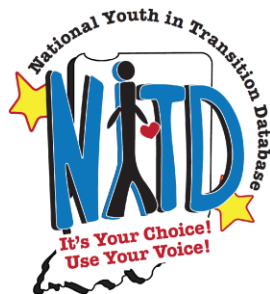


INFORMED CONSENT FOR THE NYTD YOUTH OUTCOMES SURVEY

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:** All youth in foster care in the United States who are turning age 17 are being 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-old), \$50 for (19-year-old), and \$100 for (21-year-old). Additionally, this survey gives youth the opportunity to share their experiences and help with the improvement of services for youth transitioning from foster care. For more information on receiving your stipend, please contact Foster Success at (765) 283 – 6680 or emails at 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 or ask any questions about the NYTD Outcomes Survey, please ask your case manager, or email the DCS NYTD help desk at dcsnytd@dcs.in.gov.



NYTD Youth Outcomes Survey

Youth Name (Required) :	Date Youth Completed Survey OR Date Youth Declined to Participate (Required) :
Survey ID (Required):	Survey Password (Required):

By initialing below, I am confirming that I have read all of 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

<p>_____ I consent, voluntarily, to take the NYTD Youth Outcomes Survey and to be a participant in this study.</p> <p>(Initials)</p>	<p>_____ I decline to participate in taking the NYTD Youth Outcomes Survey.</p> <p>(Initials)</p>
--	---

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

OTHER SOURCES OF INCOME		
4. Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) or dependents' payments)?	<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.</p> <p>You may be receiving these payments because of a parent or guardian's disability/death.</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?	<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. This includes scholarships, grants, stipends, student loans and vouchers, such as Pell Grants, 21 Century Scholars and/or Education and Training Voucher (ETV).</p> <p>"Student loan" means a government guaranteed, low-interest loan for students in post-secondary education.</p>
6. Currently are you receiving ongoing welfare payments from the government to support your basic needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	<p>This includes TANF.</p> <p>This does not include payments or subsidies for specific purposes, such as:</p> <ul style="list-style-type: none"> • unemployment insurance • childcare subsidies • education assistance • food stamps • housing assistance
7. Currently are you receiving public food assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	<p>Public food assistance includes:</p> <ul style="list-style-type: none"> • food stamps (government-issued), and/or • assistance from the Women, Infants, and Children (WIC) program.
8. Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED <input type="checkbox"/> N/A	<p>N/A applies if in foster care</p>
9. Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?	<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"> • a spouse or family member (biological, foster, or adoptive), • child support that you are receiving, or; • funds from a legal settlement. <p>This does not include occasional gifts, such as birthday or graduation checks or small donations of food, or personal incidentals, childcare subsidies, child support for your child or other financial help that does not benefit you directly in supporting yourself.</p> <p>*This does not mean Collaborative Care.</p>

EDUCATION		
<p>10. What is the highest educational degree or certification that you have received?</p>	<input type="checkbox"/> High school diploma/ HSE/GED <input type="checkbox"/> Certificate of Completion <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 completed:</p> <ul style="list-style-type: none"> ● “HSE / GED” is the same as TASC in Indiana ● “Certificate of Completion” means you have successfully completed an education or training goals outlined in your IEP ● “Vocational certificate” means you have successfully completed an education or training program that qualifies you for a particular job, (e.g., auto mechanics or cosmetology.) ● “Vocational license” means the State or local government recognizes you as a qualified professional in a particular trade or business. ● An Associate’s degree is generally a two-year degree from a community college ● A Bachelor’s degree is a four-year degree from a college or university. ● “Higher Degree” indicates a graduate degree, such as a Masters or Doctorate degree. ● “None of the Above” means that you have not received any of the above educational certifications.
<p>11. 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"> ● both enrolled in and attending high school, ● both enrolled in and attending HSE / GED classes, or, ● both enrolled in and attending postsecondary vocational training or college. <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>

PERMANENT RELATIONSHIPS WITH ADULTS		
<p>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?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	<p>This refers to an adult who you can go to for:</p> <ul style="list-style-type: none"> ● advice or guidance, ● companionship, ● to share personal achievements. <p>This can include, but is not limited to:</p> <ul style="list-style-type: none"> ● adult relatives, ● parents or ● foster parents. <p>This does not include:</p> <ul style="list-style-type: none"> ● spouses, ● partners, ● boyfriends or girlfriends, and; ● current caseworkers. <p>The adult must be available to you, either by telephone or in person.</p>
<p>If yes, who is that? (Check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Family friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Biological parent </div> <div style="width: 30%;"> <input type="checkbox"/> Sibling <input type="checkbox"/> Other family member <input type="checkbox"/> CASA or other court advocate </div> <div style="width: 30%;"> <input type="checkbox"/> Counselor <input type="checkbox"/> Church group <input type="checkbox"/> Foster parent <input type="checkbox"/> Other </div> </div>		
<p>If no, would you like to have a referral to the Youth Connections Program? This program is youth driven; youth lead program dedicated to working with youth who would like to have permanent connections with caring adults.</p> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED		
HOUSING		
<p>13. Have you ever been homeless?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED	<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>

