

NYTD SURVEY

NYTD Baseline – Nevada

a. First name: _____ b. Middle initial: _____ c. Last Name: _____

d. Nickname: _____ e. Gender: _____ f. What is your date of birth? _____

g. Street Address
(including city, state & zip code):

h. Mailing Address (if different):
(including city, state & zip code):

i. Home Phone: _____

j. Cell Phone: _____

k. E-mail address: _____

l. Last 4 digits of you social security number _____

m. Caseworker: _____

n. UNITY Person ID: _____

o. If you were not living in Nevada on your 17th birthday, what state were you in?: _____

p. Contact information of a friend or family member who you think would be able to reach you:

Name _____ Phone _____ E-mail address: _____

EMPLOYMENT

- a. Currently are you employed full-time? Answer "yes" if currently employed at least 35 hours per week at one or multiple jobs. Yes No Declined
- b. Currently are you employed part-time? Answer "yes" if currently employed less than 35 hours per week at one or multiple jobs. Yes No Declined
- c. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid? Yes No Declined

OTHER SOURCES OF INCOME

- a. Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments)? Yes No Declined
- b. Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses? Yes No Declined
- c. Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment? Yes No Declined
- d. Currently are you receiving ongoing welfare payments from the government to support your basic needs? Yes No Not applicable Declined
- e. Currently are you receiving public food assistance? Yes No Not applicable Declined
- f. Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher? Yes No Not applicable Declined

EDUCATION

- a. What is the highest educational degree or certification that you have received?
 High school diploma/GED
 Vocational certificate (a document stating you received education or training for a particular job)

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- Vocational license (document indicates that the state or local government recognizes you as a qualified professional in a particular trade or business)
- Associates degree (2 year degree from a community college)
- Bachelor's degree (4 year degree from a college or university)
- Higher degree (a graduate degree, such as a Masters or Doctorate)
- None of the above
- Declined

b. Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college? Yes No Declined

PERMANENT RELATIONSHIPS WITH ADULTS

a. Currently is there at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support? Yes No Declined

b. If yes who is that? (check all that apply):

- family friend
- grandparent
- biological parents
- siblings
- other family member
- CASA or other court advocate
- counselor
- church group
- foster parent
- other

HOUSING

a. Have you ever been homeless? Yes No Declined

LIFESTYLE QUESTIONS

a. Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling? Yes No Declined

b. Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? Yes No Declined

c. Have you ever given birth or fathered any children that were born?
 Yes No Declined

d. If you responded yes to the previous question, were you married to the child's other parent at the time each child was born?
 Yes No Not Applicable I answered no on the last question Declined

ACCESS TO HEALTH CARE

a. Currently are you on Medicaid?

- Yes No Do not know Declined

b. Currently do you have health insurance, other than Medicaid?

- Yes No Do not know Declined

c. Does your health insurance include coverage for medical services?

- Yes No Do not know Not applicable Declined

d. Does your health insurance include coverage for mental health services?

- Yes No Do not know Not applicable Declined

e. Does your health insurance include coverage for prescription drugs?

- Yes No Do not know Not applicable Declined