

FPOA Data Elements and Outcomes Survey

GENERAL CONTACT INFORMATION

Name:	Date of Birth:
Gender:	UNITY Person ID:
UNITY Case ID:	Jurisdiction:
Date of CJ Program Entry:	Date of CJ Program Exit:

Outcome: O Successful Completion O Youth Requests Termination O Termination/Unsuccessful Program

EMPLOYMENT

1.	Have you ever been employed full-time (3	5 hours or more between	all jobs)?	ΟYe	es	O No
2.	Have you ever been employed part-time (Less than 35 hours between all jobs)?			() Ye	es	O No
3.	During your time on court jurisdiction, did y internship or other on-the-job training that			() Ye	es	() No
OTH	IER SOURCES OF INCOME					
1.	Have you used a scholarship, grant, stiper type of financial aid to cover any education books, tuition, housing, supplies, or transp	nal expenses? (Examples		() Ye	s	() No
2.	Have you used resources in your commun WIC/TANF/SNAP, food benefits, public hor etc.)?			() Ye	es	() No
3.	Do you currently have a bank account?			() Ye	es	() No
4.	If you answered 'Yes' to the last question, how much is currently in this account?	O I don't have a bank account	O My account overdraft	is in	0	\$0-\$200
		○ \$200-\$400	○ \$400-\$600		0	\$600-\$800
		○ \$800-\$1000	Over \$1000			



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EDUCATION

For this section: If you are thinking about school but are not enrolled yet, answer 'No'. If you are enrolled in school but do not attend answer 'No'.

1.	Are you enrolled in and attending high school or GED classes? (If you are on a school break answer 'Yes'.)	() Yes	() No
2.	Have you ever been enrolled in or attended vocational training or college? (If you are on a school break answer 'Yes'.)	() Yes	() No
3.	What is the highest educational level you have <u>finished</u> ?	O I didn't finish high school or GED	O high school/GED
		O Vocational Certificate	O 0-10 College Credits
		O 10-20 College Credits	O 20+ College Credits
		O 2-yr Community College (AA)	

PERMANENT RELATIONSHIPS WITH ADULTS

1. Name at least one adult in your life to whom you can go for emotional support. (Do not include your case worker, IL worker, spouses, partners, boyfriends or girlfriends.)

	Family Friend Grandpare		ent	
	Biological Parents	Sibling(s)		
	Other Family Member	CASA/Cou	irt Advocate	
	Counselor	Church/Re	eligious Org.	
	Foster parent	Teacher		
	Work Colleague/Manager	Other Adu	It	
	Still Seeking a Supportive Adult			
HO	JSING			
1.	Do you have a plan and a place to live for months?	the next three	() Yes	⊖ No
2.	2. Have you ever been homeless while on the court jurisdiction program? 'Homeless' is defined as not having a permanent address, including living in a car, staying with different friends/family on a couch, living outdoors or staying in shelters.		⊖ Yes	() No
3.	If you answered 'Yes' to the last question, total amount of time you found yourself he answered no to the last question select 'N	omeless? If you	 Less than 1 week 3-4 weeks Over 2 months 	 1-2 weeks Over 1 month Over 3 months

O Over 4 months

O Over 6 months

O Over 5 months

O N/A



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LIFESTYLE QUESTIONS

1.	Did you or someone else think you needed an assessment, counseling or treatment for drug and/or alcohol abuse?			() Yes	() No	
2.	Have you ever been confined in a jail, prison, correctional facility, or juvenile detention facility in connection with allegedly committing a crime?			() Yes	() No	
3.	. Have you ever given birth or fathered any children that were born?			() Yes	() No	
4.	If you responded 'Yes' to the previous question, have you ever had contact with a child welfare agency about a concern for your children while on the court jurisdiction program?				() No	
5.	Did you get married while on the court jurisdiction program?			() Yes	() No	
ACCESS TO HEALTH CARE						
1.	Are you on Medicaid, including Aged-Out Medicaid, paid for by the State of Nevada?	() Yes	() No			
2.	Do you have a second insurance plan (not Medicaid)?	O Yes. Covered under someone else's insurance		Covered under my own ance plan		
		() No	🔿 I don	't know		