

2017 Massachusetts Youth Count Housing and Homelessness Survey

This survey is being administered by the Massachusetts Special Commission on Unaccompanied Homeless Youth and the local Continuum of Care, so that the state and local providers can better understand the housing and service needs of youth and young adults under the age of 25 in Massachusetts. Over the past two years, the results of similar surveys have helped the Legislature to invest a total of \$3 million in housing and services for young people who have experienced housing instability. Your answers will remain confidential. There are 30 questions. **Please respond to all of the questions you feel comfortable answering.** We greatly appreciate your participation!

1. Have you already taken this survey in the past two weeks? Yes No
2. What are your initials (the first letter of each of your names)? ____ / ____ / ____ (first/middle/last)
- 3a. What is your age? ____ years old
- 3b. What is your date of birth? ____/____/____ (month/day/year)
- 4a. What is your primary language? _____
- 4b. If your primary language is one other than English, are you taking this survey in your primary language?
 Yes, someone is reading the questions to me in my primary language
 Yes, this paper or electronic version has been translated into my primary language
 No, I am taking this survey in a language that is not my primary language

We are asking the following set of questions to better understand your housing situation.

5. Where did you sleep last night?
[CHECK ONE OPTION THAT BEST MATCHES YOUR ANSWER]

<input type="checkbox"/> Shelter (emergency, temporary)	<input type="checkbox"/> Car or other vehicle
<input type="checkbox"/> Transitional housing	<input type="checkbox"/> Abandoned building/vacant unit/squat
<input type="checkbox"/> Hotel or motel	<input type="checkbox"/> On a train/bus or in train/bus station
<input type="checkbox"/> Own apartment or house	<input type="checkbox"/> 24-hour restaurant/Laundromat or other business/retail establishment
<input type="checkbox"/> Parent or guardian's home	<input type="checkbox"/> Anywhere outside (street, park, viaduct)
<input type="checkbox"/> Other relative's home	<input type="checkbox"/> Hospital or emergency room
<input type="checkbox"/> Foster family's home	<input type="checkbox"/> Residential treatment facility
<input type="checkbox"/> Home of friend or friend's family	<input type="checkbox"/> Juvenile detention center or jail
<input type="checkbox"/> Home of boyfriend/girlfriend/partner	<input type="checkbox"/> Other (Please specify: _____)
6. How long have you stayed/lived in the place you stayed last night?
 Fewer than 6 months 6-12 months More than 12 months
7. Do you have a safe place where you can stay on a regular basis for at least the next 14 days?
 Yes No Unsure
8. Are you currently experiencing homelessness?
 Yes No, but I have experienced homelessness in the past No, and I never have experienced homelessness
 Unsure Comment: _____

(Please continue onto the next page.)

We are asking the following set of questions to learn if you are “accompanied”, that is living with your parent or guardian, and your history of being out on your own.

9. Have you ever left home and been out on your own?

- Yes, I left when I was ___ years old, and have not returned home
- I left home when I was ___ years old, but later returned home
- I still am with my parent/guardian/foster parent, and have not left home yet

10. If you are **not** living with your parent/guardian/foster parent now, what are the reasons?

[CHECK ALL THAT APPLY]

- | | |
|---|---|
| <input type="checkbox"/> I was fighting with my parent/guardian/foster parent | <input type="checkbox"/> I left foster care |
| <input type="checkbox"/> My parent/guardian/foster parent abused drugs or alcohol | <input type="checkbox"/> I was released from jail or detention facility |
| <input type="checkbox"/> My parent/guardian/foster parent died | <input type="checkbox"/> I was/am pregnant or got someone else pregnant |
| <input type="checkbox"/> My house was too small for everyone to live there | <input type="checkbox"/> My sexual orientation and/or gender identity |
| <input type="checkbox"/> I was abused or neglected (physically, emotionally, or sexually) | <input type="checkbox"/> My use of drugs or alcohol |
| <input type="checkbox"/> I did not feel safe due to violence or unsafe activities in my house | <input type="checkbox"/> I was told to leave |
| <input type="checkbox"/> My family lost our housing | <input type="checkbox"/> Other: _____ |

We are asking the following set of questions to better understand your demographics (place of birth, age, education, income, etc.), as well as your experiences in trying to access needed resources.

11. Where were you born?

- In this city/town Another place in Massachusetts Outside of Massachusetts, but in the U.S.
- Outside the U.S. Don't know

12. Which city/town are you in right now, taking this survey? _____

13. Have you been staying overnight in the city/town where you are taking this survey?

- Yes No, I am staying in _____ (city/town)

14. Do you have a high school diploma, HiSET degree, or GED?

- Yes No

15. Are you currently attending school or another education program?

- Yes No

16. Are you currently employed at a job for which you receive a pay stub or paycheck?

- Yes No

17. Have you ever served in the U.S. Army, Navy, Marine Corps, Air Force or Coast Guard?

- Yes No

(Please continue-- two pages to go!)

