

# CHAFEE STRENGTHENING OUTCOMES FOR TRANSITION TO ADULTHOOD (CHAFEE SOTA)

## Sample Survey of Youth Participants

### INTRODUCTION

Westat, an independent research firm located in Rockville, Maryland, has been contracted by the Administration for Children and Families (also known as “ACF”) to learn about how [PROGRAM] serves youth/young adults who are transitioning out of foster care. As part of that evaluation, we are conducting a brief survey of program participants to understand your current education and employment situation, challenges you face, and services you have received.

Before completing this survey, please know:

- Your answers to this survey will be kept private. Your name will not be associated with any of your responses. Only study staff will have access to your individual answers. We will share data in reports that summarize the findings and do not present identifiable information.
- Your participation is voluntary. You may skip any question you don’t want to answer.
- Nothing you say today will affect the services you are receiving. Your input will help others who may be in the same situation as you are.

A Federal agency may not conduct or sponsor, and no individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless that collection of information displays a currently valid OMB Control Number. The OMB number for this collection is 0970-0XXX and the expiration date is XX/XX/XXXX.

### INSTRUCTIONS

The survey should take approximately 30 minutes to complete. Thank you for taking the time to complete this survey as your participation is very important to us.

If you have any questions, please do not hesitate to contact me at 301-610-4849 or [KathrynHenderson@westat.com](mailto:KathrynHenderson@westat.com).

Thank you,

Kathryn A. Henderson, Ph.D.  
Principal Research Associate  
Westat

**DEMOGRAPHIC INFORMATION**

To start, please answer a few questions about yourself.

1. How do you identify your gender? **[MARK ALL THAT APPLY.]**
  - Female
  - Male
  - Transgender, non-binary, or another gender
  - Don't know
  
2. What year were you born      \_\_\_ \_ \_ \_
  
3. Are you Hispanic, Latino/a, or Spanish original? **[MARK ALL THAT APPLY.]**
  - No, not of Hispanic, Latino/a, or Spanish origin
  - Yes, Mexican, Mexican American, Chicano/a
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, Another Hispanic, Latino/a, or Spanish origin
  - Don't know
  
4. What is your race? You may select more than one category.
  - White
  - Black or African American
  - American Indian or Alaskan Native
  - Asian Indian
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander
  - Don't Know
  -
  
5. How many biological and adopted children do you have?  
  
      \_\_\_\_\_ # of children
  - Don't Know

**EDUCATION**

Please answer the following questions about your education.

6. What was the highest level of schooling you have completed?
  - No schooling completed
  - Nursery school to 4th grade
  - 5th or 6th grade

- 7th or 8th grade
- 9th grade
- 10th
- 11th
- 12th grade, no diploma
- High School diploma
- GED
- Some college
- Associates degree
- Bachelors program
- Some graduate school
- A graduate degree (Specify:\_\_\_\_\_)
- Something else (Specify:\_\_\_\_\_)
- Don't know

7. **[IF LESS THAN HIGH SCHOOL DIPLOMA OR GED]** Are you currently participating in a GED program?
- Yes
  - No
  - Don't know

8. Do you have any vocational certificates or licenses?
- Yes
  - No
  - Don't know

8. **[IF YES]** What vocational certificate or licenses do you have?

\_\_\_\_\_

9. Are you currently enrolled in school or in a vocational, trade or business program, other than a GED program?
- Yes
  - No
  - Don't know

10. **[IF YES]** Where are you enrolled? For what program/degree?

\_\_\_\_\_

11. Are you having difficulty getting into or staying enrolled in school?
- Yes
  - No
  - Don't know

12. **[IF YES]** What challenges are you facing?

13. Have you received any of the following services to help you get into or stay enrolled in school in the last six months?

Have you received....	Yes	No	Don't Know
a. Help identifying schools to apply for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Help completing applications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Help applying for financial aid/scholarships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Academic counseling/guidance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Financial assistance to pay for school tuition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Financial assistance to pay for other things (e.g., text books, computer, internet, rent, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Transportation assistance to attend school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other employment services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What additional assistance getting into or staying in school would you like to receive?

**EMPLOYMENT**

The next set of questions are about some of the jobs you have had.

15. Are you currently working for pay?
- Yes
  - No
  - Don't know

16. Are you currently working at more than one job?
- Yes
  - No
  - Don't know

**IF CURRENTLY EMPLOYED**

For the following questions, think about your current primary job only:

17. What is your primary job? What type of work do you do? \_\_\_\_\_
18. On average, how many hours do you work per week? \_\_\_\_\_ hours/week  
 Don't know
19. How much do you earn an hour? \$ \_\_\_\_ . \_\_\_\_ / hour  
 Don't know
20. Do you have access to benefits from this job, such as health insurance, retirement, paid sick days, paid vacation, paid holidays, or something else?  
 Yes  
 No  
 Don't know
21. **[IF YES]** What benefits do you receive? **[MARK ALL THAT APPLY.]**  
 Health Insurance  
 Paid sick days  
 Paid vacation days  
 Paid holidays  
 Retirement savings  
 Tuition  
 Something else (Specify: \_\_\_\_\_)
22. Is this job permanent, temporary, seasonal, or day labor?  
 Permanent  
 Temporary  
 Seasonal  
 Day labor  
 Don't know
23. What month and year did you begin this job? \_\_\_\_ / \_\_\_\_ \_\_\_\_  
m m / y y y y
24. Does this job offer opportunities for advancement?  
 Yes  
 No  
 Don't know
25. Are you having difficulty with your job?  
 Yes  
 No

- Don't know

26. **[IF YES]** What challenges are you facing?

**IF NOT CURRENTLY EMPLOYED**

27. What was your most recent job? What type of work did you do? \_\_\_\_\_

28. On average, how many hours did you work per week? \_\_\_\_\_ hours/week

- Don't know

29. How much did you earn per hour? \$ \_\_\_\_ . \_\_\_\_ / hour

- Don't know

30. What month and year did you end that job? \_\_\_\_ / \_\_\_\_

- Don't know m m / y y y y

31. How long did you have that job?

\_\_\_\_\_ # of months and/or \_\_\_\_\_ # of years

- Don't know m m / y y y y

32. What was your main reason for leaving? **[MARK ALL THAT APPLY.]**

- Not enough money/not enough hours
- Asked to leave
- Moved/unstable housing
- Injury/illness
- Family responsibilities
- Transportation problems
- School responsibilities
- Temporary/seasonal job
- Did not like the job
- Other (Specify: \_\_\_\_\_)
- Don't know

33. Are you currently looking for work?

- Yes
- No
- Don't know

34. Are you having trouble finding a job?
- Yes
  - No
  - Don't know
35. **[If YES]** What are the reasons you are having trouble finding a job? **[MARK ALL THAT APPLY]**
- No jobs available
  - Difficulty finding a job that fits your schedule
  - Lack of skills/training/education
  - Family responsibilities
  - Transportation issues
  - Health problems
  - Criminal or legal problems
  - Unstable housing
  - Other (Specify: \_\_\_\_\_)
  - Don't know

**FOR ALL RESPONDENTS**

36. Have you received any of the following services to help you find or keep a job in the last six months?

Have you received...	Yes	No	Don't Know
a. An assessment of your job skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Job preparation/job search services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Paid or unpaid work experience, such as internships or apprenticeships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Support or coaching while employed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Transportation assistance to attend work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Other assistance (e.g., work clothes, equipment)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other employment services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. What additional assistance finding or keeping a job would you like to receive?

38. Is there anything else you would like to add about your current education or employment situation?

This is the end of the survey. Thank you for your participation.