CHAFEE STRENGTHENING OUTCOMES FOR THE TRANSITION TO ADULTHOOD (CHAFEE SOTA) STUDY
MY FIRST PLACE EVALUATION

BASELINE SURVEY

INTRODUCTION

Thank you for participating in this survey from Westat, an independent research firm located in Bethesda, Maryland. Westat is conducting this study with My First Place, an organization that provides support and services to young adults formerly in foster care in California. It is sponsored by the Administration for Children and Families (ACF).

About the Survey: Westat is conducting a national study on programs that help young adults transitioning out of foster care as part of the Chafee Strengthening Outcomes for Transition to Adulthood (Chafee SOTA) project, which aims to utilize innovative methods for testing promising practices in programs serving young adults transitioning out of foster care, and to improve the feasibility and rigor of evaluations that test the effectiveness of program services or components. This part of the Chafee SOTA project is to conduct evaluations of the effectiveness of four programs that aim to improve outcomes for young adults transitioning out of foster care. My First Place (MFP) is one of these programs. As part of this project, Westat is surveying young adults who have had some connection with My First Place. The goal of this survey is to understand the services and supports that you may be receiving. We want to learn about services and supports you may be getting, and how they have helped you with your work and life. You are an expert on what you need and what works for you, and we appreciate hearing your thoughts and ideas.

What is involved:

- This survey will take about 30 minutes.
- The survey will begin by asking you some questions about demographics, where you are living, your education, and employment. It will then ask some questions about your wellbeing, any services you are receiving or would like to receive.
- You will receive an electronic $50 Amazon gift card. If you complete the survey within two days of receiving the survey link will receive a $5 bonus. The gift card will be sent to you within 24 hours of completing the survey. If you have any questions about the survey and/or gift cards, please contact the study team at ChafeeSOTAevaluation@westat.com.
- We will ask you to complete additional surveys 6 months and 12 months after this one. You will receive a $50 gift card for completing each of those surveys as well. If you complete both the baseline and the final follow-up survey you will receive a $50 bonus.

Voluntary:

- Your participation in this research study is entirely voluntary.
- You can decide if you want to take part, and won't impact the support or services you might be receiving if you do not join the study.
- You have a right to stop at any time. You can skip any survey questions that make you feel uncomfortable or you do not want to answer.

Confidentiality:

- Your answers will be kept private.

- We will not share your information with anyone, including staff from any programs that help you, your family, the police, or your school. We will keep your information safe. There are plans in place to protect your personal information.
- When we share results, we will not use your name or other information that could identify you.

Risks: There is minimal risk to participating in this study. Some questions may cause discomfort.

Benefits: There is no direct benefit to you, but your participation will help improve services and supports to young adults with foster care experience in California and across the county.

Questions: If you have any questions about this research, including why it is being conducted or how the results will be used, please contact us at ChafeeSOTAevaluation@westat.com.

If you have questions about your rights and welfare as a research participant, please call the Westat Human Subjects Protections office at 1-888-920-7631. Please leave a message with your first name, the name of the research study that you are calling about (Chafee SOTA Evaluation, and a phone number beginning with the area code. Someone will return your call as soon as possible.

Certificate of Confidentiality - This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The researchers with this Certificate may not disclose or use information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or communicable diseases but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings); if you have consented to the disclosure, including for your medical treatment; or if it is used for other scientific research, as allowed by federal regulations protecting research subjects.

Do you agree to participate in this survey?

- o Yes, I agree to participate in this survey
- o No, I do not agree to participate in this survey.

INSTRUCTIONAL PAGE

This survey will ask you a series of questions about your living arrangements, education, employment, wellbeing, social supports, and demographics. Some questions will ask you to choose from a set of answers. Others will ask you to fill in the answer in your own words. Some questions ask for a month and year. If you are unsure of the exact answer, you can provide an estimate. Please try to answer each question completely.

SECTION A. DEMOGRAPHICS AND FAMILY COMPOSITION

We would like to begin by asking you about your hopes and goals for the next 12 months. These goals can focus on housing, employment, or education or anything else you would like to share.

A1. What are your personal hopes and goals for the next 12 months?

The next questions are about yourself and your background.

A2. What is your sex?
- o Female
- o Male

A3. What is your birth date?
____/_____ (MM/DD/YYYY)

A4. Do you have any children?
- o Yes
- o No ***[SKIP TO A7]***

A5. How many children do you have?
_____

A6. Are you currently pregnant or expecting a baby?
- o Yes
- o No
- o Don't Know
- o Prefer not to answer

A7. Do you have a documented disability?
- o Yes
- o No

The next questions are about your history with foster care.

A8. Were you ever in foster care?
- o Yes
- o No ***[SKIP to SECTION B]***

A9. How old were you when you were first placed into foster care? _____

A10. At what age did you exit foster care? _____

SECTION B. LIVING ARRANGEMENTS

Next are some questions about your current living situation.

B1. Which of these best describes your current living situation?
- o Renting your own or shared housing
- o Living with a friend, partner, or family member (not paying rent)
- o Foster care/Out of home placement
- o College dorm
- o Emergency shelter or domestic violence shelter
- o Transitional housing program/THP-Plus/THP+FC
- o Motel/hotel
- o Hospital
- o On the street, in a tent, or some other place like an abandoned building, a park, or a car
- o Somewhere else (Please specify:_____)

B2. To what extent, do you consider your current living situation to be safe?
- o Not at all
- o A little
- o Somewhat
- o A great deal

B3. To what extent do you consider your current living situation to be stable? That is, you are able to stay there for as long as you want to.
- o Not at all
- o A little
- o Somewhat
- o A great deal

B4. What is your current zip code? _____

B5. When did you begin living in your current location? If you are unsure, please provide an approximate date.
____/_____ (MM/YYYY)

B6. How many people do you currently live with? Please count the number of people who usually stay with you. Do not include yourself.
- o _____ # of people ***[IF 0, SKIP TO B8]***

B7. Who else do you live with? ***[MARK ALL THAT APPLY.]***
- o Roommate (Non-family member) or Friend
- o My child(ren)
- o Spouse/partner
- o Sibling
- o Another family member
- o Someone else that has not been mentioned (Please specify:_____)

B8. Is any part of your rent for your current housing paid for by a housing provider, such as a transitional or permanent housing program? This could be a rental assistance or a Section 8 housing choice voucher, such as FYI.

- o Yes
- o No

B9. Other than rental assistance, are you receiving any additional assistance with housing from an organization or agency? Please include assistance such as locating housing, financial help (such as paying your deposit, buying furniture, or paying for utilities), coaching, or counseling. Do not include informal help from a friend or family member.

- o Yes, I am receiving or have received this assistance
- o Yes, but I need more assistance
- o No, but I would like assistance with this ***[SKIP TO B13]***
- o No, I don't need assistance with this ***[SKIP TO B13]***

B10. What kind of additional housing assistance have you received?

HOMELESSNESS HISTORY

The following questions ask you about any time you have experienced homelessness—that is, been without a place to stay for at least one night. It is fine if you do not know exact time frames or dates; please provide your best estimates.

B11. Since you turned 18 years old, have you stayed in a shelter or lived in a place not typically used for sleeping, such as on the street, in a car, in an abandoned building, or in a bus or train station for at least one night?

- o Yes
- o No ***[SKIP TO B14]***

B12. About how many nights since you turned 18 years old, have you stayed in a shelter or lived in a place not typically used for sleeping, such as on the street, in a car, in an abandoned building, or in a bus or train station?

_____ # of nights

B13. When was the last time you stayed in a shelter or lived in a place not typically used for sleeping, such as on the street, in a car, in an abandoned building, or in a bus or train station?

____/_____ (MM/YYYY)

B14. Since you turned 18 years old, have there ever been times when you needed to stay with your friends or family members because you did not have a home of your own?

- o Yes
- o No ***[SKIP TO SECTION C]***

B15. Since you turned 18 years old, about how many nights have you stayed with your friends or family members because you did not have a home of your own?

_____ # of nights

B16. When was the last time you stayed with your friends or family members because you did not have a home of your own?
____/_____ (MM/YYYY)

HOUSING HISTORY

B17. Please indicate whether you stayed in each type of place for one or more nights in the ***past 30 days*** and how many nights you stayed there.

