

YouthREACH 2026 Survey

Start of Block: Consent

Youth REACH MD Survey Consent to Participate **1. Taking part is voluntary:** Taking part in this survey is completely voluntary. If you choose to take the survey, you can stop at any time without consequences of any kind. You may also choose to skip questions that you do not feel comfortable answering. **2. Your answers will be confidential:** Your responses will be kept private. I have read and understand and agree with the statements above. By initialing below, I agree to participate in this survey.

Initials: (1) _____

Date: (2) _____

Skip To: End of Survey If Condition: Initials: Is Empty. Skip To: End of Survey.

This icon will appear after each question: If you would like further explanation of the question, please hover over or tap for a description.

We would like to collect data on your location so we can create a heat map based on participant location data. Do you consent to sharing your location information with us?

Yes (1)

No (2)

End of Block: Consent

Start of Block: Basic Information

What county are you in right now? *Select the best answer.*

- Allegany County (1)
- Anne Arundel County (2)
- Baltimore County (3)
- Baltimore City (4)
- Calvert County (5)
- Caroline County (6)
- Carroll County (7)
- Cecil County (8)
- Charles County (9)
- Dorchester County (10)
- Frederick County (11)
- Garrett County (12)
- Harford County (13)
- Howard County (14)
- Kent County (15)
- Montgomery County (16)
- Prince George's County (17)
- Queen Anne's County (18)
- Saint Mary's County (19)
- Somerset County (20)
- Talbot County (21)

- Washington County (22)
- Wicomico County (23)
- Worcester County (24)
- I don't know (25)

What city, town, or neighborhood do you normally spend the night in?

What are your initials?

- First initial: (3) _____
- Last initial: (4) _____

What is your date of birth? (mm/dd/yy)

How old are you? (*If 25 or older, stop the survey*)

Skip To: End of Survey If Condition: How old are you? (If 2... Is Greater Than or Equal to 25. Skip To: End of Survey.

End of Block: Basic Information

Start of Block: Living Situation

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. (1)
- At my own apartment or a room I rent (2)
- At the house or apartment of another family member (3)
- At the house or apartment of someone outside of my family (foster parents, friends, strangers, etc) (4)
- At a shelter/motel (5)
- Outside in the park, on the street, in a tent, transit station, car, etc. (6)
- In a transitional housing program (7)
- Inside an abandoned building, squat, porch, basement, hallway, etc. (8)
- In a group home (9)
- In a treatment or medical facility (such as a hospital or detox facility) (10)
- In a college dorm (11)

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

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

How long have you been staying at the place where you stayed last night? *Select the best answer.*

- Less than 1 week (1)
- At least 1 week, but less than 2 weeks (2)
- At least 2 weeks, but less than 1 month (3)
- 1-6 months (4)
- More than 6 months (5)

How many different places have you spent the night in the past 2 months? *Select the best answer.*

- 2-3 places (1)
- 4-6 places (2)
- 7 or more places (3)
- I have spent the night in the same place for the past 2 months (4)

Where have you spent the night in the past 2 months? *Select all that apply.*

- At the house or apartment of a friend (1)
- At a shelter/motel (2)
- At the house or apartment of another family member (3)
- Outside in a park, on the street, in a tent, transit station, car, etc. (4)
- In a jail or juvenile detention facility (5)
- In a house or apartment with my immediate family (parent or guardian) that we rent or own. (6)
- At the house or apartment of a stranger (7)
- Inside an abandoned building, squat, porch, basement, hallway, etc. (8)
- At my own apartment or a room I rent (9)
- In a transitional housing program (10)
- In a treatment or medical facility (such as a hospital or detox facility) (11)
- In a college dorm (12)
- In a group home (13)
- At the house or apartment of my foster parent (14)
- Other (please specify) (15)

How old were you the first time you did not have a safe and stable place to sleep at night?

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.

Yes (1)

No (2)

Display this question:

*If Do you live with your parent, guardian, or foster parent almost every night? Do not count friends...
= No*

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.

- Arguing or fighting between my parent/guardian/foster parent and me (1)
- I wanted to leave (2)
- My use of drugs or alcohol (3)
- My parent/guardian/foster parent told me to leave after I turned 18 (4)
- My parent/guardian/foster parent told me to leave before I turned 18 (5)
- My house was too small for everyone to live there (6)
- My parent/guardian/foster parent or another household member was abusive (sexually, physically, or emotionally) or neglected me (7)
- I did not feel safe because of violence or unsafe activities in my house (8)
- My parent/guardian/foster parent was experiencing homelessness and/or my family lost its housing (9)
- My parent/guardian/foster parent abused drugs or alcohol (10)
- My sexual orientation and/or gender identity (11)
- My parent/guardian/foster parent is very sick or died (12)
- I was/am pregnant or got someone pregnant (13)
- My parent/guardian/foster parent was unable to care for me (14)
- I am currently or was just release from jail/detention (15)
- I left foster care and could not return home (16)

Money problems/being unable to pay the rent or mortgage (17)

My parent/guardian/foster parent was deported or lost their immigration status (18)

None of the above, I am living with my parent/guardian/foster parent (19)

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:

End of Block: Living Situation

Start of Block: Education

Are you currently enrolled in school?

