Participant ID (STAFF ONLY)

Referral Agency

Community Partner Response Pre Survey

INSTRUCTIONS: All parts of the Participant Information Survey should be completed at the start of participation in Community Response or the Connected Youth Initiative.

Date:	
Full Name:	

Concrete Supports

In the past month, were you unable to pay for any of the following? Select all that apply

____Rent or Mortgage ____Utilities or bills (electricity, gas, phone, etc.) ____Groceries/food (including baby formula, diapers)

____Childcare/daycare ____Medicine, medical expenses, or co-pays ____Basic household or personal hygiene items

____Transportation (gas, bus passes, shared rides) ____I was able to pay for all of these

In the past year, have you experienced any of the following? Select all that apply

____Delayed or did not receive medical or dental care ____Evicted from home or apartment

____Lived in a shelter, hotel/motel, abandoned building, or vehicle

____Moved in with others due to inability to afford rent/mortgage/bills

____Lost access to regular transportation (e.g., vehicle totals or repossessed)

____Unemployed when you needed and wanted a job ____None of these apply to me

I have people I trust to ask for advice about: Select all that apply.

____Housing, rental, or utilities assistance ____Finding a job ____Finding quality medical or dental care

____Transportation Assistance ____Mental health support or resources ____Money, bills, or budgeting

____Money, bills, or budgeting ____Relationships and/or my love life ____Stress, anxiety, and/or depression

____Parenting or my kids ____Food/Nutrition ____None of above

How often do you experience the following?

	Never	Rarely	Sometimes	Often	Almost Always
I have trouble affording what I need each month.					
I am able to afford the food I want to feed my family.					
I feel connected to my community.					
I feel safe in my neighborhood.					
Someone in my family threatens to harm me.					
Additional stress due to your own or family member's alcohol or drug use.					
Additional stress due to your own or a family member's health status.					

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How often in the last 30 days did you:				
	Never	Sometimes	Most of the time	Always
Review and evaluate your spending habits?				
Track down where money was spent?				
Estimate your monthly household income and expenses?				
Identify your own financial goals for the future?				
Pay your bills on time?				
Follow your financial goals?				
Follow a weekly or monthly budget?				
Make payments toward your debt?				
Use a bank account?				
Pay more than the interest on your loans, credit, etc.?				

Hope Scale						
Please select the one that best describes YOU for each statement.						
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
I can think of many ways in life to get the things that are most important to me.						
Even when others get discouraged, I know I can find a way to solve the problem.						
I've been pretty successful in life.						
I meet the goals I set for myself.						

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Resilience Scale					
Please mark how much you agree or disagree with each statement.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I tend to bounce back quickly after hard times.					
I have a hard time making it through stressful events.					
It does not take me long to recover from a stressful event.					
It is hard for me to snap back when something bad happens.					
I usually come through difficult times with little trouble.					
I tend to take a long time to get over setbacks in my life.					

Protective Factors					
For each statement, select the option that best describes your experience. *Only complete this section if you are a parent/guardian.*					
	Not at all like my life	Not much like my life	Somewhat like my life	Quite a lot like my life	Just like my life
The future looks good for our family.					
In my family, we take time to listen to each other.					
There are things we do as a family that are special just to us.					
My child misbehaves just to upset me.					
I feel like I'm always telling my kids "no" or "stop".					
I have frequent power struggles with my kids.					
How I respond to my child depends on how I'm feeling.					
I have people who believe in me.					
I have someone in my life who gives me advice, even when it's hard to hear.					
When I am trying to achieve a goal, I have friends who will support me.					
When I need someone to look after my kids on short notice, I can find someone I trust.					