



Continuum of Care for the Homeless of Summit County

Youth Summit-Up Workgroup

Youth Needs Assessment

Each person is a branch of strength within the community. Strong branches make a strong community!

The Summit County Continuum of Care is offering this survey to youth aged 15-24 that are experiencing or at risk of becoming homeless. The point of this survey is to understand the housing and support needs of the youth 15-24 in our community. Please know that the information collected will be used for statistical purposes only, and should only be filled out once. No personal information will be collected and any information that is shared will be kept anonymous and confidential. If there are questions that you are uncomfortable answering please leave them blank. If there is a concern for the safety of the individual that is doing the survey, these concerns will be reported to the proper authority.

1. What are your initials? _____

2. In what language do you feel best able to express yourself?

3. How old are you? _____

4. Do you identify as: (Circle)

Female

Male

Transgender

Gender Nonconforming

Don't Know

5. Do you identify as: (Circle)

Black or African American

Hispanic

Asian

White/Caucasian

Other: _____

DEMOGRAPHIC

6. Do you currently live in Summit County? Yes No

a collaboration of agencies working together for the homeless



7. If no, where is your home community?

8. What brought you to Summit County?

9. How long have you been in Summit County?

10. Have you ever been in jail, arrested, or accused of a crime or criminal activity (even if it was not true)? Yes No

11. Have you been convicted of a criminal offense? Yes No

12. Are you currently in the care of Foster Care? Yes No

13. Formerly in the care of Foster Care? Yes No

Homelessness Questions

For this survey we are identifying "homelessness" as people who sleep in warming centers, homeless shelters, Couch surfing, in abandoned buildings, parking garages, or other places not meant for humans to live in.

14. Have you ever experienced homelessness? (if no skip to question 25) Yes No

15. Is this the first time you have been homeless? Yes No

16. How long have you been without stable housing? _____

17. How many times have you been homeless in the last 3 years, including this time?

18. Where did you sleep last night?

b) Was this a safe location? Yes No

20. In the past 2 years have you or your family experienced, or currently are experiencing

(Check all that apply)

	Previously	Currently
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	Myself	My Family	Myself	My Family
Couch Surfing				
In a Shelter				
On street				
In a vehicle/Camper				
Abandon Building				
Tent Encampment				
Hotel				
Other				

21. Current Housing Status: (Circle)

- Housed with parents
- Housed independently
- Housed group home
- At imminent risk of losing their housing
- Living with a family member or friend
- Living in a shelter
- Homeless (Vehicle ___ Tent/outside ___ Couch Surfing ___)
- Other, please explain:

22. Are you currently parenting a child/ren or providing care for a child/ren? Yes No

23. Do you have a child/ren in the care of a family member or Foster Care?

Yes No

24. Are you experiencing homelessness as a result of: (Please circle all that apply)

- Violence between youth and caregiver
- Addiction (Self)
- Domestic violence between parents



Addiction (family member)

Domestic violence with a partner

Need to be independent

Mental health of self

Parent/ Child conflict

Mental health of family member

Financial reasons

Other: _____

SCHOOL/ EMPLOYMENT

25. School Status: (Circle)

Attending school regularly

Attending school irregularly

Graduated from high school

Obtained GED

Attended College or University

Dropped out

Expelled *if dropped out or expelled what was the last grade completed? _____

Home schooled

Alternate School _____

26. What is your employment status? (Circle)

Full-time

Part-time

Seasonal/sporadic

Not employed, looking for work

Not employed, in school

Not employed, unable to work



Not employed, not looking for work

27. What is your income source right now?

Earned income

Employment insurance

Worker’s compensation

Social Assistance

Child Tax

Child support

Alimony or other spousal support

Supported Independent Living (SIL)

No income

Another source _____

HEALTH

28. Are you pregnant? (Circle) Yes No Don’t know N/A

Medical conditions/Mental health/Addictions

29.

Do you have health insurance? Yes No

Have you used drugs/alcohol? Yes No

Have you ever been treated for drug or alcohol abuse? Yes No

Have you been to the ER in the last 12 months? Yes No

Have you ever been diagnosed with a Mental Health Issue? Yes No

If so, have you: received treatment currently being treated never received treatment

Have you ever been diagnosed with a physical health issue? Yes No

If so, have you: received treatment currently being treated never received treatment



Previous housing experience

30. Have you tried to obtain housing? Yes No

31. What were some of the challenges? (Circle all that apply)

Financial Too young No references No co-signor Prior Evictions

Other, please explain

32. Have you stayed in a living situation in which you: (check all that apply)

Were sexually exploited exposed to violence Unsafe Had nowhere else to go Financial reasons

Explain:

33. If you have been stably housed in your own home what were some reasons you were successful?

34. What were some of the challenges?

35. In your opinion what do youth need to be successfully housed in a stable

home? _____

Supports

36. Is there a person/outreach worker that you trust? Yes No

37. If yes, who are they and where do they work?

38. In an emergency do you have friends or family that you could stay with for a short period

of time? Yes No