



# 2018 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 now?

- |  |  |   |
|--|--|---|
| <input type="radio"/> 1. Allegany County     | <input type="radio"/> 10. Dorchester County      | <input type="radio"/> 19. Saint Mary's County |
| <input type="radio"/> 2. Anne Arundel County | <input type="radio"/> 11. Frederick County       | <input type="radio"/> 20. Somerset County     |
| <input type="radio"/> 3. Baltimore County    | <input type="radio"/> 12. Garrett County         | <input type="radio"/> 21. Talbot County       |
| <input type="radio"/> 4. Baltimore City      | <input type="radio"/> 13. Harford County         | <input type="radio"/> 22. Washington County   |
| <input type="radio"/> 5. Calvert County      | <input type="radio"/> 14. Howard County          | <input type="radio"/> 23. Wicomico County     |
| <input type="radio"/> 6. Caroline County     | <input type="radio"/> 15. Kent County            | <input type="radio"/> 24. Worcester County    |
| <input type="radio"/> 7. Carroll County      | <input type="radio"/> 16. Montgomery County      | <input type="radio"/> 25. I don't know        |
| <input type="radio"/> 8. Cecil County        | <input type="radio"/> 17. Prince George's County |   |
| <input type="radio"/> 9. Charles County      | <input type="radio"/> 18. Queen Anne's County    |   |

2. What city, town, or neighborhood are you in right now? \_\_\_\_\_

3. What are your initials? First \_\_\_\_\_ Last \_\_\_\_\_

4. What is your date of birth? (mm/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? *Select the best answer.*

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

### 7. How long do you think you could stay there without being asked to leave?

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

Continue 

8. How long have you been staying at the place where you stayed last night?

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

9. Are you currently living with your parent/guardian/foster parent? *Select all that apply.*

- a. Yes, I am living with my parent/guardian/foster parent
- 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

10. Why are you not currently living with your parent/guardian/foster parent? *Select all that apply.*

- a. I was arguing or fighting with my parent/guardian/foster parent
- 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
- e. I did not feel safe because of violence or unsafe activities in my house
- f. My parent/guardian/foster parent or another household member was abusive (sexually, physically, or emotionally) or neglected me
- g. My house was too small for everyone to live there
- h. My parent/guardian/foster parent told me to leave before I turned 18
- 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. I was released from jail or a detention facility and could not return home
- l. My sexual orientation and/or gender identity
- m. My parent/guardian/foster parent is very sick or died
- n. I left foster care and could not return home
- o. I was/am pregnant or got someone pregnant
- p. My parent/guardian/foster parent was deported or lost their immigration status
- q. Other (please specify) \_\_\_\_\_
- r. None of the above, I am living with my parent/guardian/foster parent

## Education

11. Are you currently enrolled in school?

- 1. No, not currently enrolled in school
- 2. Yes, in middle school
- 3. Yes, in high school
- 4. Yes, in a GED program
- 5. Yes, in a vocational training program
- 6. Yes, in college
- 7. Yes, other (please specify) \_\_\_\_\_

12. What is the highest grade or year of school you have completed?

- 1. No education
- 2. 8th grade or less
- 3. 9-11th grade
- 4. High school diploma
- 5. GED certificate
- 6. Some college credits
- 7. College degree
- 8. Post-secondary vocational training

Continue 

## Demographics

13. How would you describe your race/ethnicity? *Select all that apply.*

- a. Black/African American
- b. Native American
- c. Asian/Pacific Islander
- d. White
- e. Hispanic or Latino/a
- f. Other (please specify) \_\_\_\_\_

14. How would you describe your gender identity?

- 1. Female
- 2. Male
- 3. Transgender, Female to Male
- 4. Transgender, Male to Female
- 5. Other (please specify) \_\_\_\_\_
- 6. Prefer not to answer