Yes (1)

No (2)

What is the highest grade or year of school you have completed? Select the best answer.

- No education (1)
- 8th grade or less (2)
- High school without degree (3)
- High school graduate (diploma, GED or equivalent) (4)
- GED certificate (5)
- Some college credits, but less than a year of college (6)
- College degree (7)
- Post-secondary vocational training (8)
- Other (please specify) (9)

End of Block: Education

Start of Block: Demographics

How would you describe your race? *Select the best option.*

- Black/African American (1)
- White (2)
- Asian/Pacific Islander (3)
- Native American (4)
- Other (please specify) (5)

How would you describe your ethnicity? *Select the best option.*

- Hispanic or Latino (1)
- Non-Hispanic/Latino (2)

How would you describe your gender identity? *Select the best option.*

- Male (1)
- Female (2)
- Transgender (3)
- Non-binary (4)
- Prefer not to answer (5)

Which of the following best describes how you currently think about your sexual orientation?
Select the best option.

- Straight (1)
- Gay or Lesbian (2)
- Bisexual or Pansexual (3)
- Prefer not to answer (4)

Have you ever served in the military?

- Yes (1)
- No (2)

End of Block: Demographics

Start of Block: Life Experiences

Are you pregnant?

- Yes (1)
- No (2)

Do you have children?

- Yes (1)
- No (2)

Display this question:

If Do you have children? = Yes

If yes, how many children?

Display this question:

If Do you have children? = Yes

Do any of your children live with you?

- Yes (1)
- No (2)

Have you ever been in foster care?

- Yes (1)
- No (2)

Display this question:

If Have you ever been in foster care? = Yes

If yes, what age did you leave foster care?

Have you ever lived in a residential treatment program, group home, or other live-in healthcare facility?

- Yes (1)
- No (2)

Have you ever stayed overnight or longer in juvenile detention?

- Yes (1)
- No (2)

Have you ever stayed overnight or longer in an adult jail or prison?

- Yes (1)
- No (2)

End of Block: Life Experiences

Start of Block: Services and Supports

What would be the most helpful for you right now? *Select all that apply.*

- Housing (1)
- Food support (2)
- Career/educational support (3)
- Physical or mental health care (4)
- Family or parenting support (5)
- Legal assistance (6)
- Transportation assistance (7)
- I have not tried to get help from any programs or services (8)

Display this question:

If What would be the most helpful for you right now? Select all that apply. = Housing

Which of the following housing services would be the most helpful to you right now? *Select all that apply.*

- Long-term housing (such as Section 8, public housing, or Permanent Supportive Housing) (1)
- Short-term housing (such as a halfway house, recovery house, assisted living, or transitional housing program) (2)
- Shelters (3)
- Drop-in or Teen Center (5)
- Other (please specify) (6)

Display this question:

If What would be the most helpful for you right now? Select all that apply. = Career/educational support

Which of the following career/educational supports would be the most helpful to you right now? *Select all that apply.*

- Job training, life/finance skills training, and/or career placement (1)
- Educational support (such as enrolling in school, a GED program, or an ESL program) (2)
- Drop-in or Teen Center (4)
- Other (please specify) (5)

Display this question:

If What would be the most helpful for you right now? Select all that apply. = Food support

Which of the following food services would be the most helpful to you right now? *Select all that apply.*

- Food Stamps/SNAP (1)
- Food banks or free meals (2)
- Drop-in or Teen Center (4)
- Other (please specify) (5)

Display this question:

If What would be the most helpful for you right now? Select all that apply. = Physical or mental health care

Which of the following physical or mental health care services would be the most helpful to you right now? *Select all that apply.*

- Counseling or other mental health care services (1)
- Health care services (including emergency room services and care to help with health conditions or disabilities) (2)
- Dental care (3)
- Welfare benefits or Social Security Disability benefits (4)
- Substance use or alcohol treatment programs (5)
- Drop-in or Teen Center (6)
- LGBTQ support services (7)
- Veterans services (8)
- Other (please specify) (9)

Display this question:

If What would be the most helpful for you right now? Select all that apply. = Family or parenting support

Which of the following family or parenting supports would be the most helpful to you right now?
Select all that apply.

