



2017 Youth REACH MD Survey

This survey is being administered by the Youth Count Steering Committee on Homeless and Unaccompanied Youth & this local Continuum of Care so that the state and local providers can better understand the housing and service needs of youth and young adults under the age of 25. Your answers will remain completely confidential. Thank you! We greatly appreciate your participation!

Basic Information

1. Have you taken this survey already this month? Yes No (If 'yes', stop and return survey)
2. What is your date of birth? (mm/dd/yy) ____ / ____ / ____
3. What are your initials? First _____ Last _____
4. How old are you? 17 and younger 18-24 25 and older (If '25 and older', stop and return survey)

Living Situation

5. Where did you stay last night? *Select the best answer.*

- In a house or apartment with my immediate family (parent or guardian) that we rent or own.
- At the house/apartment of my foster parent
- At my own apartment or a room I rent
- At the house or apartment of another family member
- At the house or apartment of a friend
- At the house or apartment of a stranger
- At a shelter/motel
- In a transitional housing program
- In a group home
- Outside in the park, on the street, in a tent, transit station, car, etc.
- Inside an abandoned building, squat, porch, basement, hallway, etc.
- In a treatment or medical facility (such as a hospital, detox)
- In a jail or juvenile detention facility
- Other (please specify) _____

6. How long do you think you could sleep there without being asked to leave?

- As long as I want/Indefinitely
- For the next week
- For the next month
- For the next two weeks
- I have already left
- I don't know

(If chose answers within the gray box for BOTH questions 5 AND 6, stop and return survey)

Continue

7. How long have you been staying at the place you stayed last night?

- 1-6 days
- At least 1 week, but less than 2 weeks
- At least 2 weeks, but less than 1 month
- 1-6 months
- More than 6 months

Education

8. Are you currently in school? Yes No

8a. If yes, are you in:

- Middle school
- High school
- GED program
- Vocational training program
- College
- Other (please specify) _____

9. What is the highest grade or year of school you have completed? *Select only one.*

- No education
- 8th grade or less
- 9-11th grade
- High school diploma
- GED certificate
- Some college credits
- College degree
- Post-secondary vocational training

Demographics

10. What is your race/ethnicity? *Select all that apply.*

- Black/African American
- Native American
- Asian/Pacific Islander
- White
- Other (please specify) _____

11. Are you Hispanic or Latino/a? Yes No Don't Know

12. How would you describe your gender identity?

- Female
- Male
- Transgender, Female to Male
- Transgender, Male to Female
- Other (please specify) _____
- Prefer not to answer

Continue 

13. Which of the following best fits how you currently think about your sexual orientation?

- Straight
- Lesbian
- Gay
- Bisexual
- Other (please specify) _____
- Prefer not to answer

14. Are you pregnant? Yes No Not applicable

15. Do you have children? Yes No

15a. If yes, how many children? _____

15b. Do they live with you? Yes No

16. Have you ever served in the military? Yes No

17. Have you ever been in foster care? Yes No Don't Know

17a. If yes, what age did you leave foster care? _____

18. Have you ever lived in a group home or residential program? Yes No Don't Know

19. Have you ever stayed overnight or longer in juvenile detention? Yes No

20. Have you ever stayed overnight or longer in an adult jail or prison? Yes No

Housing History

21. How many times have you moved in the past 2 months? _____

22. In which locations have you spent the night in the past 2 months? *Select all that apply.*

- In a house or apartment with my immediate family (parent or guardian) that we rent or own.
- At the house/apartment of my foster parent
- At my own apartment or a room I rent
- At the house or apartment of another family member
- At the house or apartment of a friend
- At the house or apartment of a stranger
- At a shelter/motel
- In a transitional housing program
- In a group home
- Outside in the park, on the street, in a tent, transit station, car, etc.
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- In a treatment or medical facility (such as a hospital, detox)
- In a jail or juvenile detention facility
- Other (please specify) _____

Continue

Current Housing Status

23. Are you currently living with your parent/guardian/foster parent? *Select all that apply.*

- No, I chose to leave
- No, I was asked to leave
- Yes, I am still living with my parent/guardian/foster parent

