

Participant ID #: \_\_\_\_\_  
(For Office Use Only)

# National Guard Youth Challenge Job Challenge Evaluation

## BACKGROUND INFORMATION FORM

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please print clearly. Use pen only.*

1. **Your name:**

\_\_\_\_\_  
First name                  Middle initial                  Last name

2. **Your home address:**

\_\_\_\_\_  
Address    Apt. #

\_\_\_\_\_  
City                                  State                                  Zip code

3.  None **Nickname(s):** \_\_\_\_\_

4. **Social Security number:**

\_\_\_\_-\_\_\_\_-\_\_\_\_

5. **Date of birth:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month                  Day                  Year

6. **Sex:** 1  Male 2  Female

7. **Are you Spanish/Hispanic/Latino?**

1  Yes                          0  No

8. **What is your race?**

**CHECK ALL THAT APPLY**

- 1  Hawaiian Native or other Pacific Islander  
2  White  
3  Black or African American  
4  Asian  
5  American Indian or Alaskan  
6  Other (specify) \_\_\_\_\_

9. **Home Phone Number:**

(\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_  
Area code

10. **Primary language currently spoken at home**

\_\_\_\_\_

11.  CHECK THIS BOX IF YOU DO NOT HAVE A CELL PHONE

**Cell phone number:**

(\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_  
Area code

12.  CHECK THIS BOX IF YOU DO NOT HAVE AN EMAIL ADDRESS

**What is the email address you use most often?**

13. Do you have an account on any of the following?

CHECK ALL THAT APPLY

1  Facebook?

Name: \_\_\_\_\_

2  Instagram?

Name: \_\_\_\_\_

3  Twitter?

Tag: \_\_\_\_\_

14. Do you have any other social networking accounts?

1  Yes – URL Address:

\_\_\_\_\_

0  No

15. Do you have a personal blog or website?

1  Yes – URL Address:

\_\_\_\_\_

0  No

16. How would you prefer to be contacted in the future?

CHECK ALL THAT APPLY

1  Regular mail

5  Facebook

2  Email

6  Instagram

3  Cell Phone

7  Twitter

4  Text

8  Other \_\_\_\_\_

17. In what year did you last attend school?

|\_|\_|\_|\_|\_|\_|\_|

18. What is the last grade you completed in school?

CHECK ONE

1  6th or below

2  7th

3  8th

4  9th

5  10th

6  11th

7  12th

19. During the last two years you attended school, did you receive free or reduced-priced lunches?

1  Yes    0  No

20. Were you ever suspended from school?

1  Yes    0  No

**TURN FORM OVER**



21. When you entered Youth Challenge, did you have a high school diploma or GED certificate?  
1  Yes 0  No
22. Have you ever received any special education services?  
1  Yes 0  No
23. Which of the following best describes your housing status prior to entering Youth Challenge?  
**CHECK ONE**  
1  Living with own family  
2  Own/rent apartment, room, house  
3  Permanently living at someone's apartment, room, house  
4  Temporarily staying at someone's apartment, room, house  
5  Staying with foster guardian/In foster system  
6  Halfway house/Transitional house  
7  Residential treatment  
8  Homeless
24. Were you employed immediately before entering Youth Challenge?  
1  Yes 0  No
25. Have you ever had a paying job lasting 3 months or longer?  
1  Yes 0  No
26. Are you married?  
1  Yes 0  No
27. Do you have any children?  
1  Yes 0  No
28. How would you rate your overall health?  
**CHECK ONE**  
1  Very good  
2  Good  
3  Fair  
4  Poor  
5  Very poor
29. In the 6 months before you entered Youth Challenge, did you use marijuana?  
1  Yes 0  No
30. In the 6 months before you entered Youth Challenge, did you use any other type of illegal drug, taken a prescription drug in a way that was not prescribed, or inhaled something to get high?  
1  Yes 0  No
31. Have you ever been taken into custody or arrested?  
1  Yes 0  No
32. Have you ever been found guilty of a status offense? By "status offense", we mean conduct that would not be a crime if it was committed by an adult. Typical status offenses include truancy, running away from home, violating curfew, and underage use of alcohol.  
1  Yes 0  No

33. Have you ever been convicted of a crime?  
1  Yes 0  No
34. Have you ever spent time in a juvenile detention facility?  
1  Yes 0  No
35. Have you ever spent time in an adult detention facility?  
1  Yes 0  No
36. When you entered Youth Challenge, were you on probation or parole?  
1  Yes 0  No

37. Parent or legal guardian name:

\_\_\_\_\_  
First name Middle initial Last name

38. Parent or legal guardian address:

\_\_\_\_\_  
Address Apt. #

\_\_\_\_\_  
City State Zip code

39. Parent or legal guardian home phone number:

(|\_|\_|\_|\_|\_|\_|\_|)-|\_|\_|\_|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|\_|\_|  
Area code

40. Parent or legal guardian cell phone number:

(|\_|\_|\_|\_|\_|\_|\_|)-|\_|\_|\_|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|\_|\_|  
Area code

There may be a time when we need to contact you after you leave the Youth Challenge program. In case we are not able to reach you directly, is there someone else that we could call who would know how to get hold of you?

41. Contact's name:

\_\_\_\_\_  
First name Middle initial Last name

42. Contact's cell phone number:

(|\_|\_|\_|\_|\_|\_|\_|)-|\_|\_|\_|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|\_|\_|  
Area code

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**THANK YOU FOR YOUR TIME**