

CONNECTED YOUTH INITIATIVE

TRANSITIONAL SERVICES SURVEY

**Please read this page before completing your
Transitional Services Survey**

Please complete this survey by yourself to the best of your ability. All parts should be completed. The answers you provide will help us learn more about the experiences of young people in Nebraska and make sure the services you are receiving are helping you and others.

If you are in Omaha, Lincoln, or the Panhandle, only Connected Youth Initiative/Nebraska Children staff and staff of the agencies you are involved with will have access to your individual answers. If you are in another location in Nebraska, and have agreed to share this data, your information will also be shared with the external evaluators for the Social Innovation Fund. In all cases, every effort will be made to protect your privacy. Other than that, your answers will only be shared in a group with all the other answers combined (without your name attached).

If you would like more info or want to find out about the results of the survey, please contact Claire at cbuddenberg@nebraskachildren.org.

***Important Note: Do NOT take the Transitional Services Survey more than once per survey month (April and October). If you have already taken this survey this month, your responses the second time will be discarded.

CONNECTED YOUTH INITIATIVE

TRANSITIONAL SERVICES SURVEY

Name: _____
First Middle Last

Today's Date: ____/____/____

Education

Currently enrolled in (Check ALL that apply)

<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 (Example: If you are in 12th grade now, your highest grade completed is 11th grade)

<input type="checkbox"/> 6 th grade or less	<input type="checkbox"/> 7 th grade	<input type="checkbox"/> 8 th grade	<input type="checkbox"/> 9 th grade	<input type="checkbox"/> 10 th grade
<input type="checkbox"/> 11 th grade	<input type="checkbox"/> 12 th 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

What is your current living situation? (Check ONE)

<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?

Weeks: _____ Months: _____ Years: _____

Is your housing affordable? (Can you pay for your housing and still have enough for other expenses such as food, transportation, and utilities?)

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

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 – 11 months
<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: _____				

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")

Employment

Current employment status

Not employed and
not trying to get a job

Not employed,
but trying to get a job

Employed

of paying jobs: _____

Average number of hours you work each week: _____

Hourly wage: _____ *(If you have more than one paying job,
think of the job you've been at the longest)*

Length of time with current employer *(think of the job you've been at longest)*

Less than 3 months 3 – 5 months 6 – 8 months

9 – 11 months 1 – 2 years More than 2 years

Parenting

Are you currently parenting or expecting a child? (check ONE)

Neither pregnant or
expecting a child nor
parenting

Pregnant or
expecting a child

Both pregnant or
expecting a child and
parenting

Parenting

Total # of children: _____

How many of these children currently live with you?

Total # of these children living with you full time: _____

Total # of these children living with you part time: _____

Comments: _____

Physical and Mental Health

Do you have health insurance through one 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 2 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 2 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 (e.g. I do not need to take medications)

Has there been a time over the past 6 months 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 Too few people No one
_____ you can count on _____ you can count on _____ you can count on _____ Don't know

Give you good advice about your job or school Enough people Too few people No one
_____ you can count on _____ you can count on _____ you can count on _____ Don't know

Loan you money in an emergency Enough people Too few people No one
_____ you can count on _____ you can count on _____ 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: _____

What supportive adults do you have to always turn to?

_____ 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 current/former staff
(e.g. group home staff) _____ Other adult (please write their relationship to you, not their name): _____

Transportation

What is your primary method of transportation? (Check ONE)

_____ Paid Transportation _____ Bicycle _____ Walking _____ My own car or truck _____ Borrowing
(e.g. Bus, taxi, Uber) _____ Friends/family _____ Other motorized vehicle _____ someone else's car
_____ Program staff _____ (asking for rides) _____ (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			

What is your gender? (check ONE)

Woman Man Prefer not to say Another gender: _____

What is your race or ethnic background? (check ALL that apply):

White Black or African American Hispanic or Latino Asian American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander Prefer not to say Other (please specify): _____

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?
