

Youth REACH MD Survey

This survey is being administered by the Youth REACH MD Steering Committee & this local Continuum of Care to help state and local providers better understand the housing and service needs of youth and young adults who are on their own and under the age of 25. Your answers will remain completely confidential.

Thank you for participating and letting your voice be heard!

	Basic Information	
1. What county are you in right no	ow? Select the best answer.	
1. O Allegany County	10. O Dorchester County	19. O Saint Mary's County
2. O Anne Arundel County	11. O Frederick County	20. O Somerset County
3. O Baltimore County	12. O Garrett County	21. O Talbot County
4. O Baltimore City	13. O Harford County	22. O Washington County
5. O Calvert County	14. O Howard County	23. O Wicomico County
6. O Caroline County	15. O Kent County	24. O Worcester County
7. O Carroll County	16. O Montgomery County	25. O I don't know
8. O Cecil County	17. O Prince George's County	
9. O Charles County	18. O Queen Anne's County	
2. What city, town, or neighborho	od do you normally spend the night in?	
3. What are your initials? First	Last	
4. What is your date of birth? (mn	n/dd/yy)/	
5. How old are you?(If	25 or older, stop and return the survey)	
	Living Situation	
6. Where did you stay last night? 3 1. O In a house or apartmen 2. O At my own apartment of	t with my immediate family (parent or guar ent of my foster parent	dian) that we rent or own.

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- 3. O At my own apartment or a room I rent
- 4. O At the house or apartment of another family member
- 5. O At the house or apartment of a friend
- 6. O At a shelter/motel
- 7. O In a jail or juvenile detention facility
- 8. O Outside in the park, on the street, in a tent, transit station, car, etc.
- 9. O In a transitional housing program
- 10. O Inside an abandoned building, squat, porch, basement, hallway, etc.
- 11. O At the house or apartment of a stranger
- 12. O In a group home
- 13. O In a treatment or medical facility (such as a hospital or detox facility)
- 14. O In a college dorm
- 15. O Other (please specify) _____

7. How long do you think you could stay there without being asked to leave? Select the best answer.

- 1. O As long as I want/Indefinitely
- 2. O For the next week or two
- 3. O For the next month
- 4. O More than a month, but not indefinitely. (e.g., dorm, detention, transitional housing).
- 5. O I have already left
- 6. O I don't know

Continue

 8. How long have you been staying at the place where you stayed last night? Select the best answer. 1. O Less than 1 week 2. O At least 1 week, but less than 2 weeks 3. O At least 2 weeks, but less than 1 month 4. O 1-6 months 5. O More than 6 months
 9. Do you live with your parent, guardian, or foster parent almost every night? Do not count friends or relatives who are not your legal guardian. Select all that apply. a. Yes, I am living with my parent/guardian/foster parent or can return to living with them when I leave college or detention b. No, I chose to leave c. No, I was asked to leave d. No, my parent/guardian/foster parent is unavailable or unable to care for me
9b. If no, why are you not currently living with and/or why are you unable to return to your parent/guardian/foster parent Select all that apply. a. Arguing or fighting between my parent/guardian/foster parent and me b. I wanted to leave c. My use of drugs or alcohol d. My parent/guardian/foster parent told me to leave after I turned 18 f. My house was too small for everyone to live there g. My parent/guardian/foster parent told me to leave before I turned 18 f. My house was too small for everyone to live there g. My parent/guardian/foster parent or another household member was abusive (sexually, physically, or emotionally) or neglected me h. I did not feel safe because of violence or unsafe activities in my house i. My parent/guardian/foster parent was experiencing homelessness and/or my family lost its housing j. My parent/guardian/foster parent abused drugs or alcohol k. My sexual orientation and/or gender identity l. My parent/guardian/foster parent is very sick or died m. I was released from jail or a detention facility and could not return home n. I was/am pregnant or got someone pregnant o. My parent/guardian/foster parent was unable to care for me p. I am currently in jail/detention q. I left foster care and could not return home r. Money problems/being unable to pay the rent or mortgage s. My parent/guardian/foster parent was deported or lost their immigration status t. Other (please specify) u. None of the above, I am living with my parent/guardian/foster parent 10. There can be a lot of complicated reasons why you might or might not be with your parent, guardian or foster parent right now. If you would like to explain more, please write it below:

Education		
 Are you currently enrolled in school? Select the best answer. O No, not currently enrolled in school O Yes, in middle school O Yes, in high school O Yes, in a GED program O Yes, in a vocational training program O Yes, in college O Yes, other (please specify) 		
 What is the highest grade or year of school you have completed? Select the best answer. O No education O 8th grade or less O 9-11th grade O High school diploma O GED certificate O Some college credits O College degree O Post-secondary vocational training O Other (please specify)		
Demographics		
13. How would you describe your race/ethnicity? Select all that apply. a. □ Black/African American b. □ White c. □ Hispanic or Latino/a d. □ Asian/Pacific Islander e. □ Native American f. □ Other (please specify)		
14. How would you describe your gender identity? Select all that apply. a.		
 15. Which of the following best describes how you currently think about your sexual orientation? Select <u>all</u> that apply. a. Straight b. Gay or Lesbian c. Bisexual or Pansexual d. Questioning e. Other (please specify) f. Prefer not to answer 		

