



**pennsylvania**

DEPARTMENT OF PUBLIC WELFARE

## PA National Youth in Transition Database

Each year thousands of youth are discharged from foster care across the nation because they reach the age at which they are no longer eligible for foster care. Research indicates that many youth who are emancipated from foster care experience difficulties in their attempts to be self-sufficient. Beginning in October 2010, the US government is requiring all states to track the independent living services provided to youth in out-of-home care.

Youth input is very important to understanding the extent to which young adults are prepared to live independently, as they exit foster care. Your feedback, along with foster youth from other states, will help states and the nation as a whole learn what changes need to be made to help youth be successful young adults, as they transition from being in foster care to being self-sufficient. We need your help!

When you were 17 years old, you assisted the Commonwealth of Pennsylvania by taking a survey very similar to this one, which described your situation at the time; we would like to thank you again for participating in that survey, and solicit your assistance with a follow-up survey.

To take the survey in paper form, simply answer each of the following 37 questions, then mail the form back to us using the envelope provided. You may skip any question you do not wish to answer.

Please return the survey in the self addressed envelope provided.

If you did not receive or cannot locate the self addressed envelope, please return the survey to:

Hornby Zeller Associates Inc.  
373 Broadway  
South Portland, Maine 04106

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Caseworker Name:

Caseworker Phone:

1. Youth Name:

Youth Passcode:

*Correct name if above is incorrect:*

Youth Personal email:

*An email address is not required, but is strongly recommended.*

Youth Personal phone:

*Correct phone if above is incorrect:*

2. What is the Zip Code at the location where you currently live?

3. Currently are you employed full-time?

Yes  No  Declined

*"Full-time" means working at least 35 hours per week at one or multiple jobs.*

4. Currently are you employed part-time?

Yes  No  Declined

*"Part-time" means working at least 1-34 hours per week at one or multiple jobs.*

5. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?

Yes  No  Declined

*This means apprenticeships, internships, or other on-the-job trainings, either paid or unpaid, that helped the youth 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).*

6. What is the longest period of time for which you worked without interruption at any job/for any employer?

<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> At least 3 but less than 6 months	<input type="checkbox"/> At least 6 but less than 9 months
<input type="checkbox"/> At least 9 but less than 12 months	<input type="checkbox"/> At least 12 but less than 24 months	<input type="checkbox"/> 24 months or longer
<input type="checkbox"/> I have never been employed	<input type="checkbox"/> Do not know	<input type="checkbox"/> Declined

7. Do you have a reliable means of transportation to work?

Yes  No  I don't know  I am not employed  Declined

**8. Do you currently have an open bank account, such as a checking or savings account?**

Yes  No  I don't know  Declined

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

Yes  No  Declined

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

**10. 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

*Scholarships, grants, and stipends 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.*

**11. Currently are you receiving ongoing welfare payments from the government to support your basic needs?**

Yes  No  Declined

*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.*

**12. Currently are you receiving public food assistance?**

Yes  No  Declined

*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 Women, Infants and Children (WIC) program.*

**13. Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?**

Yes  No  Declined

*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. This does not include payments from the child welfare agency for room and board payments.*

**14. 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

*This means periodic and/or significant financial support from a spouse or family member (biological, foster or adoptive), child support that the youth receives or funds from a legal settlement. This does not include occasional gifts, such as birthday or graduation checks or small donations of food or personal incidentals, child care subsidies, child support for a youth's child or other financial help that does not benefit the youth directly in supporting him or herself.*

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

<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> Vocational certificate
<input type="checkbox"/> Vocational license	<input type="checkbox"/> Associate's degree
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Higher degree
<input type="checkbox"/> Declined	<input type="checkbox"/> None of the above

*"Vocational certificate" means a document stating that a person has received education or training that qualifies him or her for a particular job, e.g., auto mechanics or cosmetology. "Vocational license" means a document that indicates the State or local government recognizes an individual as a qualified professional in a particular trade or business. An Associate's degree is generally a two-year degree from a community college, and a Bachelor's degree is a four-year degree from a college or university. "Higher degree" indicates a graduate degree, such as a Masters or Doctorate degree. "None of the above" means that the youth has not received any of the above educational certifications.*

**16. Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college?**

Yes     No     Declined

*This means both enrolled and attending high school, GED classes, or post-secondary vocational training or college. A youth is still considered enrolled in and attending school if the youth would otherwise be enrolled in and attending a school that is currently out of session (e.g., spring break, summer vacation, etc.).*

**17. Which of the following best describes the highest grade you have completed? (If you are currently enrolled in school, do not include the grade that you are in.) Select only one response.**

<input type="checkbox"/> 8th grade or less	<input type="checkbox"/> Post-high school vocational training
<input type="checkbox"/> 9th grade	<input type="checkbox"/> Community, junior or two-year college
<input type="checkbox"/> 10th grade	<input type="checkbox"/> Four-year college or university
<input type="checkbox"/> 11th grade	<input type="checkbox"/> Graduate or professional school
<input type="checkbox"/> 12th grade	<input type="checkbox"/> Do not know
<input type="checkbox"/> GED program	<input type="checkbox"/> Declined

