NYTD CONSENT/SURVEY - AGE 19/21

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY DIVISION
SFN 1038 (12-2010)

Purpose: The National Youth in Transition Database (NYTD) is a Federal program designed to evaluate and improve programs that help foster care youth become independent adults.

Overview: Foster care youth who did turn age 17 while in care are asked to participate in the NYTD program. Participation involves completing a brief survey at the age of 17, 19 and 21. The survey is comprised of questions related to aging out of foster care and independent living services.

Benefits of Participation: Participants will receive an opportunity to share experiences and contribute to the improvement of services for current and future foster care youth in North Dakota. In addition, the State of North Dakota is offering incentives for participation. At age 17, upon completion of the survey participants received a $10 gift card. At age 19, upon completion of the survey participants will receive a $20 gift card. At age 21, upon completion of the survey and if the previous two surveys were completed, participants will receive a $50 gift card. Participants will be asked to sign a receipt indicating the survey incentive was provided.

Survey: The survey takes approximately 15 minutes to complete. Participation is voluntary and there will be no penalty for choosing not to participate.

Confidentiality: Survey results are kept confidential. Each participant is given an ID number to be placed on the survey; no names will be identified. Survey results and personal data will never be published as individual results. Data will only be presented as group responses. Only authorized personnel will have access to individual data for verification and analysis purposes. Confidentiality is ensured in the following ways:

- Paper copy: The participant will place the completed survey in the paid postage sealed envelope and give it to the case manager or Independent Living Coordinator to mail to the state office.
- Online: The participant will submit the survey where it will remain in a Department of Human services online survey portal. Only authorized state staff will have access to online portal.

If you have questions about NYTD or this survey, please call the ND Department of Human Services Independent Living Administrator at 701-328-4934 or the Decision Support Services Research Analyst at 701-328-8925.

Complete the section below:

☐ I have received a copy of the consent form in the event I have questions about NYTD and/or this survey.

I understand the requirements of this survey, and

☐ I am willing to complete the survey today. OR

☐ I decline the opportunity to complete this survey today.

☐ I decline the opportunity to complete the NYTD survey at age 21. Please do not contact me about participating in the NYTD survey in the future.

Participant's Signature	Date

☐ Original mail to CFS

☐ Copy for Participant

Thank you for agreeing to participate in the National Youth in Transition Database (NYTD) Survey. All of your responses are voluntary and completely confidential.

Please fill in the blanks and check the appropriate boxes.

ID	Today's Date	Date of Birth

Highest educational degree or certification that you have received

☐ High School Diploma/GED ☐ Vocational License ☐ Bachelor's Degree ☐ None of the Above

☐ Vocational Certificate ☐ Associate's Degree ☐ Higher Degree

	Yes	No
1. Currently, are you employed full time? (*working at least 35 hours/week at one or multiple jobs)*		
2. Currently are you employed part-time? (*working 1-34 hours/week at one or multiple jobs*)		
3. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?		
4. Currently are you receiving social security payments? (*Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents payments*)		
5. Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of financial aid to cover any educational expenses?		
6. Currently, are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment? (*This may include any financial support from a spouse, family member, a child support check. This does not include occasional gifts like birthday or graduation money*.)		
7. Currently are you enrolled in and attending high school, GED classes, post high school vocational training, or college?		
8. Currently is there at least one adult in your life, other than your caseworker, to whom you can go to for advice or emotional support? (*This should not include a spouse or partner.)*		
9. In the past two years, were you homeless at any time? (*"Homeless" means that you had no adequate place to live. You were living in a car, on the street, or in a shelter for at least one night.*)		
10. In the past two years, did you refer yourself, or has someone else referred you for alcohol or drug abuse assessment or counseling? (*If you were referred to go, but did not choose to go, check "Yes."*)		
11. 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? (If *you were arrested and in lock up for even one night, check "Yes."*)		
12. In the past two years, did you give birth or father any children that were born? (*If you are male and do not know, check "No."*)		
13. If you responded "Yes" to the previous question, were you married to the childs other parent at the time each child was born?		
14. Do/did you participate in the Regional Chafee Independent Living Program?		

	Yes	No	Don't Know
15. Currently are you on Medicaid?			
16. Currently do you have health insurance other than Medicaid? (*If you are covered by a private health insurance, your parents health insurance, a college, Indian Tribe, or other sources, check "Yes."*)			

Answer the Following Three Questions if you Answered Yes on Question 16	Yes	No	Don't Know
17. Does your health insurance include coverage for medical services?			
18. Does your health insurance include coverage for mental health services?			
19. Does your health insurance include coverage for prescription drugs?			

If you are still in Foster Care, check Not Applicable	Yes	No	Not Applicable
20. Currently are you receiving public food assistance? *(This includes SNAP, WIC (Women, Infant, Children) program benefits, etc.)*			
21. Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?			
22. Currently are you receiving ongoing welfare payments from the government to support your basic needs? *(This does not include payments or subsidies for specific purposes, such as unemployment insurance, child care, education assistance, Supplemental Nutrition Assistance Program (SNAP) or housing assistance.)*			

Thank you. Have a wonderful day!

Mail To: Department of Human Services
Independent Living Administrator
Children & Family Services
600 E. Boulevard Ave #325
Bismarck, ND 58505