

## INFORMED CONSENT FOR THE 21-YEAR-OLD NYTD YOUTH OUTCOMES SURVEY

You are invited to take part in a research study for the National Youth in Transition Database (NYTD) called the Youth Outcomes Survey of young people ages 17, 19 and 21, who currently are or were in foster care. This form describes the study and what it means for you to be in it. We hope that you will agree to participate. Your feedback is very important to us.

1. **Why this survey is being conducted:** This survey is being conducted throughout the United States to collect information on how youth leaving foster care are doing.
2. **Who is being asked to complete this survey:** Youth in foster care in the United States who are turning age 17 may be asked to complete this survey. Those who complete the survey may be surveyed again at ages 19 and 21.
3. **How survey data is collected:** This survey can be taken 3 ways: 1) online at <https://magik.dcs.in.gov/Portal/Home/Login> (you are provided with a user name and password to access the survey); 2) on paper; or 3) by telephone (only for youth ages 19 and 21).
4. **How the survey data will be used:** Your answers to the survey questions will assist law makers and child welfare agencies to identify the needs of youth transitioning out of foster care. This information will then be used to help future youth as they transition out of foster care.
5. **How long it will take (on average) to complete the survey:** It should only take about 5 minutes to complete this survey.
6. **Confidentiality Procedures:** To protect your identity, your responses will be associated with an identification number and not your name. The file that links the identification numbers with the names of the survey participants is password protected, and only a few employees of the Indiana Department of Child Services (DCS) have been given this password. All information collected from this survey is securely stored within DCS' Child Welfare database. Any data published from this survey will not include any of the names of the survey participants.
7. **The benefits of participating in this survey:** All youth who take this survey will receive a stipend; \$25 for (17-year-olds), \$50 for (19-year-olds), and \$100 for (21-year-olds). Additionally, this survey gives youth the opportunity to share their experiences and help with the improvement of services for youth transitioning from foster care. Upon completion of the survey, please complete the stipend request form at <https://fostersuccess.org/nytdstipend/>. Youth will receive their stipend within 2 weeks of completion of the survey via email. For concerns regarding the stipend, please contact **Foster Success at (463) 724-9655 or by email: [nytd@fostersuccess.org](mailto:nytd@fostersuccess.org)**.
8. **Your Participation in this survey is voluntary:** Your participation in this survey is 100% voluntary and there is no penalty if you do not participate (for example, you will not lose any services if you do not take this survey). Also, you can decline to answer any survey question(s) that you do not want to answer.
9. **How to obtain more information about this survey:** For more information, please ask your case manager or call / text Foster Success at (463) 724-9655 or email at [nytd@fostersuccess.org](mailto:nytd@fostersuccess.org).



# 21-Year-Old NYTD Youth Outcomes Survey

Youth Name <b>(Required)</b> :	Date Youth Completed Survey OR Date Youth Declined to Participate <b>(Required)</b> :
Survey ID (Required):	Survey Password (Required):

By **initialing** below, I am confirming that I have read the Informed Consent document for the NYTD Youth Outcomes Survey, or it has been read to me. I am also confirming that I have had the opportunity to ask questions about the NYTD Youth Outcomes Survey and any questions have been answered to my satisfaction.

\_\_\_\_\_ I consent, voluntarily, to take the NYTD.  
(Initials) Youth Outcomes Survey and to be a  
participant in this study.

\_\_\_\_\_ I decline to participate in taking the NYTD.  
(Initials) Youth Outcomes Survey.

EMPLOYMENT		
<b>1. Currently are you employed full-time?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	If you work <b>35 hours or more</b> per week then answer "yes"
<b>2. Currently are you employed part-time?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	If you work <b>less than 35 hours</b> per week then answer "yes"
<b>3. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	Apprenticeships, internships, and other on-the-job trainings, either paid or unpaid, help you acquire job-related skills. These activities can include. <ul style="list-style-type: none"> <li>specific trade skills such as carpentry or auto mechanics, or.</li> <li>office skills such as word processing or use of office equipment.</li> </ul>