18. Have you ever been in foster care?

- Yes No Unsure

19. Have you ever lived in a structured group home or residential program?

- Yes No

20. Have you ever been in juvenile detention, prison or jail?

- Yes No

21a. Are you pregnant or parenting?

- Yes No Unsure

21b. If you are parenting, do you have custody of your child(ren)? In other words, are you responsible for caring for your child(ren) on a day-to-day basis?

- Yes No Not applicable

22. What are your sources of income? **[CHECK ALL THAT APPLY]**

- | | |
|--|---|
| <input type="checkbox"/> Full-time job | <input type="checkbox"/> Sex work/turning tricks |
| <input type="checkbox"/> Part-time job and/or temporary job | <input type="checkbox"/> Panhandling/spanging |
| <input type="checkbox"/> Money from "under the table" work | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Cash assistance from DTA/Welfare or DCF | <input type="checkbox"/> Money from family members or friends |
| <input type="checkbox"/> Social Security/disability payments | <input type="checkbox"/> None |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hustling/selling drugs | |

23. Have you ever exchanged sex (including sexual intercourse, oral sex, or any sexual interaction) for food, a place to stay, money, or other necessities? Yes No

24. In the last year, have you tried to get help from any of the following services/programs?

[CHECK ALL THAT APPLY]

- | | |
|---|--|
| <input type="checkbox"/> Shelter or short-term/transitional housing | <input type="checkbox"/> Nutritional assistance (such as Food Stamps/SNAP or free meals) |
| <input type="checkbox"/> Long-term housing (such as Section 8 or public housing) | <input type="checkbox"/> Cash assistance (such as DTA/Welfare benefits or Social Security Disability benefits) |
| <input type="checkbox"/> Educational support (enrolling in school or GED/HiSET program) | <input type="checkbox"/> Domestic violence/sexual assault counseling |
| <input type="checkbox"/> Job training, life skills training, or career placement | <input type="checkbox"/> Counseling or other mental health services |
| <input type="checkbox"/> Health care services | <input type="checkbox"/> Substance use/alcohol treatment program |
| <input type="checkbox"/> Family support (such as conflict mediation or parenting support) | <input type="checkbox"/> No, I haven't tried to access help |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Other: _____ |

25. Did you get the help you needed?

- Yes, all of the help I needed Some of the help I needed No, none of the help I needed

(One page to go!)

26. If you did not receive all of the help you needed, why was that? **[CHECK ALL THAT APPLY]**

- | | |
|---|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Didn't know where to go |
| <input type="checkbox"/> Sent somewhere else | <input type="checkbox"/> Didn't qualify for help |
| <input type="checkbox"/> Language barrier | <input type="checkbox"/> Didn't feel comfortable/safe |
| <input type="checkbox"/> Put on waiting list | <input type="checkbox"/> Didn't follow through or return for services |
| <input type="checkbox"/> Paperwork | <input type="checkbox"/> Didn't ask for help |
| <input type="checkbox"/> I.D./documents | <input type="checkbox"/> Didn't have money |
| <input type="checkbox"/> Didn't hear back | <input type="checkbox"/> Didn't have regular access to a phone or email |
| <input type="checkbox"/> Didn't have health insurance | <input type="checkbox"/> Other: _____ |

27. What is your race/ethnicity? **[CHECK ALL THAT APPLY]**

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino/Latina/Latinx | <input type="checkbox"/> Other (Specify: _____) |
| <input type="checkbox"/> Asian | |

28. How would you describe your gender identity? **[CHECK ALL THAT APPLY]**

- | | |
|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Genderqueer/Gender-Nonconforming |
| <input type="checkbox"/> Male | <input type="checkbox"/> Agender |
| <input type="checkbox"/> Transgender – Male to Female | <input type="checkbox"/> Two-Spirit |
| <input type="checkbox"/> Transgender – Female to Male | <input type="checkbox"/> Other (Specify: _____) |

29. Which of the following best fits how you think about your sexualorientation? **[CHECK ALL THAT APPLY]**

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Gay, Lesbian | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Straight | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Queer | <input type="checkbox"/> Other (Specify: _____) |

30. Do you have any comments or insights you would like to share with the Massachusetts Commission on Unaccompanied Homeless Youth?

Thank you!

As noted above, all of your answers will remain confidential. Your participation is deeply appreciated and a key contribution in helping Massachusetts better understand housing instability among youth and young adults.

For more information about this survey and the work to expand housing and resources for youth and young adults experiencing housing instability, please contact the Massachusetts Special Commission on Unaccompanied Homeless Youth: massachusettsyouthcount@gmail.com.

For official use only-- Survey date: _____ Survey site: _____
Administering organization/Youth Count Ambassador: _____