

December 20, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 24-96**

This All County Letter is being issued by the California Department of Social Services to provide guidance on administering the National Youth in Transition Database survey for the 19-year-old population of the fifth cohort. The National Youth in Transition Database survey is a federal survey designed to measure independent living services delivered to current and former foster youth, beginning with a baseline population at age 17, followed by two subsequent surveys at ages 19, and 21.



JENNIFER TROIA  
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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GAVIN NEWSOM  
GOVERNOR

December 20, 2024

ALL COUNTY LETTER NO. 24-96

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
ALL TRIBES WITH A TITLE IV-E AGREEMENT WITH CDSS  
ALL INDEPENDENT LIVING PROGRAM MANAGERS  
ALL INDEPENDENT LIVING PROGRAM COORDINATORS  
ALL FOSTER CARE MANAGERS  
ALL TRANSITIONAL HOUSING COORDINATORS

SUBJECT: NATIONAL YOUTH IN TRANSITION DATABASE SURVEY: THE  
19-YEAR-OLD FOLLOW-UP POPULATION OF THE FIFTH  
COHORT

REFERENCE: [ALL COUNTY LETTER \(ACL\) 24-15, ACL 23-27, ACL 22-30, ACL 21-10, ACL 19-109, ACL 18-126, ACL 17-103, ACL 16-81, ACL 15-79, ACL 14-69, ACL 13-84, ACL 12-52, ACL 11-27, ACL 08-31; ALL COUNTY INFORMATION NOTICE \(ACIN\) I-07-10, ACIN I-21-18; COUNTY FISCAL LETTERS \(CFL\) 09/10-19; CFL 00/01-46; SENATE BILL 1013 \(CHAPTER 35, STATUTES OF 2012\); WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 10609.4; WIC SECTION 10553.1; 45 CODE OF FEDERAL REGULATIONS \(CFR\) PART 92; CFR SECTION 1356.83; AND GOVERNMENT CODE SECTION 30026.5\(e\)\(3\)](#)

The purpose of this ACL is to provide updated information and direction regarding the follow-up survey of the 19-year-old population from the fifth cohort of the National Youth in Transition Database (NYTD) survey. This survey is for Federal Fiscal Year (FFY) 2025 that begins October 1, 2024, through September 30, 2025. The fifth cohort consists of all current and former foster youth who participated in the survey at age 17 in FFY 2023 (October 1,

2022, to September 30, 2023) and are now turning age 19 during FFY 2025. This is the second of three surveys for the fifth cohort. Tribes with Title IV-E Agreements ([WIC section 10553.1](#)), hereafter “participating Tribes” may survey youth who were under Tribal jurisdiction and were previously interviewed by the Tribe at age 17 as part of the first survey. Counties should actively collaborate with local Tribes when surveying Tribal youth.

Counties and participating Tribes must contact the fifth cohort’s Non-Minor Dependents (NMDs) and/or former foster youth to request that they complete the follow up survey during the same review period in which their 19th birthday falls. In FFY 2025, the first review period for the 19-year-old follow-up population is October 1, 2024, to March 31, 2025. The second review period is April 1, 2025, to September 30, 2025.

## **BACKGROUND**

Every six months, the California Department of Social Services (CDSS) must collect and transmit to the Administration for Children and Families (ACF) outcomes data for current and former foster youth (the NYTD survey), which is intended to measure six outcomes: financial self-sufficiency, educational attainment, connections with adults, homelessness, high-risk behavior, and access to health insurance. In addition to the survey data, CDSS is required to transmit data extracted from the Child Welfare Services/Case Management System (CWS/CMS) on the Independent Living Program (ILP) services provided to current and former foster youth. The primary goal of these activities is to obtain data that will help make informed decisions to improve service provision and outcomes for current youth in foster care and young adults formerly in foster care.

Federal rules require states to survey 17-year-old foster care youth within 45 days after their 17th birthday during designated review periods. Each group of 17-year-olds comprises a cohort and is referred to as the baseline population. The current youth in each baseline population that have participated in their first NYTD survey are subsequently re-surveyed on or around their 19th and 21st birthdays; these are referred to as the follow-up populations. Every three years the cycle starts again with a new cohort of 17-year-olds. A timeline of the staggered reporting periods for the cohorts and follow-up populations is included as Attachment A within this ACL.

States are also required to submit data twice a year regarding ILP services provided to eligible current or former foster youth; this is referred to as the served population. The timeline for submission of this data is also included in the previously referenced Attachment A. The ILP services for which the data is collected are those provided to current and former foster youth related to a needs assessment, education, post-secondary education, career/job guidance, employment/vocational training, money management, consumer skills, time management; home management; housing options; health care; interpersonal/social skills, parenting skills, mentoring, and transitional housing. Please refer to NYTD [ACL 16-81](#) for more information about this requirement.

