

# CONNECTED YOUTH INITIATIVE

## TRANSITIONAL SERVICES SURVEY

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

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

*Young people should complete this survey independently to the best of their ability. All parts should be completed.*

### Education

#### Currently enrolled in

<input type="checkbox"/> Junior High or Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> GED Classes	<input type="checkbox"/> Part time: Vocational/Trade School	<input type="checkbox"/> Full time: Vocational/Trade School
<input type="checkbox"/> Part time: Community College	<input type="checkbox"/> Full time: Community College	<input type="checkbox"/> Part time: College	<input type="checkbox"/> Full time: College	
<input type="checkbox"/> Part time: Grad School (Master's or Doctoral)	<input type="checkbox"/> Full time: Grad School (Master's or Doctoral)	<input type="checkbox"/> n/a (not enrolled)	<input type="checkbox"/> Other: _____	

#### Highest grade completed

<input type="checkbox"/> 6 <sup>th</sup> grade or less	<input type="checkbox"/> 7 <sup>th</sup> grade	<input type="checkbox"/> 8 <sup>th</sup> grade	<input type="checkbox"/> 9 <sup>th</sup> grade	<input type="checkbox"/> 10 <sup>th</sup> grade
<input type="checkbox"/> 11 <sup>th</sup> grade	<input type="checkbox"/> 12 <sup>th</sup> grade (High School Diploma)	<input type="checkbox"/> GED/ Modified Diploma	<input type="checkbox"/> 1+ years of college (but no degree)	<input type="checkbox"/> Vocational/Trade School Degree
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree (Master's or Doctoral)	<input type="checkbox"/> Other: _____	

#### What school or agency did you complete this grade/degree at?

\_\_\_\_\_

#### Have you ever received special education services?

No  Yes (reason: \_\_\_\_\_)

### Housing

#### 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")

#### Currently living arrangement

<input type="checkbox"/> Bio parent(s)	<input type="checkbox"/> Adoptive parent(s)	<input type="checkbox"/> With other bio/adoptive family members	<input type="checkbox"/> Independently/ in my own place	<input type="checkbox"/> With a friend/ significant other
<input type="checkbox"/> With another non-relative adult	<input type="checkbox"/> Legal guardian(s)	<input type="checkbox"/> Foster home	<input type="checkbox"/> Group home	<input type="checkbox"/> Independent/Transitional Living Program
<input type="checkbox"/> School dorm	<input type="checkbox"/> Couch surfing/ house to house	<input type="checkbox"/> Homeless/ in a homeless shelter	<input type="checkbox"/> Other: _____	

#### About how long has this been your living situation? (how long have you lived there?)

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

#### How long do you plan to stay in your current living situation?

<input type="checkbox"/> Less than 1 week	<input type="checkbox"/> A couple weeks	<input type="checkbox"/> About a month	<input type="checkbox"/> A few months	<input type="checkbox"/> 6 months – 1 year
<input type="checkbox"/> 1 – 2 years	<input type="checkbox"/> A few years	<input type="checkbox"/> Indefinitely/ as long as I want	<input type="checkbox"/> Not sure	
<input type="checkbox"/> Other: _____				

#### Is your housing affordable?

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

## Employment

### Current employment status

Not employed and  
not trying to get a job       Not employed,  
but trying to get a job       Employed



<b># of paying jobs:</b> _____
<b>Average number of hours you work each week:</b> _____
<b>Hourly wage:</b> _____ <i>(If you have more than one paying job, think of the job you've been at the longest)</i>
<b>Length of time with current employer</b> <i>(think of the job you've been at longest)</i>
<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 – 5 months <input type="checkbox"/> 6 – 8 months
<input type="checkbox"/> 9 – 22 months <input type="checkbox"/> 1 – 2 years <input type="checkbox"/> More than 2 years

## Parenting

### Are you currently parenting or expecting a child? (check all that apply)

Neither pregnant/  
expecting nor parenting       Pregnant or  
expecting a child       Parenting



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

## Physical and Mental Health

### Do you have health insurance through any 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 3 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 3 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

### Has there been a time over the past 6 mo 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: _____			
<b>What supportive adults do you have to always turn to?</b>			
___ 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 <u>adult</u> (please write their relationship to you, not their name): _____			

## Transportation

### What is your primary method of transportation?

\_\_\_ Public transportation (e.g. bus, taxi)      \_\_\_ Bicycle      \_\_\_ Walking      \_\_\_ Own a car      \_\_\_ 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.

	<i>Strongly disagree/ Not at all like me</i>	<i>Disagree/ Unlike me</i>	<i>Agree/ Like me</i>	<i>Strongly agree/ Very much like me</i>
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.

	<i>Definitely false</i>	<i>Mostly false</i>	<i>Somewhat false</i>	<i>Slightly false</i>	<i>Slightly true</i>	<i>Somewhat true</i>	<i>Mostly true</i>	<i>Definitely true</i>
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

## 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?

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