This survey is being administered by the Massachusetts Commission on Unaccompanied Homeless Youth, in partnership with youth and young adults, the ten regional youth organizations funded by the Executive Office of Health and Human Services (EOHHS), and many community groups. The survey has been designed so that the state, regional, 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 four years, the results of similar surveys have helped to push the Legislature to invest a total of $7 million in housing and services for young people who are experiencing housing instability.

There are 31 questions. Your answers will remain confidential. 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 four weeks (or since April 12th)?  □ 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]
   □ Shelter (emergency/temporary)
   □ Transitional housing
   □ Hotel or motel
   □ Own apartment or house
   □ Parent or guardian’s home
   □ Other relative’s home
   □ Foster family’s home
   □ Home of friend or friend’s family
   □ Home of boyfriend/girlfriend/partner
   □ Car or other vehicle
   □ Abandoned building, vacant unit, or squat
   □ On a train/bus or in train/bus station
   □ 24-hour restaurant, Laundromat, or other business/retail establishment
   □ Anywhere outside (street, park, viaduct)
   □ Hospital or emergency room
   □ Mental health residential treatment facility
   □ Substance use residential treatment facility/detox center
   □ Juvenile detention center or jail
   □ Other (Please specify: ________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

5. How long have you stayed/lived in the place you stayed last night?
   □ Fewer than 6 months  □ 6-12 months  □ More than 12 months

6. Do you have a safe place where you can stay on a regular basis for at least the next 14 days?
   □ Yes  □ No  □ Unsure

7. 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.

9a. Are you currently living with a parent, guardian, or foster parent? □ Yes □ No

9b. If no, how old were you the first time you left home to be out on your own? __ years old

9c. If no, how old were you when you left for good? __ years old

10. If you are not living with your parent/guardian/foster parent now, what are the reasons? [CHECK ALL THAT APPLY]

□ I was fighting with my parent/guardian/foster parent
□ My parent/guardian/foster parent abused drugs or alcohol
□ My parent/guardian/foster parent died
□ My house was too small for everyone to live there
□ I was abused or neglected (physically, emotionally, or sexually)
□ I did not feel safe due to violence or unsafe activities in my house
□ My family lost our housing

□ I left foster care
□ I was released from jail or detention facility
□ I was/am pregnant or got someone else pregnant
□ My sexual orientation and/or gender identity
□ My use of drugs or alcohol
□ I was told to leave
□ I wanted to leave
□ 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 pay check? □ Yes □ No

17. Have you ever served in the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard? □ Yes □ No

18. Have you ever been in foster care? □ Yes □ No □ Unsure

19. Have you ever stayed overnight or longer in juvenile detention -- a secure facility or residential program for young people -- as a result of criminal behavior or police involvement? □ Yes □ No

Comment/additional details: __________________________________________________________

20. Have you ever stayed overnight or longer in an adult jail or prison? □ Yes □ No

(Please continue-- two pages to go!)
21a. Are you pregnant and/or parenting?
☐ Yes, pregnant only  ☐ Yes, parenting only  ☐ Yes, both pregnant parenting only  ☐ 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]
☐ Full-time job  ☐ Part-time job and/or temporary job  ☐ Money from “under the table” work  ☐ Cash assistance from DTA/Welfare or DCF  ☐ Social Security/disability payments  ☐ Unemployment benefits  ☐ Hustling/selling drugs  ☐ Sex work/turning tricks  ☐ Panhandling/spanging  ☐ Child support  ☐ Money from family members or friends  ☐ None  ☐ Other:______________________

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]
☐ Shelter or short-term/transitional housing  ☐ Nutritional assistance (such as Food Stamps/SNAP or free meals)  ☐ Long-term housing (such as Section 8 or public housing)  ☐ Cash assistance (such as DTA/Welfare benefits or Social Security Disability benefits)  ☐ Educational support (such as enrolling in school or GED/HiSET program)  ☐ Domestic violence counseling  ☐ Job training, life skills training, or career placement  ☐ Sexual assault counseling  ☐ Family support (such as conflict mediation or parenting support)  ☐ Counseling or other mental health services  ☐ Child care  ☐ Substance use/alcohol treatment program  ☐ Child care  ☐ No, I haven’t tried to access help  ☐ 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
Comment: _____________________________________________________________________________
________________________________________________________________________________________

26. If you did not receive all of the help you needed, why was that? [CHECK ALL THAT APPLY]
☐ Transportation  ☐ Didn’t know where to go  ☐ Sent somewhere else  ☐ Didn’t qualify for help  ☐ Language barrier  ☐ Didn’t feel comfortable/safe  ☐ Put on waiting list  ☐ Didn’t follow through or return for services  ☐ Paperwork  ☐ Didn’t ask for help  ☐ I.D./documents  ☐ Didn’t have money  ☐ Didn’t hear back  ☐ Other:______________________

27. What is your race/ethnicity? [CHECK ALL THAT APPLY]
☐ White  ☐ American Indian/Alaskan Native  ☐ Black/African American  ☐ Native Hawaiian/Pacific Islander  ☐ Hispanic/Latino/Latina/Latinx  ☐ Middle Eastern/North African  ☐ Asian  ☐ Other (Specify:______________________)

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

☐ Female  ☐ Genderqueer/Gender-Nonconforming
☐ Male    ☐ Agender
☐ Transgender – Male to Female ☐ Two-Spirit
☐ Transgender – Female to Male ☐ Other (Specify: ________________)

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

☐ Lesbian/Gay  ☐ Questioning
☐ Bisexual    ☐ Pansexual
☐ Straight    ☐ Asexual
☐ Queer       ☐ Other (Specify: ________________)

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

31. Which would best describe how you were recruited to take this survey? [CHECK ALL THAT APPLY]

☐ At a shelter  ☐ At a magnet event
☐ At a social service agency  ☐ At a school/educational program
☐ Through a Youth Ambassador  ☐ Other (Specify: ________________)
☐ Through a street outreach worker/street count  ☐ Unsure

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 Commission on Unaccompanied Homeless Youth: massachusettsyouthcount@gmail.com.

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For official use only-- Survey date: _______________________ Survey site: _____________________
Administering organization/Youth Count Ambassador: ____________________________________________