18. In what type of school or educational program are you currently enrolled? Select all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Regular high school                   | <input type="checkbox"/> Graduate or professional school |
| <input type="checkbox"/> GED program                           | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Post-high school vocational training  | <input type="checkbox"/> Do not know                     |
| <input type="checkbox"/> Community, junior or two-year college | <input type="checkbox"/> Declined                        |
| <input type="checkbox"/> Four-year college or university       |  |

Specify other:

19. What, if any, barriers are preventing you from continuing your education? Select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> I do not have any barriers preventing me from continuing my education. | <input type="checkbox"/> I have no way to pay for school.               |
| <input type="checkbox"/> I need to work full-time.  | <input type="checkbox"/> I have child care responsibilities.            |
| <input type="checkbox"/> I do not have transportation.  | <input type="checkbox"/> I have been discouraged by significant others. |
| <input type="checkbox"/> I have academic difficulties.  | <input type="checkbox"/> Other  |
| <input type="checkbox"/> I do not desire to continue my education.                              | <input type="checkbox"/> I have completed school.                       |
| <input type="checkbox"/> Do not know  | <input type="checkbox"/> Declined                                       |

Specify other:

20. 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

*This refers to an adult who the youth can go to for advice or guidance when there is a decision to make or a problem to solve, or for companionship to share personal achievements. This can include, but is not limited to, adult relatives, parents or foster parents. The definition excludes spouses, partners, boyfriends or girlfriends, and current caseworkers. The adult must be easily accessible to the youth, either by telephone or in person.*

If yes, please provide a name, phone number, or email for the contact - this information will be kept private and only used to help us contact you for this followup survey when you are 21 years old.

Name:

Phone: (    )    -   

Email:

Relationship to you:

**21. Which of the following best describes the adults with whom you have the closest trusting, supportive, and unconditional relationship?**

Select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Birth mother                            | <input type="checkbox"/> Current or former caseworker, social worker, or independent living program staff |
| <input type="checkbox"/> Birth father                            | <input type="checkbox"/> Teacher or coach   |
| <input type="checkbox"/> Adoptive parent                         | <input type="checkbox"/> Mentor (Big Brother/Big Sister, other volunteer or informal mentor)              |
| <input type="checkbox"/> Spouse/partner                          | <input type="checkbox"/> Someone from church or faith-based community                                     |
| <input type="checkbox"/> Sibling                                 | <input type="checkbox"/> Parent of a friend   |
| <input type="checkbox"/> Aunt/uncle                              | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Grandparent/great-grandparent           | <input type="checkbox"/> I do not have a close relationship with any adult.                               |
| <input type="checkbox"/> Cousin                                  | <input type="checkbox"/> Do not know  |
| <input type="checkbox"/> Legal guardian                          | <input type="checkbox"/> Declined   |
| <input type="checkbox"/> Foster parent (or former foster parent) |   |

Specify other:

**Please provide a name, phone number, or email for one of your contacts - this information will be kept private and only used to help us contact you for this followup survey when you are 21 years old.**

Name:

Phone:

**22. How much has been done since you have been in foster care to help you maintain or strengthen your relationships with the biological family members to whom you feel close?**

- A lot was done to help me maintain or strengthen my relationships with these family members .
- A lot was done to help me maintain or strengthen my relationships but my family did not cooperate .
- Some but not enough was done to help me maintain or strengthen my relationships with these family members.
- Nothing was done to help me maintain or strengthen my relationships with these family members.
- Do not know
- Declined

**23. In the past two years, have you been homeless at any time?**

- Yes     No     Declined

*"Homeless" means that the youth had no regular or adequate place to live. This includes living in a car, or on the street, or staying in a homeless or other temporary shelter.*

**24. In the past two years, did you refer yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?**

Yes  No  Declined

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

**25. 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

*This means that the youth was confined in a jail, prison, correctional facility or juvenile or community detention facility in connection with a crime (misdemeanor or felony) allegedly committed by the youth.*

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

Yes  No  Declined

*This means giving birth to or fathering at least one child that was born. If males do not know, answer "No."*

**27. 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  Declined

*This means that when every child was born the youth was married to the other parent of the child.*

**28. Currently are you on Medical Assistance (MA)/Medicaid/ACCESS?**

Yes  No  I don't know  Declined

*Medical Assistance (MA) /Medicaid/ACCESS are health insurance programs funded by the government.*

**29. Currently do you have health insurance, other than Medical Assistance (MA)/Medicaid/ACCESS?**

Yes  No  I don't know  Declined

*"Health Insurance" means having a third party pay for all or part of health care. Youth might have health insurance such as group coverage offered by employers or schools, or individual policies that cover medical and/or mental health care and/or prescription drugs, or a youth might be covered under parents' insurance. This also could include access to free health care through a college, Indian Tribe, or other source.*

**30. Does your health insurance include coverage for medical services?**

- Yes     No     I don't know     Not applicable     Declined

*This means that the youth's health insurance covers at least some medical services or procedures. This question is for only those youth who responded "yes" to having health insurance.*