24. Why are you not currently living with your parent/guardian/foster parent? *Select all that apply.*

- I was arguing or fighting with my parent/guardian/foster parent
- I left foster care and could not return home
- I was released from jail or a detention facility and could not return home
- My parent/guardian/foster parent or another household member was abusive (sexually, physically, or emotionally) or neglected me
- My parent/guardian/foster parent told me to leave before I turned 18
- My parent/guardian/foster parent told me to leave after I turned 18
- My parent/guardian/foster parent was experiencing homelessness and/or my family lost its housing
- My parent/guardian/foster parent abused drugs or alcohol
- I was/am pregnant or got someone pregnant
- My sexual orientation and/or gender identity
- My use of drugs or alcohol
- I wanted to leave
- My house was too small for everyone to live there
- I did not feel safe because of violence or unsafe activities in my house
- My parent/guardian/foster parent died
- Other (please specify) _____

Services & Supports

25. In the last year, have you tried to get help from any of the following services/programs? *Select all that apply.*

Short-term housing (such as shelter or transitional living program)	<input type="radio"/> Yes	<input type="radio"/> No
Long-term housing (such as Section 8 or public housing)	<input type="radio"/> Yes	<input type="radio"/> No
Educational support (such as enrolling in school or GED program)	<input type="radio"/> Yes	<input type="radio"/> No
Job training, life skills training, and/or career placement	<input type="radio"/> Yes	<input type="radio"/> No
Health care services, including emergency room services and care to help with health conditions/disabilities	<input type="radio"/> Yes	<input type="radio"/> No
Family support (such as conflict mediation or parenting support)	<input type="radio"/> Yes	<input type="radio"/> No
Child care	<input type="radio"/> Yes	<input type="radio"/> No
Nutritional assistance (such as Food Stamps/SNAP or free meals)	<input type="radio"/> Yes	<input type="radio"/> No
Cash assistance (such as Welfare benefits or Social Security Disability benefits)	<input type="radio"/> Yes	<input type="radio"/> No
Counseling or other mental health care services	<input type="radio"/> Yes	<input type="radio"/> No
Substance abuse/alcohol treatment programs	<input type="radio"/> Yes	<input type="radio"/> No
Food banks	<input type="radio"/> Yes	<input type="radio"/> No
Local police officers	<input type="radio"/> Yes	<input type="radio"/> No
Other (please specify) _____	<input type="radio"/> Yes	<input type="radio"/> No

Continue

26. Did you receive the help you needed? Yes No

26a. If no, what prevented you from getting the help you needed? *Select all that apply.*

- No transportation
- They sent me somewhere else
- They said they could not help me
- Language barrier
- Put on waiting list
- I did not want to fill out paperwork
- I didn't have necessary documents
- I didn't hear back
- I didn't know where to go
- I didn't qualify
- I didn't feel comfortable/safe
- I didn't follow through
- Other (please specify) _____

27. What are your personal sources of income? *Select all that apply.*

- Full-time job
- Part-time job and/or temporary job
- Money from 'under the table' work
- Self-employment
- Cash assistance from a government-funded program (federal/state/local)
- Social Security/disability payments
- Unemployment benefits
- Selling drugs
- Exchanging sex for money/rent/etc.
- Panhandling
- Child support
- Money from family members or friends
- Other (please specify) _____
- I do not have a personal source of income right now

Location

*** If you are completing this survey in a school, please skip this question ***

28. What is the closest street intersection (such as Main St & 8th Ave) or landmark (such as a library, community center, or park) to where you are now? _____

Comments

Thank you for taking the time to participate in this survey! Is there anything you would like to share to help us better serve you and other young people like you? _____

FOR OFFICIAL USE ONLY. UNIQUE IDENTIFIER: _____

Code: First Letter of First Name/ First Letter of Last Name/ Gender Code [0=Female; 1=Male; 4= All Others]/ Birthday Month-Month/Day-Day/ Year-Year/ CoC code.