	Did you stay for one or more nights in …		If yes, about how many nights did you stay there?
	Yes	No	
a. Renting your own apartment or shared housing	O	O	
b. Living with a friend, partner, or family member (not paying rent)			
c. Foster care/Out of home placement			
d. College dorm	O	O	
c. Emergency shelter or domestic violence shelter	O	O	
f. Transitional housing program/THP-Plus/THP+FC	O	O	
e. Motel/hotel	O	O	
f. Hospital	O	O	
g. On the street, in a tent, or some other place like an abandoned building, a park, or a car?	O	O	
h. Somewhere else (Please specify:_____)	O	O	
i. Somewhere else (Please specify:_____)	O	O	
TOTAL NIGHTS			[Autogenerated Sum]

SECTION C. EDUCATION AND EMPLOYMENT

This next section includes some questions about your education and employment.

EDUCATION

C1. What is the highest grade you have COMPLETED at this time? If you are currently in school, please do NOT include the year you are presently in.

- o 9th grade or less
- o 10th grade
- o 11th grade
- o GED or High School Equivalency Diploma
- o Some vocational or technical school but no certificate or license
- o Vocational or technical trade certificate or license (such as Certified Nursing Assistant or HVAC certificate) ***[ASK C2]***
- o One or more years of college but no college degree
- o Associates or 2-year college degree

- o Bachelors or 4-year college degree
- o Some graduate school
- o Graduate degree

C2. What vocational or trade certificate or licenses do you have?

_____

C3. When did you get the most recent vocational or trade certificate or license you have? If you are unsure, please provide an approximate date.
____/_____ (MM/YYYY)

C4. Are you currently enrolled in school, a GED program, or a vocational, trade, or training program?
- o Yes, enrolled full-time
- o Yes, enrolled part-time
- o Not currently enrolled ***[SKIP TO C6]***

C5. What type of program or school are you enrolled in? ***[MARK ALL THAT APPLY]***
- o High school
- o GED program/high school equivalency program
- o 2-year college
- o 4-year college/university
- o Vocational, technical, or trade school (Please specify: _____)
- o Other (Please specify: _____)

BARRIERS TO EDUCATION/TRAINING

C6. Many young adults face barriers to enrolling or staying in school or a training program. Are you <u>currently</u> receiving any assistance from an organization or agency to help with the following barriers? Please include assistance such as financial help, coaching, counseling, etc. Do not include informal help from a friend or family member.

	Yes, I am receiving assistance	Yes, but I need more assistance	No, but I would like assistance with this	No, I don't need assistance with this
a. Lack of transportation	○◯	○◯	○◯	○◯
b. Not enough time/Difficult schedule	○◯	○◯	○◯	○◯
c. Not enough money/financial assistance for school	○◯	○◯	○◯	○◯
d. Undecided what to study	○◯	○◯	○◯	○◯
e. Housing instability	○◯	○◯	○◯	○◯
f. Physical or mental health problems	○◯	○◯	○◯	○◯
g. Lack of child care	○◯	○◯	○◯	○◯

C7. To what extent do the following barriers currently affect your ability to enroll or stay in school or a training program?

	Not at all	A little	Somewhat	A great deal	Not

					Applicable
a. Lack of interest	○◯	○◯	○◯	○◯	○◯
b. Lack of transportation	○◯	○◯	○◯	○◯	○◯
c. Not enough time/Difficult schedule	○◯	○◯	○◯	○◯	○◯
d. Not enough money/financial assistance for school	○◯	○◯	○◯	○◯	○◯
e. Undecided what to study	○◯	○◯	○◯	○◯	○◯
f. Housing instability	○◯	○◯	○◯	○◯	○◯
g. Physical or mental health problems	○◯	○◯	○◯	○◯	○◯
h. Lack of child care	○◯	○◯	○◯	○◯	○◯

C8. Is there anything else that currently affects your ability to continue your education or training? If so, please explain here.

EMPLOYMENT

Next are some questions about your current employment.

C9. Are you currently working for pay?

o Yes *[**SKIP TO C11**]*

No

C10. Have you ever had a paying job?

o Yes [SKIP to C]

o No

C11. Are you currently working a job for which you do NOT receive pay, such as an unpaid internship or volunteer position?

o Yes

o No

[***SKIP TO C48 IF C11 IS NO OR IF C11 YES AND C9 IS NO]***

C12. Are you currently working at more than one job for which you receive pay?

o Yes

o No **[*SKIP TO C25*]**

For the following questions, think about your current primary job only. **The primary job is the one for which you typically work the most hours.**

C13. What is your primary job? Enter the type of work you do (e.g., waiter, Uber driver, sign spinner, administrative assistant)? _____

C14. When did you start this job? If you are unsure, please provide an approximate date.