**31. Does your health insurance include coverage for mental health services?**

- Yes     No     I don't know     Not applicable     Declined

*This means that the youth's health insurance covers at least some mental health services. This question is for only those youth who responded "yes" to having health insurance with medical coverage.*

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

- Yes     No     I don't know     Not applicable     Declined

*This means that the youth's health insurance covers at least some prescription drugs. This question is for only those youth who responded "yes" to having health insurance with medical coverage.*

**33. Since you have been in foster care, what, if anything, has prevented you from getting medical care for a physical health problem that you thought you needed? Select all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> I received all the physical health care I thought I needed.                 | <input type="checkbox"/> I thought the problem would go away.      |
| <input type="checkbox"/> I never had a physical health problem.                                      | <input type="checkbox"/> I did not want to talk about the problem. |
| <input type="checkbox"/> I did not know where to go.   | <input type="checkbox"/> It cost too much or I couldn't pay.       |
| <input type="checkbox"/> I did not have transportation.  | <input type="checkbox"/> I did not have insurance.                 |
| <input type="checkbox"/> I did not have anybody to go with me.                                       | <input type="checkbox"/> I could not afford to miss work.          |
| <input type="checkbox"/> I did not want others to know about my problem.                             | <input type="checkbox"/> Other                                     |
| <input type="checkbox"/> No appointments were available.   | <input type="checkbox"/> Do not know                               |
| <input type="checkbox"/> Hours were inconvenient.  | <input type="checkbox"/> Declined                                  |
| <input type="checkbox"/> I was afraid of what the physical health care professional would say or do. |  |

Specify other:



**34. Since you have been in foster care, what, if anything, has prevented you from getting medical care for a mental health problem that you thought you needed? Select all that apply.**

- I received all the mental health care I thought I needed.
- I never had a mental health problem.
- I did not know where to go.
- I did not have transportation.
- I did not have anybody to go with me.
- I did not want others to know about my problem.
- No appointments were available.
- Hours were inconvenient.
- I was afraid of what the mental health care professional would say or do.

- I thought the problem would go away
- I did not want to talk about the problem.
- It cost too much or I couldn't pay.
- I did not have insurance.
- I could not afford to miss work.
- Other
- Do not know
- Declined

Specify other:

**35. Since you have been in foster care, what, if anything, has prevented you from getting dental care that you thought you needed?**

*Select all that apply.*

- I received all the dental care I thought I needed.
- I never had a dental care need.
- I did not know where to go.
- I did not have transportation.
- I did not have anybody to go with me.
- I did not want others to know about my problem.
- No appointments were available.
- Hours were inconvenient.
- I was afraid of what the dental care professional would say or do.

- I thought the problem would go away.
- I did not want to talk about the problem.
- It cost too much or I couldn't pay.
- I did not have insurance.
- I could not afford to miss work.
- Other
- Do not know
- Declined

Specify other:

**36. Since you have been in foster care, what, if anything, has prevented you from getting family planning counseling or services that you thought you needed? Select all that apply.**

- |                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | I received all the family planning counseling or services I thought I needed. | <input type="checkbox"/> | I thought the problem would go away.       |
| <input type="checkbox"/> | I never had a family planning or counseling need.                             | <input type="checkbox"/> | I did not want to talk about the problem.  |
| <input type="checkbox"/> | I did not know where to go.   | <input type="checkbox"/> | It cost too much or I couldn't pay.        |
| <input type="checkbox"/> | I did not have transportation.  | <input type="checkbox"/> | I did not have insurance.                  |
| <input type="checkbox"/> | I did not have anybody to go with me.   | <input type="checkbox"/> | I could not afford to miss work.           |
| <input type="checkbox"/> | I did not want others to know about my problem.                               | <input type="checkbox"/> | My parent or guardian would not go with me |
| <input type="checkbox"/> | No appointments were available.   | <input type="checkbox"/> | Other                                      |
| <input type="checkbox"/> | Hours were inconvenient.  | <input type="checkbox"/> | Do not know                                |
| <input type="checkbox"/> | I was afraid of what the family planning professional would say or do.        | <input type="checkbox"/> | Declined                                   |

Specify other:

**37. How would you describe the role that you have played in the development of your independent living plan?**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I was very involved in the development of my independent living plan.                       |
| <input type="checkbox"/> | I was somewhat involved in the development of my independent living plan.                   |
| <input type="checkbox"/> | I was not given the chance to be involved in the development of my independent living plan. |
| <input type="checkbox"/> | I chose not to be involved in the development of my independent living plan.                |
| <input type="checkbox"/> | I am not aware of my independent living plan.   |
| <input type="checkbox"/> | Do not know   |
| <input type="checkbox"/> | Declined  |

*The Independent Living Plan includes goals for the youth and services the agency will provide in areas of: life skills, prevention services, education and training, employment, support, housing, and health/mental health.*

**Please return the survey in the self addressed envelope provided.**

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373 Broadway  
South Portland, Maine 04106**