## **LEGISLATION REGARDING NATIONAL YOUTH IN TRANSITION DATABASE**

[WIC Section 10609.4](#) requires counties to:

- Ensure timely and accurate data entry in CWS/CMS for all current and former foster youth receiving any ILP services.
- Ensure that eligible current and former foster youth continue to receive information about, and are provided with an opportunity to complete, the NYTD survey by doing the following:
  - Providing information to the youth about the NYTD survey within 60 days prior to the date the current or former foster youth is required to be offered the survey (this corresponds to the beginning date of each of the two review periods).
  - Contacting the youth who completed the survey at age 17 to request they complete the follow-up survey before their 19th and 21st birthdays.
  - Providing opportunities for current and former eligible foster youth to take the NYTD survey online at child welfare services and probation offices.

Participating Tribes should refer to the Tribe's Intergovernmental Agreement for their specific requirements. County child welfare agencies, probation departments, and participating Tribes are required to provide the information about the survey to those youth who are part of the fifth cohort. This information should include how to access the survey, where to take it and how to collect the incentive payment. Counties and participating Tribes have the discretion to determine how this information is provided; however, the information about the survey must be provided to the youth within 60 days from the beginning of the review period in which they are eligible to take the survey. The beginning dates of the two review periods for FFY 2025 are October 1, 2024, and April 1, 2025.

Counties should actively collaborate with Tribes regarding NYTD preparation, so that eligible Tribal youth can be made aware of and engage in the survey process. Examples of collaboration may include working with Tribes to initiate NYTD outreach, establishing a joint effort on the NYTD survey process, and allowing Tribes to provide the survey to their youth. Counties and Tribes are required to reach out to the fifth cohort in advance, informing them of the upcoming survey. This contact provides an opportunity to practice engagement behaviors and involve participants authentically in the survey process.

Best practices have been shared by counties that successfully surveyed past cohorts. These counties shared that they utilized phone calls, text messages, postcards, letters or emails, and social media platforms such as Instagram, Facebook, X (formerly known as Twitter), etc. to inform cohorts of an upcoming survey (confidentiality must be ensured when using social media). Some counties send a birthday postcard every year to maintain contact.

To locate out-of-care youth, counties report successful practices have included collaborating with their eligibility office to locate youth receiving extended Medi-Cal or Cal-Fresh benefits and connecting with the local California Youth Connection chapter to ask for assistance in locating the youth. Available too, by subscription, is LexisNexis® Accurint® for Government. This search technology helps to locate people and authenticate their identities.

Contact with youth of the fifth cohort can be made by any representative including the county social worker, ILP worker, ILP coordinator, or probation officer. Documentation of the efforts made to inform current and former youth about the NYTD survey in advance should be maintained to verify compliance. The documentation may include a copy of the notice sent to current and former youth, inserted in their electronic or hard copy case file, or any other method the county or Tribe chooses to document the advanced notice requirement.

The follow-up population of 19-years-olds is a defined group of NMDs or former foster youth who participated in the survey at age 17. Therefore, counties and participating Tribes will rely on SafeMeasures®, reports and the CDSS-provided NYTD Contact List to determine who is eligible to take the survey. The Cohort 5 NYTD Contact List is a spreadsheet of the 19-year-old population in each county and the contact information the NMDs and former foster youth provided on their previous surveys. The list contains all eligible NMDs and former foster youth and was sent to counties and participating Tribes in July of 2024. The early distribution of this list was intended to give time to counties and participating Tribes to familiarize themselves with their lists and strategize how to survey the most individuals.

For those counties and participating Tribes who do not have regular access to SafeMeasures®, please contact [support@safemeasures.org](mailto:support@safemeasures.org) to submit a request to access the NYTD report. Probation departments interested in accessing SafeMeasures® reports may contact [support@safemeasures.org](mailto:support@safemeasures.org) to submit a request to have a free account created to view the NYTD report.

### **NEW CALIFORNIA-SPECIFIC QUESTIONS**

In 2024, CDSS invited stakeholders to participate in a NYTD Steering Committee to design California-specific questions to gather information about topics such as NMD and former foster youth Sexual Orientation, Gender Identity and Expression, connections to Tribal activities and resources, feedback on current ILP services and supports, connections to culturally relevant services, and suggestions to support the transition out of care. Committee participants included youth with lived experience, county representatives, staff from the CDSS Office of Tribal Affairs, the Transition Age Youth Policy Unit, and the Research, Automation, and Data Division. These new questions are located at the end of the survey, which is included as Attachment B at the end of this ACL.

