

This survey is being administered by the Massachusetts Special Commission on Unaccompanied Homeless Youth and the local Continuum of Care so that the state and local providers can better understand the housing and service needs of youth and young adults under the age of 25. Your answer will remain confidential. We greatly appreciate your participation!

1. Which city/town are you in right now? _____
2. Have you taken this survey already this week? ☐ Yes ☐ No
3. What is your date of birth? (mm/dd/yyyy) ____/____/____
4. Please select your age category: ☐ 17 and younger ☐ 18-24 ☐ 25 and older
5. Where were you born? ☐ In this city/town ☐ Another place in Massachusetts ☐ Outside of Massachusetts, but within the United States ☐ Outside the U.S.
6. Are you currently staying in the city/town where you are taking this survey? ☐ Yes ☐ No
7. If so, for how long have you stayed/lived here? ☐ Fewer than 6 months ☐ 6-12 months ☐ More than 12 months
8. If not, where are you staying now (city/town)? _____
9. Please check where you stayed on the night of Wednesday, January 29th (1/29).
 - a. ☐ In a house or apartment with my immediate family (parent or guardian) that we rent or own.
 - b. ☐ At the house or apartment of another family member, friend, partner/girlfriend/boyfriend
 - c. ☐ At the house or apartment of my foster parent
 - d. ☐ At my own apartment or in a room that I rent
 - e. ☐ At a shelter/motel paid for by a government-funded program (federal/state/local) or by a non-profit organization
 - f. ☐ In a transitional housing program
 - g. ☐ In a group home
 - h. ☐ Outside in the park, on the street, in a tent, transit station, car, etc.
 - i. ☐ Inside in an abandoned building, squat, porch, basement, hallway, etc.
 - j. ☐ In a treatment or medical facility (such as a hospital, detox)
 - k. ☐ Other (please specify)
10. How long have you been staying at the place you spent the night of January 29th? ☐ 1-6 days ☐ At least 1 week, but less than 2 weeks ☐ At least 2 weeks, but less than 1 month ☐ 1-6 months ☐ More than 6 months ☐ I am no longer there. Please describe where you are now: _____
11. Do you think you could sleep there for the next 14 days without being asked to leave? ☐ Yes ☐ No ☐ Don't know
12. Are you still living with your parent/guardian/foster parent? ☐ Yes ☐ No
13. If not, what are the reasons you are not living with a parent/guardian/foster parent? Please check all that apply.
 - a. ☐ I was fighting with my parent/guardian/foster parent
 - b. ☐ I left foster care and could not return home
 - c. ☐ I was released from jail or a detention facility
 - d. ☐ My parent/guardian/foster parent or another household member was abusive (sexually, physically, or emotionally) or neglected me
 - e. ☐ My parent/guardian/foster parent told me to leave before I turned 18
 - f. ☐ My parent/guardian/foster parent told me to leave when/after I turned 18
 - g. ☐ My parent/guardian/foster parent was experiencing homelessness and/or my family lost its housing
 - h. ☐ My parent/guardian/foster parent abused drugs or alcohol
 - i. ☐ I was/am pregnant or got someone pregnant
 - j. ☐ My sexual orientation and/or gender identity
 - k. ☐ My use of drugs or alcohol
 - l. ☐ I wanted to leave
 - m. ☐ My house was too small for everyone to live there
 - n. ☐ I did not feel safe because of violence or unsafe activities in my house
 - o. ☐ My parent/guardian/foster parent died/passed away.
 - p. ☐ Other: _____
14. How old were you when you first left home and were on your own? ☐ ____ years old ☐ I still am with my parent/guardian/foster parent
15. Have your parents/guardians ever experienced homelessness? ☐ Yes ☐ No ☐ Don't know
16. Do you have friends who currently are experiencing homelessness? ☐ Yes ☐ No ☐ Don't know
17. Are you currently in school? ☐ Yes ☐ No
18. If yes, are you in: ☐ Middle school ☐ High school ☐ GED program ☐ Vocational training program ☐ College ☐ Other → **Please continue the survey on back!**

19. What is the highest grade or year of school that you have completed? Please check one.

- | | |
|---|---|
| a. <input type="checkbox"/> No education | e. <input type="checkbox"/> GED certificate |
| b. <input type="checkbox"/> 8 th grade or less | f. <input type="checkbox"/> Some college credits |
| c. <input type="checkbox"/> 9-11 th grade | g. <input type="checkbox"/> College degree |
| d. <input type="checkbox"/> High school diploma | h. <input type="checkbox"/> Post-secondary training |