<b>OTHER SOURCES OF INCOME</b>
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<p>4. Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) or dependents' payments)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	<p>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/death.</p>
<p>5. Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	<p>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.</p>
<p>6. Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	<p>This means periodic and/or significant financial support from:</p> <ul style="list-style-type: none"> <li>• a spouse or family member (biological, foster, or adoptive),</li> <li>• child support that you are receiving, or,</li> <li>• funds from a legal settlement.</li> </ul> <p>This does <b>not</b> include occasional gifts, such as birthday or graduation checks or small donations of food, or personal incidentals, childcare subsidies, child support for <b>your</b> child or other financial help that does not benefit you directly in supporting yourself.</p>
<p>7. Currently are you receiving ongoing welfare payments from the government to support your basic needs, i.e., TANF?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	<p>This refers to <u>ongoing</u> welfare payments from the government to <u>support your basic needs</u>.  This does <b>not</b> include payments or subsidies for specific purposes, such as:</p> <ul style="list-style-type: none"> <li>• unemployment insurance,</li> <li>• childcare subsidies,</li> <li>• education assistance,</li> <li>• food stamps, or,</li> <li>• housing assistance.</li> </ul>
<p>8. Currently are you receiving public food assistance?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	<p>Public food assistance includes:</p> <ul style="list-style-type: none"> <li>• food stamps (government-issued), and/or</li> <li>• assistance from the Women, Infants and Children (WIC) program.</li> </ul>

<p>9. Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	<p>Public housing is:</p> <ul style="list-style-type: none"> <li>rental housing provided by the government for you and your family, or</li> <li>housing voucher (allows you to choose your own housing while the government pays part of the housing costs)</li> </ul> <p>This does <b>not</b> include payments from the child welfare agency for room and board payments.</p>
<b>EDUCATION</b>		
<p>10. Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	<p>This means that you are:</p> <ul style="list-style-type: none"> <li>both enrolled in and attending high school,</li> <li>both enrolled in and attending GED classes, or.</li> <li>both enrolled in and attending postsecondary vocational training or college.</li> </ul> <p>You are still considered enrolled in and attending school even if that school is currently out of session (e.g., Spring break, summer vacation, etc.).</p>
<p>11. What is the highest educational degree or certification that you have received?</p>	<input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Vocational certificate <input type="checkbox"/> Vocational license <input type="checkbox"/> Associate degree (e.g., A.A.) <input type="checkbox"/> Bachelor's degree (e.g., B.A. or B.S.) <input type="checkbox"/> Higher degree <input type="checkbox"/> None of the above <input type="checkbox"/> DECLINED	<p>Indicate which educational degree or certification you have <b>completed</b>:</p> <ul style="list-style-type: none"> <li><b>"GED"</b> is the same as <b>TASC</b> in Indiana</li> <li><b>"Vocational certificate"</b> means you have successfully completed an education or training program that qualifies you for a particular job, (e.g., auto mechanics or cosmetology.)</li> <li><b>"Vocational license"</b> means the State or local government recognizes you as a qualified professional in a particular trade or business.</li> <li>An <b>Associate's degree</b> is a two-year degree from a community college.</li> <li>A <b>Bachelor's degree</b> is a four-year degree from a college or university.</li> <li><b>"Higher Degree"</b> indicates a graduate degree, such as a Masters or Doctorate degree.</li> <li><b>"None of the Above"</b> means that you have not received any of the above educational certifications.</li> </ul>

**PERMANENT RELATIONSHIPS WITH ADULTS**

<p><b>12. 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?</b></p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DECLINED</p>	<p>This refers to an adult who you can go to for:</p> <ul style="list-style-type: none"> <li>• advice or guidance,</li> <li>• companionship,</li> <li>• to share personal achievements.</li> </ul> <p>This can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• adult relatives,</li> <li>• parents or</li> <li>• foster parents.</li> </ul> <p>This does <b>not</b> include:</p> <ul style="list-style-type: none"> <li>• spouses,</li> <li>• partners,</li> <li>• boyfriends or girlfriends, and;</li> <li>• current caseworkers.</li> </ul> <p>The adult must be available to you, either by telephone or in person.</p>
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<p><b>If yes, who is that? (check all that apply)</b></p>		
<p><input type="checkbox"/> Family friend</p> <p><input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> Biological parent</p>	<p><input type="checkbox"/> Sibling</p> <p><input type="checkbox"/> Other family member</p> <p><input type="checkbox"/> CASA or other court advocate</p>	<p><input type="checkbox"/> Counselor</p> <p><input type="checkbox"/> Church group</p> <p><input type="checkbox"/> Foster parent</p> <p><input type="checkbox"/> Other</p>