- Child care, WIC, or other pregnancy or parenting supports (1)
- Family support (such as conflict mediation or family reunification) (2)
- Drop-in or Teen Center (3)
- Other (please specify) (5)

Display this question:

If What would be the most helpful for you right now? Select all that apply. = Legal assistance

Which of the following legal services would be the most helpful to you right now? *Select all that apply.*

- Access to legal support (1)
- Help getting social security card, birth certificate, ID card, driver's license, work permit etc. (2)
- Local law enforcement (3)
- Access to legal services through drop in/teen (4)
- Immigration Assistance (5)
- Family Services (custody issues, home studies, family mediation, supervised visitation, etc.) (6)
- Domestic violence support (7)
- Expungement (8)
- Housing cases (such as rent court, eviction cases, landlord-tenant cases, foreclosure cases) (9)
- Other (please specify) (10)

Display this question:

If Which of the following legal services would be the most helpful to you right now? Select all that... , Access to legal support Is Displayed

Would you like to elaborate on the legal support you need?

Display this question:

If What would be the most helpful for you right now? Select all that apply. = Transportation assistance

Which of the following transportation services would be the most helpful to you right now?
Select all that apply.

- Transportation assistance (including bus passes, Uber/Lyft/Cab fare, etc.) (1)
- Drop-in or Teen Center (2)
- Access to bus stops (4)
- Other (please specify) (5)

Which of the following services or programs have you tried to get help from in the past year?
Select all that apply.

- Food Stamps/SNAP (1)
- Food banks or free meals (25)
- Shelters (26)
- Short-term housing (such as a halfway house or transitional housing program) (27)
- Long-term housing (such as Section 8, public housing, or Permanent Supportive Housing) (28)
- Counseling or other mental health care services (29)
- Job training, life/finance skills training, and/or career placement (30)
- Health care services (including emergency room services and care to help with health conditions or disabilities) (31)
- Dental care (32)
- Educational support (such as enrolling in school, a GED program, or an ESL program) (33)
- Welfare benefits or Social Security Disability benefits (34)
- Help getting social security card, birth certificate, ID card, driver's license, etc. (35)
- Transportation assistance (including bus passes, Uber/Lyft/Cab fare, etc.) (36)
- Legal help (37)
- Substance use or alcohol treatment programs (38)

- Child care, WIC, or other pregnancy or parenting supports (39)
- Family support (such as conflict mediation or family reunification) (40)
- Drop-in or Teen Center (41)
- LGBTQ support services (42)
- Local police officers (43)
- Veterans services (44)
- Other (please specify) (45)

- I have not tried to get help from any programs or services (46)

What prevented you from getting all the help you needed? *Select all that apply.*

- No transportation (1)
- Put on waiting list (2)
- I didn't have necessary documents (3)
- I didn't know where to go (4)
- I didn't qualify (5)
- I didn't hear back (6)
- They said they could not help me (7)
- I didn't follow through (8)
- They sent me somewhere else (9)
- I didn't feel comfortable/safe (10)
- I didn't like how I was treated (11)
- I didn't want to fill out paperwork (13)
- I received all the help I needed (14)
- Language barrier (15)
- Other (please specify) (16)

In the last two months, where did you get money/income? *Select all that apply.*

- Full-time job (1)
- Part-time job and/or temporary job (18)
- Money from 'under the table' work (19)
- Self-employment (20)
- Cash assistance from a government-funded program (federal/state/local) (21)
- Social Security/disability payments (22)
- Unemployment benefits (23)
- Food stamps (24)
- Selling drugs (25)
- Exchanging sex for money/rent/etc. (26)
- Panhandling (27)
- Child support (28)
- Money from family members or friends (29)
- Other (please specify) (30)

- I do not have a personal source of income right now (31)

Page Break

Click each service and indicate if you were able to receive help from them.

	I am currently or have received help from this service. (1)	I was unable to receive help from this service. (2)	I did not know this service existed. (3)
Food stamps/SNAP (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food banks or free meals (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short-term housing (such as a halfway house or transitional housing program) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term housing (such as Section 8, public housing, or Permanent Supportive Housing) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling or other mental health care services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care services (including emergency room services and care to help with health conditions or disabilities) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job training, life/finance skills training, and/or career placement (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational support (such as enrolling in school, a GED program, or an ESL program) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Welfare benefits or Social Security Disability benefits (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Help getting social security card, birth certificate, ID card, driver's license, etc. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation assistance (including bus passes, Uber/Lyft/Cab fare, etc.) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use or alcohol treatment programs (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal help (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care, WIC, or other pregnancy or parenting supports (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family support (such as conflict mediation or family reunification) (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drop-in or Teen Center (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ support services (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local police officers (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans services (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Services and Supports

Start of Block: Recommendations

If you would like to record your response to the questions below rather than typing, please upload one voice memo file containing responses to all three questions here.

What strengths, talents, or skills should be supported to help youth move forward? (Enable dictation if you would like to speak your response.)

What laws or rules would you change to make life easier for you or others with similar experiences? (Enable dictation if you would like to speak your response.)

Is there anything else you would like to share to help us better support you and other young people like you? (Enable dictation if you would like to speak your response.)

We would love to hear your feedback on this survey. Please write your thoughts below!

End of Block: Recommendations
