

Oregon 17 year old NYTD Baseline Survey

Welcome to Oregon's National Youth in Transition Database (NYTD) Survey. This survey is for young people in foster care within 45 days after their 17th birthday and will take about 15 minutes to complete. **PLEASE DO NOT TAKE THIS SURVEY UNTIL YOUR 17TH BIRTHDAY.** Thank you for taking the time to fill out survey. This information will be provided to the state of Oregon and will be used to collect information with a goal of helping to improve the system.

The questions on this survey should be answered from YOUR perspective. In other words, you should answer based on what you know at this point in time. Don't get discouraged if you don't know some of the answers – this is not a test and you won't be graded. Part of the goal of NYTD is to measure what young people understand about their own situations.

However, if you don't know some of these answers, FosterClub encourages you to go over it with your caseworker, foster parent, or another supportive adult. This will help you make sure that you understand all of the resources that are available to you. FosterClub also created a list of explanations to some of the questions that might be confusing. You can access this online at www.fosterclub.com

Any questions you leave unanswered will be reported as **DECLINED TO ANSWER.**

***PLEASE DO NOT TAKE THIS SURVEY UNTIL:
AFTER their 17th birthday and WITHIN 45 days***

17 Year Old NYTD Baseline – Oregon

Today's date: ___/___/___

a. First name: _____ b. Middle initial: ___ c. Last Name: _____
d. Nickname: _____ e. Gender: _____ f. What is your date of birth?: ___/___/___

g. Street Address
(including city, state & zip code):

k. Mailing Address (if different):
(including city, state & zip code):

o. Home Phone: (___) ___ - ___ p. Cell Phone: (___) ___ - ___

q. May we send texts to this cell phone? Yes No

r. E-mail address: _____ s. Last 4 digits of your social security #: _____

t. Your Current Caseworker: _____

u. Youth person ID number: _____

v. Have you ever received services from an Independent Living Program (ILP) Provider?:
 No 1 to 6 months 7 to 12 months 1 to 2 years 2 or more years Declined

w. If you were not living in Oregon on your 17th birthday, what state were you in?: _____

x. Contact information of a friend or family member who you think would be able to reach you:
Name _____ : y. Phone (___) ___ - ___

z. E-mail address: _____

Worker may assist with upper section

Only Youth can provide answers to section below.

EMPLOYMENT

a. Currently are you employed full-time? Answer "yes" if currently employed at least 35 hours per week at one or multiple jobs. Yes No Declined
Could be 1 or more fulltime, and 1 or more part-time

b. Currently are you employed part-time? Answer "yes" if currently employed less than 35 hours per week at one or multiple jobs. Yes No Declined

c. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid? Yes No Declined

OTHER SOURCES OF INCOME

a. Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments)?
 Yes No Declined

b. Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses? Yes No Declined

c. Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment? Yes No Declined

EDUCATION

- a. What is the highest educational degree or certification that you have received?
- High school diploma/GED
 - Vocational certificate (a document stating you received education or training for a particular job)
 - Vocational license (document indicates that the state or local government recognizes you as a qualified professional in a particular trade or business)
 - Associates degree (2 year degree from a community college)
 - Bachelor's degree (4 year degree from a college or university)
 - Higher degree (a graduate degree, such as a Masters or Doctorate)
 - None of the above
 - Declined
- b. Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college? Yes No Declined

PERMANENT RELATIONSHIPS WITH ADULTS

- a. Currently is there at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support? Yes No Declined

***If NO or decline to a then skip b**

- b. If yes who is that? (check all that apply):
- family friend
 - grandparent
 - biological parents
 - siblings
 - other family member
 - CASA or other court advocate
 - counselor, mentor or school staff,
 - church group
 - foster parent
 - ILP worker
 - previous caseworker
 - other

HOUSING

- a. Have you ever been homeless? Yes No Declined

LIFESTYLE QUESTIONS

a. Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling? Yes No Declined

b. Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?
 Yes No Declined

c. Have you ever given birth or fathered any children that were born?
 Yes No Declined

***If NO or DECLINED to c then skip d**

d. If you responded yes to the previous question, were you married to the child's other parent at the time each child was born?

Yes No Not Applicable - I answered no on the last question Declined

ACCESS TO HEALTH CARE

a. Currently are you on Medicaid? Yes No Do not know Declined

b. Currently do you have health insurance, other than Medicaid?
 Yes No Do not know Declined

***If b is anything above other than yes then c, d, e are marked Not Applicable.**

c. Does your health insurance include coverage for medical services?

Yes No Do not know Not applicable Declined

***If NO, Do not know, or Declined to c, then d and e must marked be Not Applicable**

***If YES to c, below cannot be n/a**

d. Does your health insurance include coverage for mental health services?

Yes No Do not know Not applicable Declined

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

Yes No Do not know Not applicable Declined

Thank you for taking the NYTD Baseline Survey. You will entered into a monthly drawing.