

**Ansell-Casey Life Skills Assessment Supplement:  
Chafee Assessment (CS 1.0)  
VERSION 1 – Youth in Care**

**Instructions:**

These questions ask about the life of a youth in foster care.

This information is considered confidential. Only representatives of your state or county social work agency will see the information. Your responses may help to make your agency's policies and services better for foster youths.

If you have any questions about this assessment, please contact your agency social worker or independent living coordinator.

Please choose the responses that best describe you.

## **Demographics**

### **1. From what state would you get Chafee services?**

- |                                               |                                      |                                      |
|-----------------------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> Alabama                 | <input type="radio"/> Kentucky       | <input type="radio"/> Ohio           |
| <input type="radio"/> Alaska                  | <input type="radio"/> Louisiana      | <input type="radio"/> Oklahoma       |
| <input type="radio"/> Arizona                 | <input type="radio"/> Maine          | <input type="radio"/> Oregon         |
| <input type="radio"/> Arkansas                | <input type="radio"/> Maryland       | <input type="radio"/> Pennsylvania   |
| <input type="radio"/> California              | <input type="radio"/> Massachusetts  | <input type="radio"/> Puerto Rico    |
| <input type="radio"/> Colorado                | <input type="radio"/> Michigan       | <input type="radio"/> Rhode Island   |
| <input type="radio"/> Connecticut             | <input type="radio"/> Minnesota      | <input type="radio"/> South Carolina |
| <input type="radio"/> Delaware                | <input type="radio"/> Mississippi    | <input type="radio"/> South Dakota   |
| <input type="radio"/> District of<br>Columbia | <input type="radio"/> Missouri       | <input type="radio"/> Tennessee      |
| <input type="radio"/> Florida                 | <input type="radio"/> Montana        | <input type="radio"/> Texas          |
| <input type="radio"/> Georgia                 | <input type="radio"/> Nebraska       | <input type="radio"/> Utah           |
| <input type="radio"/> Hawaii                  | <input type="radio"/> Nevada         | <input type="radio"/> Vermont        |
| <input type="radio"/> Idaho                   | <input type="radio"/> New Hampshire  | <input type="radio"/> Virginia       |
| <input type="radio"/> Illinois                | <input type="radio"/> New Jersey     | <input type="radio"/> Washington     |
| <input type="radio"/> Indiana                 | <input type="radio"/> New Mexico     | <input type="radio"/> West Virginia  |
| <input type="radio"/> Iowa                    | <input type="radio"/> New York       | <input type="radio"/> Wisconsin      |
| <input type="radio"/> Kansas                  | <input type="radio"/> North Carolina | <input type="radio"/> Wyoming        |
|                                               | <input type="radio"/> North Dakota   |                                      |

### **2. Where do you live?**

- On my own (alone or shared housing)
- College dormitory
- With my Birth (biological) parents
- With my birth (biological) mother or father
- With my adoptive parent(s)
- With my foster parent(s) who is/are unrelated to me
- With relatives (not foster care)
- With relatives who are also my foster parents
- In a group home or residential facility
- In a juvenile detention or corrections facility
- With a friend's family (not foster care)
- At a shelter or emergency housing
- With my spouse, or partner, or boyfriend or girlfriend
- Homeless
- Other

**3. How long have you lived there?**

- |                                 |                                |                                |
|---------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> < 1 week  | <input type="radio"/> 1 Year   | <input type="radio"/> 16 Years |
| <input type="radio"/> 1 Week    | <input type="radio"/> 2 Years  | <input type="radio"/> 17 Years |
| <input type="radio"/> 2 Weeks   | <input type="radio"/> 3 Years  | <input type="radio"/> 18 Years |
| <input type="radio"/> 3 Weeks   | <input type="radio"/> 4 Years  | <input type="radio"/> 19 Years |
| <input type="radio"/> 1 Month   | <input type="radio"/> 5 Years  | <input type="radio"/> 20 Years |
| <input type="radio"/> 2 Months  | <input type="radio"/> 6 Years  | <input type="radio"/> 21 Years |
| <input type="radio"/> 3 Months  | <input type="radio"/> 7 Years  | <input type="radio"/> 22 Years |
| <input type="radio"/> 4 Months  | <input type="radio"/> 8 Years  | <input type="radio"/> 23 Years |
| <input type="radio"/> 5 Months  | <input type="radio"/> 9 Years  | <input type="radio"/> 24 Years |
| <input type="radio"/> 6 Months  | <input type="radio"/> 10 Years | <input type="radio"/> 25 Years |
| <input type="radio"/> 7 Months  | <input type="radio"/> 11 Years | <input type="radio"/> 26 Years |
| <input type="radio"/> 8 Months  | <input type="radio"/> 12 Years | <input type="radio"/> 27 Years |
| <input type="radio"/> 9 Months  | <input type="radio"/> 13 Years | <input type="radio"/> 28 Years |
| <input type="radio"/> 10 Months | <input type="radio"/> 14 Years | <input type="radio"/> 29 Years |
| <input type="radio"/> 11 Months | <input type="radio"/> 15 Years | <input type="radio"/> 30 Years |