**HOUSING**

<p><b>13. In the past two years, were you homeless at any time?</b></p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DECLINED</p>	<p>“Homeless” means that you have <u>no regular or adequate place to live</u>. Living in a car, or on the street, or staying in a homeless or other temporary shelter are not considered regular and adequate places to live</p>
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LIFESTYLE QUESTIONS		
14. In the past two years did you refer yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	This includes either: <ul style="list-style-type: none"> <li>• self-referring, or;</li> <li>• 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.</li> </ul> Alcohol or drug abuse assessment is a process designed to determine if someone has a problem with alcohol or drug use.
15. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	This means that you were confined in a jail, prison, correctional facility, or juvenile or community detention facility because you allegedly committed a crime (misdemeanor or felony)
16. In the past two years did you give birth to or father any children that were born?	<input type="checkbox"/> YES (Go to question 17) <input type="checkbox"/> NO (Go to question 18) <input type="checkbox"/> DECLINED (Go to question 18)	This means you gave birth to or fathered at least one child that was born.  Males: If you do not know if you fathered a child, answer "No."
17. If you responded yes to the previous question, were you married to the child's other parent at the time each child was born?	<input type="checkbox"/> YES (Go to question 18) <input type="checkbox"/> NO (Go to question 18) <input type="checkbox"/> DECLINED (Go to question 18)	This means that when every child was born, you were married to the other parent of the child.
ACCESS TO HEALTH CARE		
18. Currently are you on Medicaid?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINED	Medicaid (or the State medical assistance program) is a health insurance program funded by the government.
19. Currently do you have health insurance, other than Medicaid?	<input type="checkbox"/> YES (Go to question 20) <input type="checkbox"/> NO (Survey complete - Go to "Contact Information") <input type="checkbox"/> DON'T KNOW (Survey complete - Go to "Contact Information") <input type="checkbox"/> DECLINED (Survey complete - Go to "Contact Information")	"Health insurance" means having a third party, other than Medicaid, pay for all or part of your health care. You might have health insurance offered by: <ul style="list-style-type: none"> <li>• employers or schools; or;</li> <li>• an individual policy that covers medical and/or mental health care and/or prescription drugs.</li> <li>• coverage under your parents' insurance.</li> </ul> This could also include access to free health care through a college, Indian Tribe, or other source.

**ANSWER THE FOLLOWING QUESTION ONLY IF YOU ANSWERED "YES" TO QUESTION "19." ABOVE**

<p><b>20. Does your health insurance include coverage for medical services?</b></p>	<p><input type="checkbox"/> YES (Go to question 21)</p> <p><input type="checkbox"/> NO (Survey complete - Go to "Contact Information")</p> <p><input type="checkbox"/> DON'T KNOW (Survey complete - Go to "Contact Information")</p> <p><input type="checkbox"/> DECLINED (Survey complete - Go to "Contact Information")</p>	<p>This means that your health insurance covers at least some <b>medical</b> services or procedures.</p> <p><b>Only answer this question if you answered "yes" to question 16.</b></p>
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**ANSWER THE FOLLOWING QUESTION ONLY IF YOU ANSWERED "YES" TO QUESTION "20" ABOVE**

<p><b>21. Does your health insurance include coverage for mental health services?</b></p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> DECLINED</p>	<p>This means that your health insurance (other than Medicaid) covers at least some <b>mental</b> health services.</p> <p><b>Only answer this question if you answered "yes" to question 17.</b></p>
<p><b>22. Does your health insurance include coverage for prescription drugs?</b></p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> DECLINED</p>	<p>This means that your health insurance covers at least some <b>prescription drugs</b>.</p> <p><b>Only answer this question if you answered "yes" to question 17.</b></p>
<p><b>21. Do you currently need supportive services?</b></p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DECLINED</p>	<p>This means you are in need of support and assistance in employment, education, housing, etc.</p>
<p><b>21. Would you like to be referred to voluntary services and be contacted by an Older Youth Services Provider?</b></p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DECLINED</p>	<p>This means you would like assistance with employment, education, housing, etc.</p> <p><b>Only answer this question if you answer "yes" to question 23.</b></p>

**CONTACT INFORMATION**

**Your voice is important to us!**

**We would like to thank you for your participation in the NYTD Outcome Survey.**

If you have answered yes to questions 23 and 24 or would like information on how you may receive educational financial assistance, please leave your contact information below.

**CONTACT NAME:**

**EMAIL ADDRESS:**

**CELL PHONE NUMBER:**

**OTHER CONTACT INFORMATION:**

Thank you for completing the survey!  
We appreciate your help.  
For more information on the National Youth and Transition Database:  
<https://www.in.gov/dcs/2793.htm>