## **WHO MAY TAKE THE SURVEY: 19-YEAR-OLD FOLLOW-UP POPULATION**

A NMD or former foster youth whose birthdate falls within the review period can take the survey any time **within** that review period. The NMDs and former foster youth, turning 19 during the first six-month review period of October 1, 2024, to March 31, 2025, can take the survey anytime during the period, but only during this time. For example, an NMD/former foster youth with a birthdate of October 1st or March 31st would have the period from October 1, 2024, to March 31, 2025, to take the survey. It is the same for NMDs/former foster youth whose birthdate falls in the second review period of April 1, 2025, to September 30, 2025. If the NMD/former foster youth's birthdate is at the end of the review period, they may still take the survey anytime during the review period, including before their actual birthday. This is different from the 17-year-old baseline population survey in which current foster youth were only eligible to take the survey within 45 days after their birthday. All 19-year-old former foster youth who participated in the survey at age 17 (in FFY 2023) are eligible and need to have the opportunity to take the survey.

## **ADMINISTERING THE SURVEY**

Current and former foster youth may take the survey on the internet within the six-month review period in which their birthdate falls. The survey is available on the [CDSS NYTD webpage](#) by clicking on the [Take the California NYTD Survey](#) link. Login instructions to enter the survey are provided.

The county social worker, probation officer, and/or participating Tribes are required to offer current and former foster youth the opportunity to take the survey in their offices and to ensure that group homes, Short-Term Residential Treatment Program (STRTP), and foster family agencies are also offering current and former foster youth the ability to complete the survey by computer or by hard copy. Alternative methods would be to utilize the monthly caseworker visit while the youth is still in care by bringing a hard copy of the survey or laptop to their monthly visit, or to utilize a computer in the foster home to facilitate the survey completion.

If the current or former foster youth prefers not to self-administer the survey, the social worker, probation officer or other staff may verbally administer the survey to them on the telephone or in person by using a hard copy of the survey and then entering in the survey data online (email [NYTDdata@dss.ca.gov](mailto:NYTDdata@dss.ca.gov) for a hard copy of the survey). As the surveys vary for each age group, it is important that only the current version of the survey be used for this population.

For current and former foster youth self-administering the survey, or county and Tribal personnel filling in the survey with responses from the youth, CDSS recommends logging into the survey only when the survey data is ready to be entered in its entirety, as there is not a stop and restart option. Under no circumstance may the participating staff member take the survey in lieu of the youth. The survey results should be entered electronically as

soon as possible within the required period to allow the current and former youth to receive the incentive in a timely fashion. CDSS recommends checking SafeMeasures®, NYTD report frequently to see who has completed the survey to initiate further contact to those showing as not completed. Technical issues with SafeMeasures®, may be sent to [support@safemeasures.org](mailto:support@safemeasures.org) for assistance.

### **UTILIZATION OF THE INTEGRATED CORE PRACTICE MODEL**

The [California Integrated Core Practice Model for Children, Youth, and Families](#) provides practical guidance and direction to support county child welfare, juvenile probation, participating Tribes, and behavioral health agencies to improve delivery of timely, effective, and integrated services to children, youth, and families. Utilizing the Integrated Core Practice Model (ICPM) methodology will enhance the quality and interpretation of the extracted NYTD survey data, as well as the outcomes associated with the ILP. While this letter contains ICPM derived guidance, the ICPM Guide itself (accessible from the link provided above) is far more comprehensive in its practice content, and county staff are encouraged to consult it as part of their implementation of this letter's guidance.

### **CONSIDERATION OF CURRENT AND FORMER SPECIAL NEEDS FOSTER YOUTH**

Counties and participating Tribes should ensure survey-eligible individuals with special needs or limited English proficiency are offered the NYTD survey. It is important that current and former foster youth with a diagnosed disability reported in the Adoption and Foster Care Analysis and Reporting System are included to prevent a bias in the survey. Reviewing administrative data and the records of current foster youth in the baseline population would be helpful to determine accommodation needs ahead of time.

Counties and participating Tribes may also query caseworkers that are part of the child and family team as to whether they believe an accommodation is required for the individual to complete the survey. Utilizing caseworkers is an effective means of establishing the size of the special needs populations and identifying which youth need accommodations. Accommodations need to be made for youth with visual impairments, learning disabilities, cognitive disabilities, hearing impairments, speech impairments, physical disabilities, and limited English proficiency. Spanish and Vietnamese surveys are available upon request, by contacting [NYTDdata@dss.ca.gov](mailto:NYTDdata@dss.ca.gov). Current and former foster youth who are incapacitated, such as those with a severe mental or physical disability that prevents them from answering the survey questions, are not required to be surveyed.