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

- 1. Straight
- 2. Gay or Lesbian
- 3. Bisexual or Pansexual
- 4. Other (please specify) \_\_\_\_\_
- 5. Prefer not to answer

## Life Experiences

16. Are you pregnant?  1. Yes  2. No

17. Do you have children?  1. Yes  2. No

17a. If yes, how many children? \_\_\_\_\_

17b. Do any of your children live with you?  1. Yes  2. No

18. Have you ever served in the military?  1. Yes  2. No

19. Have you ever been in foster care?  1. Yes  2. No

19a. If yes, what age did you leave foster care? \_\_\_\_\_

20. Have you ever lived in a residential treatment program, group home, or other live-in healthcare facility?  1. Yes  2. No

21. Have you ever stayed overnight or longer in juvenile detention?  1. Yes  2. No

22. Have you ever stayed overnight or longer in an adult jail or prison?  1. Yes  2. No

## Housing History

23. How many different places have you spent the night in the past 2 months?

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

Continue 

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

- a. In a house or apartment with my immediate family (parent or guardian) that we rent or own.
- b. At the house or apartment of my foster parent
- c. At my own apartment or a room I rent
- d. At the house or apartment of another family member
- e. At the house or apartment of a friend
- f. At the house or apartment of a stranger
- g. At a shelter/motel
- h. In a transitional housing program
- i. In a group home
- j. Outside in a park, on the street, in a tent, transit station, car, etc.
- k. Inside an abandoned building, squat, porch, basement, hallway, etc.
- l. In a treatment or medical facility (such as a hospital or detox facility)
- m. In a jail or juvenile detention facility
- n. In a college dorm
- o. Other (please specify) \_\_\_\_\_

### Services & Supports

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

- a. Food Stamps/SNAP
- b. Short-term housing (such as a halfway house or transitional housing program)
- c. Shelters
- d. Health care services (including emergency room services and care to help with health conditions or disabilities)
- e. Counseling or other mental health care services
- f. Job training, life skills training, and/or career placement
- g. Long-term housing (such as Section 8 or public housing)
- h. Educational support (such as enrolling in school or a GED program)
- i. Government cash assistance (such as Welfare benefits or Social Security Disability benefits)
- j. Food banks or free meals
- k. Family support (such as conflict mediation or parenting support)
- l. Substance use or alcohol treatment programs
- m. Child care
- n. Local police officers
- o. Drop-in or Teen Center
- p. LGBTQ support services
- q. Transportation assistance
- r. Legal help
- s. Other (please specify) \_\_\_\_\_
- t. I have not tried to get help from any programs or services

Continue

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

- a. No transportation
- b. They sent me somewhere else
- c. They said they could not help me
- d. Language barrier
- e. Put on waiting list
- f. I didn't want to fill out paperwork
- g. I didn't have necessary documents
- h. I didn't hear back
- i. I didn't know where to go
- j. I didn't qualify
- k. I didn't feel comfortable/safe
- l. I didn't follow through
- m. I didn't like how I was treated
- n. Other (please specify) \_\_\_\_\_
- o. I received all the help I needed

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

- a. Short-term housing (such as shelter or transitional living program)
- b. Long-term housing (such as Section 8 or public housing)
- c. Educational support (such as enrolling in school or GED program)
- d. Job training, life skills training, and/or career placement
- e. Health care services
- f. Family support (such as conflict mediation or parenting support)
- g. Child care
- h. Food Stamps/SNAP, food banks, or free meals
- i. Government cash assistance (such as Welfare benefits or Social Security Disability benefits)
- j. LGBTQ support services
- k. Counseling or other mental health care services
- l. Substance use or alcohol treatment programs
- m. Transportation assistance
- n. Legal help
- o. Other (please specify) \_\_\_\_\_

28. In the last two months, where did you get money/income? *Select all 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
- l. 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

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## Comments

29. Thank you for taking the time to participate in this survey! Is there anything you would like to share to help us better support you and other young people like you?

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