____/_____ (MM/YYYY)

C15. About how many hours do you currently work per week at your primary job? *If your hours vary from week to week, please provide an average per week in the last month.*
_____ hours/week

If you would prefer to describe your hours, please use the space below:

C16. Please indicate if you are paid hourly, salary, or another way
- o Hourly ***[SKIP TO C17]***
- o Salary ***[SKIP TO C19]***
- o Another way ***[SKIP TO C21]***

C17. At your primary job, are you currently paid any other way in addition to your hourly wage? This could include tips, bonuses, or commissions. Please describe:

C19. At your primary job, are you currently paid any other way in addition to your salary? This could include tips, bonuses, or commissions. Please describe:

C20. About how much do you earn per year from your primary job? Please include all sources of pay, including tips, bonuses, or commissions. $_____ per year ***[SKIP TO C23]***

C21. Please describe how you are paid at your primary job.

C22. About how much do you earn from your primary job in the last year? Please include all sources of pay, including tips, bonuses, or commissions. $_____ per _____ (indicate hour, week, month, year)

If you would prefer to describe your earnings, please use the space below:

C23. Did you receive help getting your primary job from an organization or agency? Please include help finding or applying for the job, coaching, etc. Do not include informal help from a friend or family member.
- o Yes
- o No

o Not Applicable

C24. To what extent are you interested your primary job as a career?
- o Not at all
- o A little
- o Somewhat
- o A great deal

[***SKIP TO C48]***

For the following questions, think about the job for which you receive pay.

C25. What is your job? Enter the type of work you do (e.g., waiter, Uber driver, sign spinner, administrative assistant) _____

C26. When did you start your job? If you are unsure, please provide an approximate date.
____/_____ (MM/YYYY)

C27. About how many hours do you currently work per week at your job? *If it varies from week to week, please provide an estimate of a typical week from the last month.*
_____ hours per week

If you would prefer to describe your hours, please use the space below:

C28. Please indicate if you are paid hourly, salary, or another way.
- o Hourly ***[SKIP TO C29]***
- o Salary ***[SKIP TO C31]***
- o Another way ***[SKIP TO C33]***

C29. Are you currently paid any other way in addition to your hourly wage? This could include tips, bonuses, or commissions. Please describe:

C30. About how much do you earn per hour from your job in a typical week? Please include all sources of pay, including tips, bonuses, or commissions. $_____ per hour ***[SKIP TO C35]***

C31. Are you currently paid any other way in addition to your salary? This could include tips, bonuses, or commissions. Please describe:

C32. About how much do you earn per year from your job? Please include all sources of pay, including tips, bonuses, or commissions. $_____ per year ***[SKIP TO C35]***

C33. Please describe how you are paid at your job.

C34. About how much did you earn from your job in the last year? Please include all sources of pay, including tips, bonuses, or commissions. $_____ per _____ (indicate hour, week, month, year)
If you would prefer to describe your earnings, please use the space below:

C35. Did you receive help getting your job from an organization or agency? Please include help finding or applying for the job, coaching, etc. Do not include informal help from a friend or family member.
- o Yes
- o No
- o Not Applicable

C36. To what extent are you interested in your job as a career?
- o Not at all
- o A little
- o Somewhat
- o A great deal

IF NO to C9 AND YES to C10 [NOT CURRENTLY EMPLOYED, BUT HAD A JOB PREVIOUSLY]
For the following questions, think about the most recent job for which you received pay.