### **INCENTIVES**

Incentives are offered to participating current and former foster youth by their county or Tribe to increase participation rates, as research has indicated response rates to surveys are increased when incentives are utilized. CDSS recommends NMDs/former foster youth

in the 19-year-old follow-up population participating in the survey receive a \$75 incentive payment.

Participating NMDs and former foster youth should be clearly informed about the incentive payment in the advance notification process. While an incentive payment issued immediately after completion of the survey may be effective in motivating the NMDs/former foster youth, counties and participating Tribes have various fiscal policies and may require incentives to be mailed only after verification of survey completion. Probation departments may contact the ILP coordinator in their county to learn the process for incentive distribution.

As part of the advance notice to the NMD/former foster youth about the survey, counties and participating Tribes should provide them with specific instructions about claiming the incentive, such as whether the youth may collect it in person and where, or how to receive the incentive by mail. In addition, the survey includes a question regarding their preference of receipt of incentive payment (by mail or by picking it up at an office).

Beginning in November 2024, CDSS will provide counties and participating Tribes with a monthly report of the participating NMDs/former foster youth who have completed the survey and elected to receive their incentive payment by mail. This report will include the date the survey was completed, the incentive preference of each youth, and the mailing address provided by them when responding to the survey. CDSS will upload this spreadsheet to each county and participating Tribe's Secure File Transfer site and inform them by email when it is available for download.

## **SURVEY OUTCOME DETERMINATIONS AND DOCUMENTATION**

A "determination" must be made for each current and former foster youth eligible to take the survey. The county child welfare agency, probation department, and participating Tribes are responsible for ensuring that one (1) of the following seven (7) categories is listed for eligible youth. These categories will be used to determine whether the NMD/ former foster youth has either "participated" or "not participated" in the survey. A determination will identify one of the following survey outcomes:

- Participated – The NMD/former foster youth participated in the survey either fully or partially. The completion of at least one question will result in a "participated" status.
- Declined – The NMD/former foster youth was successfully located and invited to participate but declined to participate. A written or verbal decline to take the survey will be counted as a "not participated" status.
- Incapacitated – The NMD/former foster youth have a permanent or temporary mental or physical condition that prevents survey participation. This category may not be used for individuals who can complete the survey with accommodations/assistance. An "incapacitated" status is exempt from calculation of the participation completion rate.

- Incarcerated – The NMD/former foster youth is unable to participate because of their incarceration. If they complete the survey while incarcerated, the survey will count as a “participated” status. If the survey-eligible individual is unable to participate due to incarceration, an “incarcerated” determination is entered and will be exempted in the calculation of the participation completion rate. Counties and participating Tribes must attempt to contact survey eligible NMDs/former foster youth who are incarcerated to inform them of the survey before choosing the category “incarcerated” as a determination. The ACF has encouraged California to work with its correctional institutions to gain access to locked facilities to offer the survey to incarcerated individuals. Without data from this population, California’s NYTD data may be inconclusive. Counties and participating Tribal staff may offer incentives to incarcerated youth and young adults by depositing the funds in their grocery or commissary accounts. CDSS encourages county probation officers to work with Tribes and follow any Tribal protocols to access Tribal incarcerated youth.
- Runaway/Missing – The NMD/former foster youth is known to have run away or be missing from their foster care placement. This determination will be counted as a “not participated” status.
- Unable to Locate/Invite – Could not locate the NMD/former foster youth or invite their participation (for example, no current address or telephone number on file; no forwarding address available; mail was returned). This determination will be counted as a “not participated” status.
- Death – The NMD/former foster youth died prior to participation. This determination is exempted from the calculation of the participation completion rate.

These determination terms have been established as a federal survey requirement and must be entered verbatim. Do not use other terms. Also, a determination date will need to be provided, and this date must align with the six- month review period in which the birthdate occurs.

CDSS will collect these determinations for each NMD/former foster youth not completing the survey by providing counties and participating Tribes with a list of their 19-year-old follow-up population at the end of each six-month review period. Counties and participating Tribes will enter one of the appropriate determinations listed above for any of the NMDs/former foster youth that did not participate in the survey. These lists are to be returned to the Data Analytics Bureau’s NYTD data team at [NYTDdata@dss.ca.gov](mailto:NYTDdata@dss.ca.gov). This team will be sharing additional guidance with counties and will respond to questions regarding the spreadsheet.