LIFESTYLE QUESTIONS		
14. Have you ever referred 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"> • self-referring, or; • 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. Alcohol or drug abuse assessment is a process designed to determine if someone has a problem with alcohol or drug use.
15. Have you ever been 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. Have you ever given birth, or fathered 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 living child. 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. If you are in foster care, you likely have Medicaid. This includes Anthem, MHS and United Healthcare. *This could also include having a medical card.
19. Currently do you have health insurance, other than Medicaid?	<input type="checkbox"/> YES (Go to question 20) <input type="checkbox"/> NO (Go to question 23) <input type="checkbox"/> DON'T KNOW (Go to question 23) <input type="checkbox"/> DECLINED (Go to question 23)	"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"> • employers or schools; or; • an individual policy that covers medical and/or mental health care and/or prescription drugs. • coverage under your parents' insurance. 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>20. Does your health insurance include coverage for medical services?</p>	<p><input type="checkbox"/> YES (Go to question 21)</p> <p><input type="checkbox"/> NO (Go to "Question 23 and 24")</p> <p><input type="checkbox"/> DON'T KNOW (Go to "Question 23 and 24")</p> <p><input type="checkbox"/> DECLINED (Go to "Question 23 and 24")</p>	<p>This means that your health insurance covers at least some medical services or procedures.</p> <p>Only answer this question if you answered "yes" to question 19.</p>
---	---	--

ANSWER THE FOLLOWING QUESTION ONLY IF YOU ANSWERED "YES" TO QUESTION "20" ABOVE

<p>21. Does your health insurance include coverage for mental health services?</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 mental health services.</p> <p>Only answer this question if you answered "yes" to question 20.</p>
<p>22. Does your health insurance include coverage for prescription drugs?</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 prescription drugs.</p> <p>Only answer this question if you answered "yes" to question 20.</p>

<p>23. Have you had an annual doctor or dentist appointment?</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 you are up to date on annual doctor appointments, which includes physical and dental.</p>
---	--	---

<p>24. Have you reviewed and/or received your Medical Passport or medical records?</p>	<p><input type="checkbox"/> YES (Survey complete – Click Submit and complete "Contact Information")</p> <p><input type="checkbox"/> NO (Survey complete – Click Submit and complete "Contact Information")</p> <p><input type="checkbox"/> DON'T KNOW (Survey complete – Click Submit and complete "Contact Information")</p> <p><input type="checkbox"/> DECLINED (Survey complete – Click Submit and complete "Contact Information")</p>	<p>This means you have received and/or reviewed a copy of your personal medical information.</p>
---	--	--

Welcome Statement

Thank you for completing the NYTD Youth Outcomes Survey and **welcome** to our community of young adults across Indiana who have taken the NYTD survey! We, the NYTD Team at Foster Success, value your voice and want to recognize the

contribution you are making to improve the foster care system. Being a part of this community gives you access to NYTD *exclusive* events, giveaways, and contests. We hope you join our NYTD Community so that we can continue celebrating YOU.

Have questions? Want more involvement? Contact us at nytd@fostersuccess.org We would love to hear from you!

CONTACT INFORMATION

Your voice is important to us! We would like to contact you again at ages 19 and 21 to complete the follow up NYTD Outcome Survey. You can earn \$50 for completing the 19-year-old survey and \$100 for taking the survey again at age 21!

Can you leave us the best way to contact you in the future? Many young people also choose to leave names, numbers and email addresses of family members, former foster parents, etc. that the young person knows that they will continue to have contact within the future.

If you choose to leave your social media information, it will only be used for the purpose of NYTD engagement activities and NYTD outcome survey completion.

CONTACT NAME:

EMAIL ADDRESS:

CELL PHONE NUMBER:

OTHER CONTACT INFORMATION:

CONTACT NAME:

EMAIL ADDRESS:

CELL PHONE NUMBER:

OTHER CONTACT INFORMATION:

CONTACT NAME:

EMAIL ADDRESS:

CELL PHONE NUMBER:

OTHER CONTACT INFORMATION:

Please list social media usernames/handles that we may use to follow up with you:

Social Media Site:	Handle/Username: