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]

   □ Shelter (emergency, temporary)   □ Car or other vehicle
   □ Transitional housing   □ Abandoned building/vacant unit/squat
   □ Hotel or motel   □ On a train/bus or in train/bus station
   □ Own apartment or house   □ 24-hour restaurant/Laundromat or other business/retail establishment
   □ Parent or guardian’s home   □ Anywhere outside (street, park, viaduct)
   □ Other relative’s home   □ Hospital or emergency room
   □ Foster family’s home   □ Residential treatment facility
   □ Home of friend or friend’s family   □ Juvenile detention center or jail
   □ Home of boyfriend/girlfriend/partner   □ 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]
☐ 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

(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]
   - [ ] 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
   - [ ] Long-term housing (such as Section 8 or public housing)
   - [ ] Educational support (enrolling in school or GED/HiSET program)
   - [ ] Job training, life skills training, or career placement
   - [ ] Health care services
   - [ ] Family support (such as conflict mediation or parenting support)
   - [ ] Child care
   - [ ] Nutritional assistance (such as Food Stamps/SNAP or free meals)
   - [ ] Cash assistance (such as DTA/Welfare benefits or Social Security Disability benefits)
   - [ ] Domestic violence/sexual assault counseling
   - [ ] Counseling or other mental health services
   - [ ] Substance use/alcohol treatment program
   - [ ] 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

(One page to go!)
26. If you did not receive all of the help you needed, why was that? [CHECK ALL THAT APPLY]
   □ Transportation
   □ Sent somewhere else
   □ Language barrier
   □ Put on waiting list
   □ Paperwork
   □ I.D./documents
   □ Didn’t hear back
   □ Didn’t have health insurance
   □ Didn’t know where to go
   □ Didn’t qualify for help
   □ Didn’t feel comfortable/safe
   □ Didn’t follow through or return for services
   □ Didn’t ask for help
   □ Didn’t have money
   □ Didn’t have regular access to a phone or email
   □ Other: ________________________

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

28. How would you describe your gender identity? [CHECK ALL THAT APPLY]
   □ Female
   □ Male
   □ Transgender – Male to Female
   □ Transgender – Female to Male
   □ Genderqueer/Gender-Nonconforming
   □ Agender
   □ Two-Spirit
   □ Other (Specify: ________________________)

29. Which of the following best fits how you think about your sexual orientation? [CHECK ALL THAT APPLY]
   □ Gay, Lesbian
   □ Bisexual
   □ Straight
   □ Queer
   □ Questioning
   □ Pansexual
   □ Asexual
   □ 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.