### **COMPLIANCE WITH FEDERAL PARTICIPATION REQUIREMENTS**

CDSS is required to send NYTD outcomes survey data with participation rates of at least 80 percent of youth in foster care and at least 60 percent of youth out of foster care to ACF twice a year reflecting each review period. These participation rates are only specified in federal regulation for the follow-up populations.

Regarding any possible penalties, [Government Code section 30026.5\(e\)\(3\)](#) states any monetary penalty that results from an administrative order is shared equally between the counties and the State. However, if the State determines counties failed to perform a ministerial duty, failed to perform a legal obligation in good faith, or acted in a reckless or negligent manner, counties could pay 100 percent of the penalty. Failure to comply with the federal NYTD requirements including administering the NYTD survey or failing to meet required participation rates could result in counties paying anywhere from 50 percent up to 100 percent of any monetary penalty imposed by the federal government. The distribution methodology for any penalty amongst the counties will be determined in consultation with the County Welfare Directors Association.

### **RETENTION OF COMPLETED SURVEY INSTRUMENTS**

The record retention provisions in [45 Code of Federal Regulations \(CFR\) part 92](#) apply to NYTD and require the retention of all data collected for NYTD, including the hard copies of the surveys, for three years following the submission of the financial Chafee Foster Care Independence Program (CFCIP) report. The CFCIP report is submitted one year and three months following the end of the survey period (December 30th following the end of the FFY in September). For example, the FFY 2025 ends September 30, 2025, and the CFCIP report is submitted on December 30, 2026. Thus, the NYTD data collected for the 19-year-old survey of the fifth cohort would need to be retained until December 30, 2029.

Per [45 CFR part 92.42\(b\)\(2\)](#), the record retention period may be extended if “any litigation, claim, negotiation, audit or other action involving the records” has been started before the expiration of the retention period. These actions include any scheduled NYTD Assessment Reviews. If the state is notified by ACF of such an action, CDSS will notify counties and participating Tribes that the records must be retained until completion of the action and resolution of all issues which arise from it or until the end of the regular retention period, whichever is later.

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**TECHNICAL ASSISTANCE**

If there are any data or technical questions or concerns, please contact [NYTDdata@dss.ca.gov](mailto:NYTDdata@dss.ca.gov) or the NYTD policy box at [NYTD@dss.ca.gov](mailto:NYTD@dss.ca.gov).

Sincerely,

***Original Document Signed By***

ANGIE SCHWARTZ  
Deputy Director  
Children and Family Services Division

Attachments

cc: All Federally Recognized Tribes

**NATIONAL YOUTH IN TRANSITION DATABASE SURVEY COHORTS & REPORTING**

<b>Submission Date to ACF by CDSS</b>	<b>Reporting Period</b>	<b>ILP Services Data</b>	<b>Survey Data Age 17*</b>	<b>Survey Data Age 19**</b>	<b>Survey Data Age 21**</b>
15-May-20	Oct 1, 2019 - Mar 31, 2020	X	Cohort 4	–	–
14-Nov-20	Apr 1, 2020 - Sep 30, 2020	X	Cohort 4	–	–
15-May-21	Oct 1, 2020 - Mar 31, 2021	X	–	–	Cohort 3
14-Nov-21	Apr 1, 2021 - Sep 30, 2021	X	–	–	Cohort 3
15-May-22	Oct 1, 2021 - Mar 31, 2022	X	–	Cohort 4	–
14-Nov-22	Apr 1, 2022 - Sep 30, 2022	X	–	Cohort 4	–
15-May-23 <sup>1</sup>	Oct 1, 2022 - Mar 31, 2023	X	Cohort 5	–	–
14-Nov-23 <sup>1</sup>	Apr 1, 2023 - Sep 30, 2023	X	Cohort 5	–	–
15-May-24	Oct 1, 2023 - Mar 31, 2024	X	–	–	Cohort 4
14-Nov-24	Apr 1, 2024 - Sep 30, 2024	X	–	–	Cohort 4
15-May-25 <sup>1</sup>	Oct 1, 2024 - Mar 31, 2025	X	–	Cohort 5	–
14-Nov-25 <sup>1</sup>	Apr 1, 2025 - Sep 30, 2025	X	–	Cohort 5	–
15-May-26	Oct 1, 2025 - Mar 31, 2026	X	Cohort 6	–	–
14-Nov-26	Apr 1, 2026 - Sep 30, 2026	X	Cohort 6	–	–
15-May-27 <sup>1</sup>	Oct 1, 2026 - Mar 31, 2027	X	–	–	Cohort 5
14-Nov-27 <sup>1</sup>	Apr 1, 2027 - Sep 30, 2027	X	–	–	Cohort 5
15-May-28	Oct 1, 2027 - Mar 31, 2028	X	–	Cohort 6	–
14-Nov-28	Apr 1, 2028 - Sep 30, 2028	X	–	Cohort 6	–

\*Survey data collection within 45 days following the current foster youth's birthday.