	LITE EX	periences	5		
For the following questions, please select the bes	t answer.				
16. Are you pregnant?	1. O Yes	2. O No			
17. Do you have children?	1. O Yes	2. O No			
17a. If yes, how many children?					
17b. Do any of your children live with you?	1. O Yes	2. O No			
18. Have you ever been in foster care?	1. O Yes	2. O No			
18a. If yes, what age did you leave foster care	e?				
19. Have you ever lived in a residential treatment	t program, g	group home,	or other live	e-in healthcare facility? 1.O Yes	2.O No
20. Have you ever stayed overnight or longer in ju	uvenile dete	ention?	1. O Yes	2. O No	
21. Have you ever stayed overnight or longer in a	ın adult jail	or prison?	1. O Yes	2. O No	
	Housin	ng History	/		
 4. O I have spent the night in the same place 23. Where have you spent the night in the past 2 a. At the house or apartment of a friend b. At a shelter/motel c. At the house or apartment of another fact. d. Outside in a park, on the street, in a tente. e. In a jail or juvenile detention facility f. In a house or apartment with my immediate. g. At the house or apartment of a stranger. h. Inside an abandoned building, squat, poor i. At my own apartment or a room I rent. j. In a transitional housing program. k. In a treatment or medical facility (such as a superior of the past o	months? So amily memb t, transit sta diate family arch, basem	per nation, car, etc (parent or g ent, hallway	apply. c. uardian) tha , etc.	at we rent or own.	
 In a college dorm In a group home At the house or apartment of my foster Other (please specify) 24. How old were you the first time you did not here.		and stable at	ace to class	at night?	
24. How old were you the first time you did not i	iave a saie d	ariu stable bi	ace to sieep	at inglit:	

Services & Supports

	of the following services or programs have you tried to get help from in the past year? Select <u>all</u> that apply.
	ood Stamps/SNAP
	ood banks or free meals
c. □S	
	hort-term housing (such as a halfway house or transitional housing program)
	ong-term housing (such as Section 8, public housing, or Permanent Supportive Housing)
	ounseling or other mental health care services
	bb training, life/finance skills training, and/or career placement
	ealth care services (including emergency room services and care to help with health conditions or disabilities)
	ental care
-	ducational support (such as enrolling in school, a GED program, or an ESL program)
	Pelfare benefits or Social Security Disability benefits elp getting social security card, birth certificate, ID card, driver's license, etc.
	ransportation assistance (including bus passes, Uber/Lyft/Cab fare, etc.)
	egal help
	ubstance use or alcohol treatment programs
	hild care, WIC, or other pregnancy or parenting supports
•	amily support (such as conflict mediation or family reunification)
	rop-in or Teen Center
	GBTQ support services
	ocal police officers
	eterans services
	ther (please specify)
	have not tried to get help from any programs or services
26. What	would be the most helpful for you right now? Select all that apply.
	ong-term housing (such as Section 8, public housing, or Permanent Supportive Housing)
	hort-term housing (such as a halfway house or transitional housing program)
c. 🗆 S	helters
d. □ F	ood Stamps/SNAP
e. 🗆 F	ood banks or free meals
f. □ Jo	bb training, life/finance skills training, and/or career placement
g. □T	ransportation assistance (including bus passes, Uber/Lyft/Cab fare, etc.)
h. 🗆 E	ducational support (such as enrolling in school, a GED program, or an ESL program)
i. 🗆 H	ealth care services (including emergency room services and care to help with health conditions or disabilities)
j. 🗆 D	ental care
	Pelfare benefits or Social Security Disability benefits
	elp getting social security card, birth certificate, ID card, driver's license, etc.
	ounseling or other mental health care services
	egal help
	amily support (such as conflict mediation or family reunification)
	hild care, WIC, or other pregnancy or parenting supports
	ubstance use or alcohol treatment programs
	rop-in or Teen Center
	GBTQ support services
	eterans Services
н ПО	ther (please specify)

27. What prevented you from getting all the help you needed? Select <u>all</u> that apply.			
a. ☐ No transportation			
b. ☐ Put on waiting list			
c. 🛮 I didn't have necessary documents			
d. □I didn't know where to go			
e. □I didn't qualify			
f. 🗆 I didn't hear back			
g. □ They said they could not help me			
h. □I didn't follow through			
i. ☐ They sent me somewhere else			
j. 🗆 I didn't feel comfortable/safe			
k. □I didn't like how I was treated			
I. □I didn't want to fill out paperwork			
m. □ Language barrier			
n. 🗆 Other (please specify)			
o. □I received all the help I needed			
o. Theselved diffine help threeded			
28. In the last two months, where did you get money/income? Select <u>all</u> that apply.			
a. □ Full-time job			
b. □ Part-time job and/or temporary job			
c. 🛘 Money from 'under the table' work			
d. □ Self-employment			
e. □ Cash assistance from a government-funded program (federal/state/local)			
f. 🗆 Social Security/disability payments			
g. □ Unemployment benefits			
h. 🗆 Food stamps			
i. □ Selling drugs			
j. ☐ Exchanging sex for money/rent/etc.			
k. □ Panhandling			
I. ☐ Child support			
m. ☐ Money from family members or friends			
n. 🗆 Other (please specify)			
o. □I do not have a personal source of income right now			
Recommendations			
29. What strengths, talents, or skills should be supported to help youth move forward?			
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30. What laws or rules would you change to make life easier for you or others with similar experiences?			
31. Is there anything else you would like to share to help us better support you and other young people like you?			
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Thank you for taking the time to participate in this survey and helping end and prevent youth homelessness!