C37. What was your most recent job? Enter the type of work did you did (e.g., waiter, Uber driver, sign spinner, administrative assistant)?
_____

C38. About how many hours did you work per week at your job? *If it varied from week to week, please provide an estimate of a typical week from the last month.*
_____ hours per week

If you would prefer to describe your hours, please use the space below:

C39. Please indicate if you were paid hourly, salary, or another way.
- o Hourly ***[SKIP TO C40]***
- o Salary ***[SKIP TO C42]***
- o Another way ***[SKIP TO C44]***

C40. Were you currently paid any other way in addition to your hourly wage? This could include tips, bonuses, or commissions. Please describe:

C41. About how much did you earn per hour from your job in a typical week? Please include all sources of pay, including tips, bonuses, or commissions. $_____ per hour ***[SKIP TO C45]***

C42. Were you paid any other way in addition to your salary? This could include tips, bonuses, or commissions. Please describe:

C43. About how much did you earn per year from your job? Please include all sources of pay, including tips, bonuses, or commissions. $_____ per year ***[SKIP TO C45]***

C44. Please describe how you were paid at your job.

C45. About how much did you earn from your job in the last year? Please include all sources of pay, including tips, bonuses, or commissions. $_____ per _____ (indicate hour, week, month, year)

If you would prefer to describe your earnings, please use the space below:

C46. When did you begin that job? If you are unsure, please provide an approximate date.
____/_____ (MM/YYYY)

C47. When did you end that job? If you are unsure, please provide an approximate date.
____/_____ (MM/YYYY)

JOB SEARCH

We are interested in learning about the activities you may have done to try to find a job in the past four weeks, even if you are currently employed.

C48. Are you currently interested in looking for a job? This can include a different job if you are currently employed.
- o Yes
- o No ***[SKIP TO C53]***

C49. Please look at this list of activities that people sometimes use to try to find a job[1]. How often have you done any of the following activities to look for work in the ***past four weeks***?

In the **past four weeks**, how often have you…	Not at all	Once or twice	Several times	Frequently
a. Contacted an employer?	○◯	○◯	○◯	○◯
b. Contacted an employment agency?	○◯	○◯	○◯	○◯
c. Contacted a school employment center?	○◯	○◯	○◯	○◯
d. Looked at a job advertisement or a job search site (e.g., LinkedIn, Indeed)?	○◯	○◯	○◯	○◯
e. Attended a job fair?	○◯	○◯	○◯	○◯
f. Responded to a help-wanted post?	○◯	○◯	○◯	○◯
g. Completed a job application?	○◯	○◯	○◯	○◯
h. Sent out a resume?	○◯	○◯	○◯	○◯
i. Interviewed for a job?	○◯	○◯	○◯	○◯
j. Attended a job training program or course?	○◯	○◯	○◯	○◯
k. Done something else? (Please describe:_____)	○◯	○◯	○◯	○◯

BARRIERS TO EMPLOYMENT

Next, we would like to ask you about some common barriers to finding or keeping a job.

C50. Many young adults face barriers to finding or keeping a job. Are you <u>currently</u> receiving any assistance from an organization or agency to address the following barriers? Please include assistance such as financial help, coaching, counseling, etc. Do not include informal help from a friend or family member.

	Yes, I am receiving assistance	Yes, but I need more assistance	No, but I would like assistance with this	No, I don't need assistance with this
a. Transportation	○◯	○◯	○◯	○◯
b. Time/Schedule	○◯	○◯	○◯	○◯
c. No jobs available	○◯	○◯	○◯	○◯
d. Not knowing how to find or apply for a job	○◯	○◯	○◯	○◯
e. Following up with employers	○◯	○◯	○◯	○◯
f. Need more training, education, or experience	○◯	○◯	○◯	○◯
g. Housing stability	○◯	○◯	○◯	○◯
h. Physical or mental health	○◯	○◯	○◯	○◯
i. Childcare/Other family responsibilities	○◯	○◯	○◯	○◯
j. Criminal or legal problems	○◯	○◯	○◯	○◯
k. Having documents such as license/ID, social security card, etc.	○◯	◯	○◯	○◯

[1] Borrowed from the Midwest Evaluation of the Adult Functioning of Former Foster Youth

C51. To what extent do the following barriers currently affect your ability to find or keep a job?