\*\*Survey data collection within the reporting period of the former foster youth's birthday.

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<sup>1</sup> Current Cohort

## **Attachment B**

### **NYTD Follow-Up Survey (2025A-19YO)**

Welcome back! If you do not wish to answer the question or if you do not know the answer to the question, use the Declined or Don't know options when applicable.

#### **1. Currently are you employed full-time?**

"Full-time" means working at least 35 hours per week at one or multiple jobs.

Yes

No

Declined

#### **2. Currently are you employed part-time?**

"Part-time" means working at least 1-34 hours per week at one or multiple jobs.

Yes

No

Declined

**3. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?**

This means apprenticeships, internships, or other on-the-job trainings, either paid or unpaid, that helped you to acquire employment-related skills (which can include specific trade skills such as carpentry or auto mechanics, or office skills such as word processing or use of office equipment).

Yes

No

Declined

**4. Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments)?**

These are payments from the government to meet basic needs for food, clothing, and shelter of a person with a disability. You may be receiving these payments because of a parent or guardian's disability, rather than your own.

Yes

No

Declined

**5. Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses?**

Scholarships, grants, and stipends are funds awarded for spending on expenses related to gaining an education. "Student loan" means a government-guaranteed, low-interest loan for students in post-secondary education.

Yes

No

Declined

**6. Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?**

This means periodic and/or significant financial support from a spouse or family member (biological, foster or adoptive), child support that you receive, or funds from a legal settlement. This does not include occasional gifts, such as birthday or graduation checks or small donations of food or personal items, child care subsidies, child support for your child, or other financial help that does not benefit you directly in supporting yourself.

Yes

No

Declined

**7. What is the highest educational degree or certification that you have received?**

"Vocational certificate" means a document stating that you have received education or training that qualifies you for a particular job, e.g., auto mechanics or cosmetology. "Vocational license" means a document that indicates that the State or local government recognizes you as a qualified professional in a particular trade or business. An Associate's degree is generally a two-year degree from a community college, and a Bachelor's degree is a four-year degree from a college or university. "Higher degree" indicates a graduate degree, such as a Masters or Doctorate degree. "None of the above" means that you have not received any of the above educational certifications.

High school diploma/GED

Vocational certificate

Vocational license

Associate's degree (e.g., A.A.)

Bachelor's degree (e.g., B.A. or B.S.)

Higher degree

None of the above

Declined

**8. Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college?**

This means both enrolled in and attending high school, GED classes, or postsecondary vocational training or college. You are still considered enrolled in and attending school if you are enrolled in and attending a school that is currently out of session (e.g., Spring break, summer vacation, etc.).

Yes

No

Declined

**9. Currently is there at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support?**

This refers to an adult who you can go to for advice or guidance when there is a decision to make or a problem to solve, or for companionship to share personal achievements. This includes, but is not limited to, adult relatives, parents, or foster parents. This does not include spouses, partners, boyfriends or girlfriends and current caseworkers. The adult must be easily accessible to you, either by telephone or in person.

Yes

No

Declined

**10. In the past two years, were you homeless at any time?**

"Homeless" means that you had no regular or adequate place to live. This includes living in a car, or on the street, or staying in a homeless or other temporary shelter.

Yes

No

Declined

**11. In the past two years, did you refer yourself, or had someone else referred you for an alcohol or drug abuse assessment or counseling?**

This includes either self-referring or being referred by a social worker, school staff, physician, mental health worker, foster parent, or other adult for an alcohol or drug abuse assessment or counseling. Alcohol or drug abuse assessment is a process designed to determine if you have a problem with alcohol or drug use.

Yes

No

Declined

**12. In the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?**

This means that you were confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with a crime (misdemeanor or felony) allegedly committed by you.

Yes

No

Declined

**13. In the past two years, did you give birth to or father any children that were born?**

This means giving birth to or fathering at least one child that was born. If males do not know, answer "No."

Yes

No (skip to 15)

Declined (skip to 15)

**14. If you responded yes to the previous question, were you married to the child's other parent at the time each child was born?**

This means that when the child was born you were married to the other parent of the child.