20. Do you have a personal source of income? ☐ Yes ☐ No

21. If yes, what are your sources of income? Please check all that apply.

- | | |
|---|--|
| a. <input type="checkbox"/> Full-time job | g. <input type="checkbox"/> Hustling/selling drugs |
| b. <input type="checkbox"/> Part-time job and/or temporary job | h. <input type="checkbox"/> Sex work/turning tricks |
| c. <input type="checkbox"/> Money from "under the table" work | i. <input type="checkbox"/> Panhandling/spanging |
| d. <input type="checkbox"/> Cash assistance from DTA/Welfare or DCF | j. <input type="checkbox"/> Child support |
| e. <input type="checkbox"/> Social Security/disability payments | k. <input type="checkbox"/> Money from family members or friends |
| f. <input type="checkbox"/> Unemployment benefits | l. <input type="checkbox"/> Other |

22. Are you pregnant? ☐ Yes ☐ No ☐ Not applicable/don't know

23. Do you have children? ☐ Yes ☐ No ☐ Don't know 24. If yes, do they live with you? ☐ Yes ☐ No

25. Have you ever served in the military? ☐ Yes ☐ No

26. Have you ever been in foster care? ☐ Yes ☐ No ☐ Don't know

27. Have you ever lived in a group home or residential program? ☐ Yes ☐ No ☐ Don't know

28. Have you ever stayed overnight or longer in juvenile detention— a secure facility or residential program for young people— as a result of criminal behavior or police involvement? ☐ Yes ☐ No

29. Have you ever stayed overnight or longer in an adult jail or prison? ☐ Yes ☐ No

30. In the last year, have you tried to get help from any of the following services/programs? Please check all that apply.

- a. ☐ Short-term housing (such as shelter or transitional living program)
- b. ☐ Long-term housing (such as Section 8 or public housing)
- c. ☐ Educational support (such as enrolling in school or GED)
- d. ☐ Job training, life skills training, and/or career placement
- e. ☐ Health care services, including emergency room services and care to help with health conditions/disabilities
- f. ☐ Family support (such as conflict mediation or parenting support)
- g. ☐ Child care
- h. ☐ Nutritional assistance (such as Food Stamps/SNAP or free meals)
- i. ☐ Cash assistance (such as DTA/Welfare benefits or Social Security Disability benefits)
- j. ☐ Counseling or other mental health care services
- k. ☐ Substance abuse/alcohol treatment program
- l. ☐ Other _____
- m. ☐ No, I haven't tried to access help

31. Did you get the help you needed? ☐ Yes ☐ No

32. If not, why was that? Please check all that apply.

- | | | |
|--|--|--|
| a. <input type="checkbox"/> No transportation | e. <input type="checkbox"/> Too much paperwork | i. <input type="checkbox"/> Didn't qualify for help |
| b. <input type="checkbox"/> Sent me somewhere else | f. <input type="checkbox"/> Didn't have I.D./documents | j. <input type="checkbox"/> Didn't feel comfortable/safe |
| c. <input type="checkbox"/> Language barrier | g. <input type="checkbox"/> Didn't hear back | k. <input type="checkbox"/> Didn't follow through or return for services |
| d. <input type="checkbox"/> Put on waiting list | h. <input type="checkbox"/> Didn't know where to go | l. <input type="checkbox"/> Other _____ |

33. What is your race/ethnicity? Please check all that apply.

☐ Black/African American ☐ Native American ☐ Asian/Pacific Islander ☐ White ☐ Multiracial ☐ Other (please specify): _____

34. Are you Hispanic or Latino/a? ☐ Yes ☐ No ☐ Don't know

35. What is your gender identity? ☐ Female ☐ Male ☐ Transgender, FTM ☐ Transgender, MTF ☐ Other _____ ☐ Prefer not to answer

36. What is your sexual orientation? Please check the answer that best describes you.

☐ Straight ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Queer ☐ Questioning/don't know ☐ Other _____ ☐ Prefer not to answer

37. What is the first letter of your first name? ____ 38. What is the first letter of your last name? ____

Thank you for taking the time to participate in this survey! Is there anything you would like to share to help us better serve you and other young people like you? _____