	Not at all	A little	Somewhat	A great deal	Not Applicable
a. Transportation	○◯	○◯	○◯	○◯	○◯
b. Time/Schedule	○◯	○◯	○◯	○◯	○◯
c. No jobs available	○◯	○◯	○◯	○◯	○◯
d. Not knowing how to find or apply for a job	○◯	○◯	○◯	○◯	○◯
e. Employers don't follow-up on applications	○◯	○◯	○◯	○◯	○◯
f. Need more training, education, or experience	○◯	○◯	○◯	○◯	○◯
g. Housing stability	○◯	○◯	○◯	○◯	○◯
h. Physical or mental health	○◯	○◯	○◯	○◯	○◯
i. Childcare/Other family responsibilities	○◯	○◯	○◯	○◯	○◯
j. Criminal or legal problems	○◯	○◯	○◯	○◯	○◯
k. Having documents such as license/ID, social security card, etc.	○◯	○◯	○◯	○◯	○◯

C52. Is there anything else that currently affects your ability to find or keep a job? If so, please explain here.

INCOME

C53. Approximately how much total income do you receive each month? Please include all sources, including financial benefits like SSI, CalWorks/TANF, and CalFresh/food stamps.
$_____ per month

SECTION D. HEALTH AND WELLBEING

Next are some questions about your relationships and the support you receive.

D1. Do you currently have one or more adults in your life who you can go to for support, advice, or guidance?
- o Yes
- o No

D2. How often do you have one or more adults in your life whom you are able to count on for the following support[2]: These do not have to be from the same person. Please answer these questions as if these were current needs of yours.

	Never	Rarely	Sometimes	Always	Not Applicable
a. Providing a home to go to for the holidays?	O	O	O	O	O
b. Providing an emergency place to stay?	O	O	O	O	O
c. Providing cash in times of emergency?	O	O	O	O	O
d. Help with job search assistance or career counseling, or providing a reference for you?	O	O	O	O	O

[2] Adapted from the Youth Connections Survey

e. Help with finding an apartment or co-signing a lease?	O	O	O	O	O
f. Help with school (*homework/assignments*, *re-enrolling in school*, *help in applying to colleges*, *help with making college decisions*)?	O	O	O	O	O
g. Assisting with daily living skills, such as cooking, budgeting, paying bills, and housecleaning?	O	O	O	O	O
h. Providing storage space during transition times?	O	O	O	O	O
i. Emotional support – a caring adult to talk to?	O	O	O	O	O
j. Sharing in or supporting experiences of your cultural or spiritual background?	O	O	O	O	O
k. Checking in on you regularly – to see how you are doing?	O	O	O	O	O
l. Assisting with medical appointments so you do not have to experience that alone?	O	O	O	O	O
m. Assisting with finding and accessing community resources?	O	O	O	O	O
n. A home to go to for occasional family meals or events?	O	O	O	O	O
o. Help providing transportation (*help with purchasing a car*) or figuring out public transportation?	O	O	O	O	O
p. Someone to send care packages to you while you are at college?	O	O	O	O	O
q. Assisting with purchasing cell phone and service (*for example*, *you are added to a family plan)?*	O	O	O	O	O
r. A place to do laundry?	O	O	O	O	O
s. Supporting you in civic engagement such as voting and volunteering?	O	O	O	O	O
t. Helping you learn how to drive?	O	O	O	O	O
u. Assisting with resolving housing problems?	O	O	O	O	O
v. Talking with about education goals?	O	O	O	O	O
w. Assisting you with finding or keeping a job?	O	O	O	O	O
x. Accompanying or supporting you with finding or engaging in hobbies or recreational activities?	O	O	O	O	O
y. Assisting with packing or moving to new housing?	O	O	O	O	O
z. Helping with buying groceries in times of need?	O	O	O	O	O

Next, we would like to ask you some questions about how you feel about your life.

D3. Overall, how would you say your life is compared to <u>6 months ago</u>? Would you say…

- o A lot better
- o Somewhat better
- o About the same

- o Somewhat worse
- o A lot worse

D4. Can you please explain your answer?

D5. Please indicate if the following statements are not at all true, hardly true, moderately true, or exactly true[3].

	Not at all true	Hardly true	Moderately true	Exactly true	Not Applicable
a. I can always manage to solve difficult problems if I try hard enough.	O	O	O	O	**O**
b. If someone opposes me, I can find the means and ways to get what I want.	O	O	O	O	**O**
c. It is easy for me to stick to my aims and accomplish my goals.	O	O	O	O	**O**
d. I am confident that I could deal efficiently with unexpected events.	O	O	O	O	**O**
e. Thanks to my resourcefulness, I know how to handle unforeseen situations.	O	O	O	O	O
f. I can solve most problems if I invest the necessary effort.	O	O	O	O	O
g. I can remain calm when facing difficulties because I can rely on my coping abilities.	O	O	O	O	O
h. When I am confronted with a problem, I can usually find several solutions.	O	O	O	O	O
i. If I am in trouble, I can usually think of a solution	O	O	O	O	O
j. I can usually handle whatever comes my way	O	O	O	O	O

INDEPENDENT LIVING

D6. How prepared do you feel[4]…

	Very prepared	Somewhat prepared	Not very well prepared	Not at all prepared	Not Applicable
a. To live on your own?	O	O	O	O	O
b. To get a job?	O	O	O	O	O
c. To manage your money?	O	O	O	O	O
d. To build/repair your credit?	O	O	O	O	O
e. To prepare a meal?	O	O	O	O	O
f. To maintain your personal appearance?	O	O	O	O	O
g. To obtain health information?	O	O	O	O	O

[3] Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user's portfolio. Causal and control beliefs (pp. 35-37). Windsor, UK: NFER-NELSON

[4] Evaluation of the Massachusetts Adolescent Outreach Program For Youths in Intensive Foster Care

h. To do housekeeping?	O	O	O	O	O
i. To obtain housing?	O	O	O	O	O
j. To get to places you have to go?	O	O	O	O	O
k. In educational planning?	O	O	O	O	O
l. To look for a job?	O	O	O	O	O
m. To keep a job?	O	O	O	O	O
n. To handle an emergency?	O	O	O	O	O
o. To obtain community resources?	O	O	O	O	O
p. In interpersonal skills? *Interpersonal skills are the behaviors and approaches used to interact with other people.*	O	O	O	O	O
q. In dealing with legal problems?	O	O	O	O	O
r. In problem solving?	O	O	O	O	O
s. In parenting skills?	O	O	O	O	O

D7. In general, how is your health? Would you say…

- o Excellent
- o Very good
- o Good
- o Fair
- o Poor

D8. During the past month, how often did you feel[5]…

	Never	Once or twice	About once a week	2 or 3 times a week	Almost every day	Every day
a. Happy?	O	O	O	O	O	O
b. Interested in life?	O	O	O	O	O	O
c. Satisfied with life?	O	O	O	O	O	O
d. That you had something important to contribute to society?	O	O	O	O	O	O
e. That you belonged to a community (like a social group, your school, or your neighborhood)?	O	O	O	O	O	O
f. That our society is becoming a better place for people like you?	O	O	O	O	O	O
g. That people are basically good?	O	O	O	O	O	O
h. That the way our society works makes sense to you?	O	O	O	O	O	O
i. That you liked most parts of your personality?	O	O	O	O	O	O
j. Good at managing	O	O	O	O	O	O

[5] Mental Health Continuum-Short Form

responsibilities of your daily life?						
k. That you had warm and trusting relationships with others?	O	O	O	O	O	O
l. That you had experiences that challenged you to grow and become a better person?	O	O	O	O	O	O
m. Confident to think or express your own ideas and opinions?	O	O	O	O	O	O
n. That your life has a sense of direction or meaning to it?	O	O	O	O	O	O

SECTION F. SERVICE BEING RECEIVED

The next set of questions we have are about the services you are currently receiving.

F1. Do you currently have one or more advocates, case managers, or coaches that work with you?
- o Yes, one
- o Yes, more than one
- o No ***[SKIP TO F6]***

F2. How often do you usually meet in person with the person you consider to be your primary advocate, case manager, or coach?
- o Daily or almost daily
- o About once a week
- o A couple of times a month
- o Once a month
- o Less than once a month

F3. How often do you typically connect by telephone, text message, or email with your primary advocate, case manager, or coach?
- o Daily or almost daily
- o About once a week
- o A couple of times a month
- o Once a month
- o Less than once a month

F4. Does your primary advocate, case manager, or coach ….

	Never	Sometimes	Almost Always	Always
a. Treat you with respect?	O	O	O	O
b. Get back to you quickly when you reach out to them?	O	O	O	O
c. Provide you with the information you need?	O	O	O	O

F5. We'd like to know what sorts of things your advocates, case managers, or coaches help you with. Do any of your advocates, case managers, or coaches currently receive help with…

	Yes	No	Not Applicable
a. Managing your money?	O	O	O
b. Building or repairing your credit?	O	O	O
c. Knowing how to prepare a meal?	O	O	O
d. Keeping your house clean?	O	O	O
e. Knowing how to obtain housing?	O	O	O
f. Getting to places you have to go?	O	O	O
g. Educational planning?	O	O	O
h. Completing schoolwork?	O	O	O
i. Looking for a job?	O	O	O
j. Handling an emergency?	O	O	O
k. Interpersonal skills?	O	O	O
l. Dealing with legal problems?	O	O	O
m. Problem solving?	O	O	O
n. Parenting skills?	O	O	O

F6. What additional services and supports do you need assistance with?

F7. Is there anything else you would like to share with us at this time?

SECTION G. LOCATOR INFORMATION – BASELINE

We will be contacting you in 6 months and 12 months for two follow-up surveys. You will also receive $50 for each of these surveys. If you complete both the baseline and final survey you will receive a $50 bonus. Before we end this survey, we would like to ask you some additional questions about the best ways to get in touch with you for future surveys. We will only use this information to try to get updated contact information for you if your current address and telephone number change. We will NOT contact anyone you do not want us to contact.

Current Address: _____

City: _____State: _____Zip: _____

Please list any telephone numbers and email addresses we can use to contact you?

Phone Number(s): (_____)_____ Please specify type (i.e. work, home, cell): _____

(_____)_____ Please specify type (i.e. work, home, cell): _____

E-mail Address(es): _____

Sometimes if people move or change their telephone number, we have difficulty reaching them. Are there people that the research team could contact who know you well and would know where you are if we had trouble finding you?

Are there any good friends, or family members that we can contact, such as a grandparent or a brother or sister?

Name: _____ Relationship: _____

Address: _____

City: _____State: _____Zip: _____

Phone Number(s): (_____)_____ E-mail Address: _____

Name: _____ Relationship: _____

Address: _____

City: _____State: _____Zip: _____

Phone Number(s): (_____)_____ E-mail Address: _____

Is there anyone else who might know how to get in touch with you if we were having trouble locating you, such as an employer, mentor, or case manager?

Name: _____ Relationship: _____

Phone Number(s): (_____)_____ E-mail Address: _____

Thank you for completing this survey!

Authorization for Use and Disclosure of Protected Health Information

Introduction

We would like to collect some information on the services you have received from My First Place. We are asking to access records that show information about you and what services you have received since you enrolled in the program. We will only use this information to learn how My First Place has supported you. Your privacy is important to us. We will NOT share your personal information with anyone outside of the study team, i.e., only staff at Westat and the Kempe Center will have access to your data.

The records we will access include application information, the services you have received through My First Place, service receipt dates, housing participation, and case management contacts.

Purpose of Research

Our goal is to learn how the My First Place program affects the education, employment, and life experiences of young adults aging out of foster care. We want to know if services from My First Place support the education and employment goals of those who enter the program. We will use this information to help improve My First Place and to help the federal government learn about programs serving young adults aging out of foster care.

Your Rights

You should know that:

- Your privacy is important to us. Your data will remain private. We will not report anything in a way that would let anyone recognize you. Reports will not identify anyone by name.
- We will store your information safely. There are several steps in place to protect your information.
- Your participation is voluntary. You do not have to share your data with the study team if you do not want to.

How long will you be in the study?

Researchers will have access to your personal information until March 2028 By that time, the researchers will remove your name and other information that identifies you from their records. Westat will destroy data without your name according to ACF requirements and in consultation with My First Place.

Agreement to Share Records

I, _____, have read and understood
(*Print your name here)*

the above statement. I am letting My First Place give my records to Westat. My information will only be used for the Chafee Foster Care Program for Successful Transition to Adulthood program. The researchers will NOT use it for any other reason. The researchers will keep my data private. They will not give it to anyone who is not part of this study.

I do not have to sign this form to get services. Westat will only ask for information about me and my household from My First Place if I sign this form. I may cancel this agreement at any time by notifying Westat. If I cancel this agreement, the researchers will keep the information they already have.

The study has been explained to me, and my questions have been answered. I agree to each item checked yes below:

☐Yes ☐ No The researchers may use **my information** in personal records listed above for research.

_____ _____

Signature of Respondent Date