Yes

No

Declined

**15. Currently are you on Medi-Cal?**

Medi-Cal is a health insurance program funded by the government.

Yes

No

Don't know

Declined

**16. Currently do you have health insurance, other than Medi-Cal?**

"Health insurance" means having a third party pay for all or part of health care. You might have health insurance such as group coverage offered by employers or schools, or individual policies that cover Medi-Cal and/or mental health care and/or prescription drugs, or you might be covered under parents' insurance. This also could include access to free health care through a college, Indian Tribe, or other source.

Yes

No (skip to 20)

Don't know (skip to 20)

Declined (skip to 20)

**17. Does your health insurance include coverage for medical services?**

This means that your health insurance covers at least some medical services or procedures.

Yes

No (skip to 20)

Don't know (skip to 20)

Declined (skip to 20)

**18. Does your health insurance include coverage for mental health services?**

This means that your health insurance covers at least some mental health services. This question is for only those who responded "yes" to having health insurance with medical coverage.

Yes

No

Don't know

Declined

**19. Does your health insurance include coverage for prescription drugs?**

This means that your health insurance covers at least some prescription drugs. This question is for only those who responded "yes" to having health insurance with medical coverage.

Yes

No

Don't know

Declined

**20. Currently are you receiving ongoing welfare payments (CalWORKs, general assistance, etc.) from the government to support your basic needs?**

This refers to ongoing welfare payments from the government to support your basic needs. Do not consider payments or subsidies for specific purposes, such as unemployment insurance, child care subsidies, education assistance, food stamps or housing assistance in this category.

Yes

No

Declined

**21. Currently are you receiving public food assistance?**

Public food assistance includes food stamps (CalFresh), which are government issued coupons or debit cards that recipients can use to buy eligible food at authorized stores. Public food assistance also include assistance from the Women, Infants and Children (WIC) program.

Yes

No

Declined

**22. Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?**

Public housing is rental housing provided by the government to keep rents affordable for eligible individuals and families, and a housing voucher allows participants to choose their own housing while the government pays a part of the housing costs. This does not include payments from the child welfare agency for room and board payments.

Yes

No

Declined

## Sexual Orientation and Gender Identity Expression (SOGIE)

According to research, one third of children in foster care identify as LGBTQIA+. It is recognized that SOGIE is not static and may change in the future. The SOGIE data that is accurate and up to date helps the State of California better understand the challenges and needs of our children and non-minor dependents with diverse SOGIE with the goal of ensuring their overall health and well-being.

### **23. How do you describe your gender identity?**

Gender identity refers to each person's internal understanding of their gender, or the perception of a person's gender identity, which may include male, female, a combination of male and female, neither male nor female, a gender different from the person's sex assigned at birth, or transgender.

Select all that apply.

Female/woman/girl

Male/man/guy

Gender fluid

Gender non-binary

Gender queer

Transgender female/woman/girl

Transgender male/man/guy

Don't Know

Decline

Prefer to self-describe or other gender identity not listed here (please write out):

**24. How do you identify your sexuality or sexual orientation?**

Select all that apply.

Asexual

Bisexual

Gay/lesbian

Pansexual

Queer

Questioning

Straight/heterosexual

Don't Know

Decline

Prefer to self-describe or other gender identity not listed here (please write out):

**25. Are you affiliated with or an enrolled member or eligible for enrollment in a Tribe (including both non-federally recognized and federally recognized Tribes)?**

Yes, affiliated

Yes, enrolled member

Yes, eligible for enrollment

No (skip to 32)

Don't Know (skip to 32)

Decline (skip to 32)

**26. While in care, were you informed about:**

**a. The Tribal Representative for the Tribe with which you are: eligible for enrollment, are an enrolled member, or are affiliated?**

Yes

No

Don't Know

Decline

**27. While in care, were you informed about:**

**b. Tribal benefits and services? \*Example: Native American Health Clinic/Indian Health Services (IHS) or culturally relevant mental health services, etc.**

Yes

No

Don't Know

Decline

**28. While in care, were you informed about:**

**c. Cultural events and activities?**

Yes

No

Don't Know

Decline

**29. While in care, were you able to participate in any of the above-mentioned benefits/services or events/activities?**

Yes

No (skip to 31)

Decline (skip to 31)

**30. While in care, who provided transportation to any of the above-mentioned benefits/services or events/activities?**

Select all that apply.

Caregiver

Court Appointed Special Advocate (CASA)

County Staff

Public Transportation

Relative or Friend

Self

Tribe

Wrap/Mental Health Team

Other (please write out):

**31. While in care, was there a staff member (Indian Child Welfare Act (ICWA) Social Worker, Tribal Representative, Cultural Navigator, Child Welfare Social Worker, Probation Office, or Independent Living Program (ILP) Social Worker) you felt comfortable going to with questions about connection with your Tribe(s)?**

Yes

No

Other (please write out):

**Independent Living Program (ILP)**

**32. Did you participate in ILP services?**

Yes

No (skip to 34)

**33. Please check the top 3 ILP services that you found most beneficial:**

Select no more than 3.

Academic Support (examples are academic counseling, GED preparation, tutoring, help with homework, study skills training, literacy training, help accessing educational resources).

Budget & Financial Management

Career Preparation

Education Financial Assistance

Employment Program or Vocational Training

Family Support and Healthy Marriage Education

Housing Education & Home Management

Independent Living Needs Assessment

Post-Secondary Educational Support

Room & Board Financial Assistance

Supervised Independent Living

Other financial Assistance (examples are receiving credit reports, setting up a bank account, etc.)

Other (please write out):

(Skip to 35)

**34. If you did not participate in ILP services, why not?**

Select all that apply.

I could not access it online

I did not have transportation

I did not know about the program

I did not see a benefit in attending classes

I was busy (other activities/responsibilities were more pressing)

The subject matter did not interest me

Other (please write out):

**35. How satisfied are you with the support received for your transition out of foster care?**

Very Satisfied

Satisfied

Somewhat Satisfied

Neither Satisfied nor Dissatisfied

Somewhat Dissatisfied (skip to 38)

Dissatisfied (skip to 38)

Very Dissatisfied (skip to 38)

**36. Thinking about your transition (or preparation) out of care, in which areas did you/ do you feel supported? Check up to 3 areas.**

Select no more than 3.

Academic assistance

Career Prep

College or vocational school prep

Cultural resources

Healthy relationships education

Housing

LGBTQIA+ resources

Money management

Physical and mental health resources

Social skills

Substance Use/ Addiction resources

None

Other (please write out):

**37. Thinking about your transition (or preparation) out of care, who provided you with support?**

Select all that apply.

Community member (coach, teacher, church member, etc.)

County Staff (probation officer, social worker, ILP staff, etc.)

Court Appointed Special Advocate (CASA)

Family (biological and/or chosen)

Foster family

Mentor

Other professionals (therapist/ counselor, WRAP or behavioral specialist,  
regional center)

Tribe and/or Tribal representative

Other (please write out):

**38. Do you have a connection to, or identify with, a particular culture or community?**

*\*Example: Racial, ethnic, Tribal affiliation, religious, LGBTQIA+, etc.*

Yes

No (skip to 40)

**39. While in care, were you provided the opportunity to participate in culturally relevant services and activities in your community?**

*\*Example: Racial or ethnic celebrations, community events, religious holidays, etc.*

Yes

No

**40. Please share any service that would be helpful as you transition out of care that you believe is not offered (19-21YO only):**

**41. How would you like to receive your incentive?**

***If you select **By mail** below, you must enter your mailing address.***

By mail

I will pick-up at my local county office.

**42. Street Number**

**43. Street Name**

**44. City**

**45. State**

**46. Zip Code**

**47. Current E-mail address:**

**48. Primary phone number (include area code):**

**49. Emergency contact person (name, phone number, relationship):**

**50. Facebook/Twitter/Instagram Account:**

**51. To verify this is you, please enter last 4 digits of your social security number.  
Leave this item blank if you do not know or if you are unsure.**

**52. Please select any topics you would like additional resource information on:**

Independent Living Program

Wellness

Education

**If you would like more information on resources not included on this list, please send an email to the Transition Age Youth Policy Team at [taypolicy@dss.ca.gov](mailto:taypolicy@dss.ca.gov).**

**Once you are finished, please see the instructions below to complete the certificate for your incentive.**

**If you are still in care, please contact your social worker, probation officer, or ILP Office. If you are no longer in care, please e-mail us at [NYTD@dss.ca.gov](mailto:NYTD@dss.ca.gov).**

## Survey Completed

Thank you for taking the National Youth in Transition Database (NYTD) survey.

Please do the following to receive your incentive:

1. Print this certificate.
2. Sign your name.
3. Write the date.
4. Provide this completed certificate to your caseworker.

If you have questions regarding this survey, please e-mail us at: [NYTD@DSS.ca.gov](mailto:NYTD@DSS.ca.gov).

On this day, \_\_\_\_\_, I, \_\_\_\_\_,  
(date) (print name)  
successfully completed the NYTD survey.

---

Signature

Date

Case ID #: