

## **NYTD Follow Population Survey FFY 2014-15 (21 Year Olds)**

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**A.**

**“Participating 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 \$25 gift for completing the survey. This survey may take 10-20 minutes to complete.”**

**B. The following questions will be included in the survey:**

1. Are you currently employed and working at least 35 hours per week?\*

- Yes
- No
- Declined/Prefer Not To Answer

2. Are you currently employed but working less than 35 hours per week?\*

- Yes
- No
- Declined/Prefer Not To Answer

3. 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/Prefer Not To Answer

4. 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/Prefer Not To Answer

5. 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/Prefer Not To Answer

6. 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/Prefer Not To Answer

7. Do you receive public food assistance (including WIC vouchers or Food & Nutrition Services formerly known as "Food Stamps")? \*

- Yes
- No
- Declined/Prefer Not To Answer

8. 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/Prefer Not To Answer

9. 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/Prefer Not To Answer

10. What is the highest educational degree or certification that you have received?\*

- High School completion certificate
- GED
- High school diploma
- Vocational Certificate
- Vocational License
- Associate's Degree
- Bachelor's Degree
- Higher Degree (Masters, PhD, etc.)
- None of the Above
- Declined/Prefer Not To Answer

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

- Yes
- No
- Declined/Prefer Not To Answer

12. 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/Prefer Not To Answer

13. 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/Prefer Not To Answer

14. 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/Prefer Not To Answer

15. 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/Prefer Not To Answer

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

- Yes
- No
- Declined/Prefer Not To Answer

17. 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/Prefer Not To Answer

18. Are you currently receiving Medicaid coverage?\*

- Yes
- No
- Do Not Know
- Declined/Prefer Not To Answer

19. Do you have any other health insurance other than Medicaid?\*

- Yes
- No
- Do Not Know
- Declined/Prefer Not To Answer

20. 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
- Declined/Prefer Not To Answer

21. 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
- Declined/Prefer Not To Answer

22. Does your health insurance include coverage for prescription drugs?\*

- Yes
- No
- Do Not Know
- Declined/Prefer Not To Answer

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/Prefer Not To Answer

23. 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/Prefer Not To Answer

0  1  2  3  4  5  6

24. 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/Prefer Not To Answer

0  1  2  3  4  5  6

25. 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/Prefer Not To Answer

0  1  2  3  4  5  6

26. 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/Prefer Not To Answer

0  1  2  3  4  5  6

27. 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/Prefer Not To Answer

0  1  2  3  4  5  6

28. 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/Prefer Not To Answer

0  1  2  3  4  5  6

29. 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/Prefer Not To Answer

0  1  2  3  4  5  6

**Now that you've successfully completed the survey please take a moment and provide your contact information (complete mailing address) in the text box below so that you can receive your \$25 incentive.**

30. First Name:\*

31. Middle Initial:

32. Last Name:\*

33. Address Line 1:\*

34. Address Line 2:

35. City:\*

36. State:\*



NC

37. Zip:\*

38. Email: