**Connecting YOUth Survey-August 2014**

**DCF is currently collecting information that will be used to help inform the Connecting YOUth Planning Grant.**

**The Connecting YOUth Planning Grant has embarked on efforts to identify new ways of helping and supporting YOUth in their transition to adulthood!**

**IN ORDER TO IMPROVE THE SYSTEM WITH AND FOR YOUTH,**

**WE NEED INPUT FROM YOUTH!!!**

**Please fill out this brief survey to provide insight and feedback to inform this work. Your participation in this survey is anonymous. THANK YOU!! ☺**

**1. Age\_\_\_\_\_\_\_ 2. Gender \_\_\_\_\_\_\_\_\_ 3. Are you in school? (circle) Yes or No**

**4. Current County of Residence** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. If you are in school *please check* the type of school you are in:**

**\_\_\_\_ High School**

**\_\_\_\_ College**

**\_\_\_\_ GED Program**

**\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. If you are not in school please explain the reason you are not in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Where do you currently live? (please check)**

\_\_\_\_\_\_ Foster/Resource Home

\_\_\_\_\_\_ With Family

\_\_\_\_\_\_ Transitional/Independent Living Program

\_\_\_\_\_\_ Mental Health/Behavioral Treatment Program

\_\_\_\_\_\_ Shelter

\_\_\_\_\_\_ I am homeless

\_\_\_\_\_\_ On My Own

**\_\_\_\_\_\_** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Are you currently employed? (circle) Yes or No If no please explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. How are you feeling today? (please circle)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Poor** | **Okay** | **Unsure** | **Good**  | **Excellent** |
| **1** | **2** | **3** | **4** | **5** |

***PLEASE FLIP THE PAGE FOR MORE QUESTIONS! ☺***

**10. Have you ever been homeless for more than seven days? (circle) Yes or No**

**If you were homeless, please circle where you were sleeping during this time (you can circle more than one):**

1. **Shelter B. Outside (for example car, bench, park) C. Friend/Family**

**D. Train/Bus Station E. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. Name one positive benefit of being a part of DCP&P: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. Name one resource that could help make your experience in DCP&P more positive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**13. How do you currently learn about resources available (check no more than 2)?**

**\_\_\_\_ Caseworker**

**\_\_\_\_ Relative/Friend**

**\_\_\_\_ Social Media**

**\_\_\_\_ Internet**

**\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**14. What method of communication do you prefer (check no more than 2)?**

**\_\_\_\_ In Person**

**\_\_\_\_ Phone Call**

**\_\_\_\_ Text**

**\_\_\_\_ Email**

**\_\_\_\_ Mail**

**\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**15. What is one piece of advice that you could give another youth who was in or aging out of DCP&P? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**16. What are three ways that DCP&P has prepared you for adulthood?**

**17. I have people who care about me and will be there for me when I am an adult (circle):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all** | **A Couple** | **Quite a Few** | **Many** | **Several** |
| **1** | **2** | **3** | **4** | **5** |