

# Virginia National Youth in Transition Database (NYTD) Outcomes Survey for the Baseline Population

The baseline population include youth who reach the age of 17 on October 1, 2010 AND those who reach the age of 17 anytime through September 30, 2011.

**NOTE: Survey due within 45 days after the youth reaches the age of 17.**

## **INFORMATION ON YOUTH - FOR LOCAL DEPARTMENT OF SOCIAL SERVICES TO COMPLETE**

Name of Youth (First and Last): \_\_\_\_\_

Local Department of Social Services: \_\_\_\_\_

OASIS Client ID: \_\_\_\_\_

### **Please confirm that the following have been performed:**

- Collateral information has been updated (in OASIS) for future contact
- Worker has received permission from youth to contact collaterals for future survey
- Youth has provided assent/ signed document in file/ youth has copy of document

## **SURVEY ADMINSTRATOR**

### **Please enter the contact information for the person administering this survey:**

Name (First and Last): \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Name of Agency (if applicable) \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone number and e-mail address: \_\_\_\_\_

### **Survey administrator, please indicate (with a check mark) the status of the youth and the survey (please see definitions on the next page): [#34 = this number is for DSS use only as it pertains to OASIS]**

- Youth participated in the survey
- Youth declined to complete the survey
- Parent or LDSS Director declined to have the youth complete the survey
- Youth is incapacitated
- Youth is incarcerated
- Youth is in runaway/missing status
- Death
- Unable to locate/invite youth

## Definitions

**Youth is incapacitated** - The youth has a permanent or temporary mental or physical condition that prevents him or her from participating in the outcomes data collection.

**Youth is incarcerated** - The youth is unable to participate in the outcomes data collection because of his or her incarceration in state custody.

**Youth is in runaway/missing status** - A youth in foster care is known to have run away or be missing from his or her foster care placement.

**Death** - The youth died prior to his participation in the outcomes data collection.

**Unable to locate/invite youth** - Youth was discharged within 45 days of 17<sup>th</sup> birthday and survey not administered.

**Date the survey was administered:** \_\_\_\_\_ [#35=  
this number is for DSS use only as it pertains to OASIS]

## RESEARCH PARTICIPATION INFORMATION AND ASSENT FORM

**Study Name: National Youth in Transition Database (NYTD) Outcomes Survey**

**Investigators: Virginia Department of Social Services, Division of Family Services, Permanency Unit – Foster Care Independent Living Program**

**SURVEY ADMINSTRATOR**, please read the information below to the youth AND/OR have youth read the information.

This assent form may contain words that you do not understand. Please ask your caseworker to explain any words that you do not clearly understand. You may think about it before making your decision.

### What is this survey about?

The Virginia Department of Social Services is administering a survey to certain older teens in foster care as part of a national research study. The name of the survey is the Virginia National Youth in Transition Database (NYTD) Outcomes Survey for the Baseline Population. The purpose of the study is to help measure states' success in preparing youth for the transition from foster care to independent living. You are being asked to participate because you are 17 years old and currently in foster care.

### What am I being asked to do?

If you agree to take part in this study, you will be asked to complete a survey that contains questions about your financial self-sufficiency, educational attainment, connections with adults, experience with homelessness, high-risk behavior, and access to health insurance. There are approximately 19 questions in the survey, and it may take about 20 minutes for you to finish.

If you decide to take part in this survey, you will be asked to sign this assent form. You may ask questions about the study. You should sign the assent form only after you have had all of your questions answered, and you understand what is being asked of you.

### What might happen if I am in this study?

There is little risk to participating in this study. The most likely risk is that a question on the survey may make you feel uncomfortable. You can choose not to answer any question for any reason. At any time during the survey, you are free to stop taking the survey.

### Will you share my answers with anyone?

Your survey answers will be entered into Virginia's foster care information system (OASIS) by your caseworker or another agency staff member and the hardcopy must be kept on file. Your answers will be sent to the U.S. government foster care agency, but the Virginia Department of Social

Services will use a special code when your answers are sent.

The results of this survey will only be published for foster youth as a group. When the results of this survey are studied or discussed, no information will be included that could reveal who you are. Your name will not be used in any reports or discussions about the results of the survey.

**Do I have to take this survey?**

You do not have to take this survey. If you choose to take the survey, you may stop at any time. No one will blame you or criticize you if you decide not to participate. Your participation is voluntary. There are no costs or financial risks to you if you decide not to participate in the survey.

**Will someone try to contact me later?**

You may be contacted again (at age 19) and then 2 years later (at age 21) for follow-up surveys. The follow-up surveys will have similar questions to this survey.

**What if I have questions later?**

If you have any questions or concerns about the survey, please contact:

- Your social worker (Name, phone number, and e-mail address):

\_\_\_\_\_

- Your local Independent Living Program/Services Contact:  
(Name, phone number, and e-mail address):

\_\_\_\_\_

- UMFS Project LIFE at (800) 292-0305 **OR** [info@vaprojectlife.org](mailto:info@vaprojectlife.org)
- Virginia Department of Social Services' Independent Living Program at (804) 726-7577 **OR** [va.ilp@dss.virginia.gov](mailto:va.ilp@dss.virginia.gov)

**ASSENT**

Signing your name shows that you agree to be in this study. If there is any part of the form that is unclear to you, be sure to ask questions about it. Do not sign the form until you get answers to all of your questions.

***I have read this assent form and understand the information about the survey. All my questions about the survey have been answered. I agree to participate in this survey.***

\_\_\_\_\_  
Printed name of YOUTH

\_\_\_\_\_  
Signature of YOUTH

\_\_\_\_\_  
Printed name of person conducting informed assent discussion

\_\_\_\_\_  
Signature of person conducting informed assent discussion

# Virginia NYTD Outcomes SURVEY for the Baseline Population

Name of Youth (First, Middle Initial and Last): \_\_\_\_\_

Current Age of Youth \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Local Department of Social Services: \_\_\_\_\_

## Employment and On-the-job Training

If someone is employed "full-time," they are working at least 35 hours per week at one or more jobs.

**Currently are you employed full-time? [#37= this number is for DSS use only as it pertains to OASIS]**

Yes  No

If someone is employed "part-time," they are working between 1 and 34 hours per week at one or more jobs.

**Currently are you employed part-time? [#38= this number is for DSS use only as it pertains to OASIS]**

Yes  No

This next question asks about programs that provide on-the-job training. This training might include trade skills such as carpentry or auto mechanics, or office skills such as word processing or the use of office equipment.

**In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid? [#39= this number is for DSS use only as it pertains to OASIS]**

Yes  No

## Financial Support

Sometimes foster care youth receive social security payments. These are payments from the government to meet basic needs for food, clothing, and shelter of a person with a disability. You may be receiving these payments because of a parent or guardian's disability, rather than your own disability.

**Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments)? [#40= this number is for DSS use only as it pertains to OASIS]**

Yes  No

Students often receive financial aid to help with educational expenses. Scholarships, grants, and stipends are funds awarded to help with expenses related to obtaining an education. A "student loan" is a government-guaranteed, low-interest loan for students who have finished high school.

**Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses? [#41= this number is for DSS use only as it pertains to OASIS]**

Yes  No

Financial support can come from your family as well. This type of support could be from your biological, foster, or adoptive family. It could be child support that you receive or funds from a legal settlement. It does not include occasional gifts such as birthday or graduation checks. It also does not include small donations of food or personal items, child care subsidies, child support for your child, or other financial support that does not benefit you directly in supporting yourself.

**Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment? [#45= this number is for DSS use only as it pertains to OASIS]**

Yes  No

## Education and Training

**What is the highest educational degree or certification that you have received? (See below for definitions) [#46= this number is for DSS use only as it pertains to OASIS]**

- High school diploma/GED
- Vocational certificate
- Vocational license
- Associate's degree (e.g., A.A.)
- Bachelor's degree (e.g., B.A. or B.S.)
- Higher degree
- None of the above

**Vocational Certificate** - 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** - A document that indicates that the State or local government recognizes an individual as a qualified professional in a particular trade or business

**Associate's degree** - generally a two-year degree from a community college

**Bachelor's degree** - a four-year degree from a college or university

**Higher degree** - a graduate degree, such as a Masters or Doctorate degree

**None of the above** - the youth has not received any of the above educational certifications

**Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college? [#47= this number is for DSS use only as it pertains to OASIS]**

Yes  No

**Note:** If you are enrolled in and attending school that is *currently out of session* (spring break,

summer vacation), then you are still considered enrolled in and attending an educational program.

## **Personal Relationships and Living Circumstances**

This question asks about connections to adults in your life. It refers to an adult that you can go to for advice or guidance when you have to make a decision, when you need help solving a problem, or when you want to share something good that has happened to you. The adult might be a relative, parent, or foster parent or someone else who is close to you (for example a minister or a teacher). *The adult must be someone that you can easily reach, either by telephone or in person.* The adult would *not* include: a spouse, partner, boyfriend/girlfriend, or current caseworker.

**Currently is there at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support? [#48= this number is for DSS use only as it pertains to OASIS]**

Yes  No

The next question is about homeless. "Homeless" means that you 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.

**Have you ever been homeless? [#49= this number is for DSS use only as it pertains to OASIS]**

Yes  No

This question is about alcohol and drug abuse assessment and counseling. Alcohol or drug abuse assessment is a process designed to determine if someone has a problem with alcohol or drug use. You could have decided to seek alcohol or drug abuse assessment or counseling yourself (self-referral) or someone else like a social worker, school staff, physician, mental health worker, foster parent, or other adult might have referred you to alcohol/drug abuse assessment or counseling.

**Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling? [#50= this number is for DSS use only as it pertains to OASIS]**

Yes  No

**Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? [#51= this number is for DSS use only as it pertains to OASIS]**

Yes  No

The next question asks about giving birth or fathering children. If you are female, the question refers to giving birth to at least one child that was born. If you are male, the question refers to fathering at least one child that was born. If you are male and you do not know if you have fathered a child, answer "No."

**Have you ever given birth or fathered any children that were born? [#52= this number is for DSS use only as it pertains to OASIS]**

- Yes  No

**If you responded yes to the previous question, were you married to the child's other parent at the time each child was born? [#53= this number is for DSS use only as it pertains to OASIS]**

- Yes  No  
 Not applicable

## Health Care Coverage

The next question asks about Medicaid - a health insurance program funded by the government.

**Currently are you on Medicaid? [#54= this number is for DSS use only as it pertains to OASIS]**

- Yes  No  
 Don't know

The next several questions ask about other health insurance. Health insurance is when a third party pays for all or part of health care. You might be covered under your parents' health insurance policy. You might have health insurance such as group coverage offered by your employer or your college. You might have an individual policy that covers medical, mental health care, or prescription drugs. You could have access to free health care through a college or other source.

**Currently do you have health insurance, other than Medicaid? [#55= this number is for DSS use only as it pertains to OASIS]**

- Yes - continue to next question  
 No - end of survey  
 Don't know - end of survey

**Does your health insurance include coverage for medical services? [#56= this number is for DSS use only as it pertains to OASIS]**

- Yes  
 No  
 Not applicable  
 Don't know

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

**[#57= this number is for DSS use only as it pertains to OASIS]**

- Yes*
- No*
- Not applicable*
- Don't know*

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

**[#58= this number is for DSS use only as it pertains to OASIS]**

- Yes*
- No*
- Not applicable*
- Don't know*

We appreciate you taking the time for the survey!