Thank you!

You have won a \$15 gift card!

To receive your gift card, please provide your phone number and email address below. The NYTD team will contact you with more instructions on how to redeem your gift card.

Phone: _____

Email: _____



We appreciate your participation in the NYTD survey. For more information about the survey, please contact the NYTD Project Coordinator at NYTDsurvey@ctg.albany.edu or by phone at (518) 442-3937.

Please note long-distance rates may apply.

The survey is now complete.