
NYTD Follow-Up Population Contact and Consent

Instructions

Complete information for the Youth and obtain signature(s). Place the signed original in the case record, and provide a copy of the signed release to the youth providing the consent.

This form is intended for data collection to meet the Chafee National Youth in Transition Database (NYTD) requirements. **Prior to the Youth's Foster Care Discharge** complete information for all youth **who have been designated in the NYTD follow-up population**. The Follow-up Population is defined as:

Follow-up Population: Each youth who reaches his or her 19th or 21st birthday in a FFY and participated in the State's outcomes data collection as part of the baseline population, as specified in 45 CFR 1356.82(a) (2). A Youth who participated in the data collection at age 17, but not 19 for a reason other than being deceased remains a part of the follow-up population at age 21. A Youth is in the follow-up population as described regardless of the youth's foster care status at ages 19 or 21.

I Hereby Authorize:

Agency: _____

Agency Designee: _____

Agency/Designee Address: _____

To review various administrative records (e.g. department of motor vehicle records, public assistance records, educational records, child welfare records, unemployment insurance wage records, credit bureau records, vital statistics records, and criminal justice records) that might contain information that could be used to locate and contact me for the purpose of collecting follow-up information in compliance with the Chafee National Youth in Transition Database. This information is to be collected within the six month period of my 19th and 21st birthday. I understand that by signing this agreement I am *voluntarily* authorizing the above Agency or Agency designee to review the aforementioned records.

Furthermore, I understand that while demographic information will also be collected that no information about me (Name, Youth Protective Services Case Number or Social Security Number) will be reported that will identify or link me with the information provided.

The contact information I provide below will be used by the agency or designee for the expressed purpose of contacting me.

I understand that I may revoke this consent at any time by providing a statement to that effect in writing, and that upon fulfillment of the above-stated purpose, this consent will expire. In any case, the authorization will automatically expire 90 days after my 21st birthday.

All above spaces have been filled in prior to my signature.

Signature Individual signing is: Self Parent Guardian _____
Date

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CONTACT INFORMATION:

Please complete as much information that is known and the youth is willing to provide

Youth's Name: (first name, last name and middle initial(s)) _____

Youth's nicknames, aliases, maiden or birth names: _____

Youth's UNITY Number: _____

Youth's race/ethnicity: _____

Youth's gender: M F

Youth's height: _____ weight: _____ eye color: _____ hair color: _____

Youth's distinguishing features: (e.g. glasses, limp, scar, tattoo, and piercings) _____

Addresses: Home: _____ School address: _____

Do you currently have plans to move? Yes No If you do have plans to move where are you planning to move? (Address-include state, county and city if known) _____

Telephone number(s): Home _____ Cell _____

E-mail addresses: _____

(CONFIRM E-MAIL ADDRESSES)

Social Security Number: _____

Driver's license or other identification number: _____

Public assistance ID: _____

DOB: (month, day, year) _____

Place of birth: (city/state/county) _____

Names and addresses of siblings (biological, half, step and foster) with whom youth has a close relationship:

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Social Network Memberships: example –username for MySpace or Face book

Places that the youth frequents: Social clubs, community centers, churches or other religious institutions, schools, gyms or other hangouts.

Please provide at least two individuals who you feel will be able to get in contact with you in the future. Please complete all the information to the best of your ability.

Name (Last, First, Middle): _____

Also Known As (aka): _____

Relationship: Parent Friend
 Other Relative Other. Specify: _____

Contact Address: _____
_____ Mailing
 Residence

Telephone Number: _____ Home Work Cell

Telephone Number: _____ Home Work Cell

Telephone Number: _____ Home Work Cell

Name (Last, First, Middle): _____

Also Known As (aka): _____

Relationship: Parent Friend
 Other Relative Other. Specify: _____

Contact Address: _____
_____ Mailing
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Additional Contact Questions:

To Youth completing information:

Next, I would like to ask you some question about the names, addresses and telephone numbers of people who might know how to get in touch with you when we want to interview you again in two years. We will only use this information to help us find you. We will not ask these people for any other information about you and will not share any of what you told us today or in the past with them. This information is voluntary and you do not have to answer any questions.

Would you be willing to provide this information? Yes No

Do you know your biological mothers name? Yes No

What is your biological mother's full name? _____

Do you know where your biological mother lives? Yes No

What is your mother's current full address? _____

What is your mother's telephone number? _____

Do you know your biological father's name? Yes No

Do you know where your biological father lives? Yes No

What is your biological father's full address? _____

Are you currently living with a foster parent? Yes No

What is your foster parent's name? _____

What is your foster parent's current full address? _____

Are you still in contact with former foster parents? Yes No

What is the name of the former foster parent you are closest to? _____

What is your former foster parent's current address? _____

What is your former foster parent's current telephone number? _____

Do you plan to join the armed forces? Yes No

Which branch of the armed forces do you plan to join? _____

For Internal Use:

Staff Name _____

Telephone Number _____ Extension _____

Date Recorded _____