**4. How much school have you completed?**

- |                                             |                                              |
|---------------------------------------------|----------------------------------------------|
| <input type="radio"/> 1 <sup>st</sup> grade | <input type="radio"/> 9 <sup>th</sup> grade  |
| <input type="radio"/> 2 <sup>nd</sup> grade | <input type="radio"/> 10 <sup>th</sup> grade |
| <input type="radio"/> 3 <sup>rd</sup> grade | <input type="radio"/> 11 <sup>th</sup> grade |
| <input type="radio"/> 4 <sup>th</sup> grade | <input type="radio"/> 12 <sup>th</sup> grade |
| <input type="radio"/> 5 <sup>th</sup> grade | <input type="radio"/> Trade school           |
| <input type="radio"/> 6 <sup>th</sup> grade | <input type="radio"/> In college             |
| <input type="radio"/> 7 <sup>th</sup> grade | <input type="radio"/> Other                  |
| <input type="radio"/> 8 <sup>th</sup> grade |                                              |

**5. What is your gender?**

- Female    Male

**6. Your current age (years): \_\_\_\_\_**

**7. What is your race/ethnicity?**

- |                                                         |                                                              |
|---------------------------------------------------------|--------------------------------------------------------------|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Korean                                 |
| <input type="radio"/> Asian Indian                      | <input type="radio"/> Mexican or Mexican-American or Chicano |
| <input type="radio"/> Black, African-American           | <input type="radio"/> Native Hawaiian                        |
| <input type="radio"/> Chinese                           | <input type="radio"/> Other Asian                            |
| <input type="radio"/> Cuban                             | <input type="radio"/> Other Pacific Islander                 |
| <input type="radio"/> Filipino                          | <input type="radio"/> Puerto Rican                           |
| <input type="radio"/> Guamanian or Chamorro             | <input type="radio"/> Samoan                                 |
| <input type="radio"/> Hispanic, Latino or Spanish       | <input type="radio"/> Vietnamese                             |
| <input type="radio"/> Japanese                          | <input type="radio"/> White                                  |
|                                                         | <input type="radio"/> Other Race: _____                      |

**8. If you are American Indian, Native American, or Alaska Native, please describe your Tribal or Community Affiliation: \_\_\_\_\_**

## Unscored Items

### Background

1. **Do you have your own social security number?**
  - Yes
  - No
  - Not Sure
2. **Are you taking or have you completed a Driver's Education class?**
  - Yes
  - No
  - Not Sure
3. **Are you receiving individual or group counseling?**
  - Yes
  - No
  - Not Sure

### Connections

1. **Do you plan to connect with any member of your biological family after you leave foster care?**
  - Yes
  - No
  - Not Sure
2. **Do you currently have a connection with your biological family?**
  - Yes
  - No
  - Not Sure

### Health and Risk Prevention

1. **Do you take medications prescribed to you?**
  - Yes
  - No
  - Not Sure
2. **Have you had an assessment related to alcohol or drug abuse during the past year?**
  - Yes
  - No
  - Not Sure

3. **Have you had counseling related to alcohol or drug abuse during the past year?**

- Yes
- No
- Not Sure

4. **Have you been homeless for at least one night during the past year?**

- Yes
- No
- Not Sure

### **Marital and Parenting**

1. **Are you married?**

- Yes
- No
- Not Sure

2. **Have you ever impregnated a female? (Male specific question)**

- Yes
- No
- Not Sure

2. **Have you ever been pregnant? (Female specific question)**

- Yes
- No
- Not Sure

3. **Are you a father? (Male specific question)**

- Yes
- No
- Not Sure

3. **Are you currently pregnant? (Female specific question)**

- Yes
- No
- Not Sure

### **Education, Vocation and Employment**

1. **Do you have a vocational certificate or license?**

- Yes
- No
- Not Sure

**2. Are you using a Chafee Education and Training Voucher?**

- Yes
- No
- Not Sure

**3. Have you completed an internship in the past year?**

- Yes
- No
- Not Sure

**4. Have you completed an apprenticeship in the past year?**

- Yes
- No
- Not Sure

**5. Have you completed an on-the-job training in the past year?**

- Yes
- No
- Not Sure

**6. Are you currently attending school when school is in session?**

- Yes
- No
- Not Sure

### **Financial and Housing Assistance**

**1. Are you receiving Temporary Assistance to Needy Families (TANF)?**

- Yes
- No
- Not Sure

**2. Are you receiving food stamps?**

- Yes
- No
- Not Sure

**3. Are you receiving housing assistance from a public agency?**

- Yes
- No
- Not Sure

**4. Do you receive social security payments, scholarships or other grants?**

- Yes
- No
- Not Sure

## Scored Items

### Documents and Plans

1. **Do you have an official copy of your birth certificate?**
  - Yes
  - No
  - Not Sure
  
2. **Do you have a Driver's License or ID card from the state?**
  - Yes
  - No
  - Not Sure
  
3. **Do you know how to get your medical records if you need them?**
  - Yes
  - No
  - Not Sure
  
4. **Do you know how to get your school records if you need them?**
  - Yes
  - No
  - Not Sure
  
5. **Did you participate in developing a plan for your transition from foster care?**
  - Yes
  - No
  - Not Sure
  
6. **Do you have a written plan for your transition from foster care?**
  - Yes
  - No
  - Not Sure

### Connections and Housing

1. **Do you feel safe where you live?**
  - Yes
  - No
  - Not Sure
  
2. **Do you have at least one adult in the community, other than your caseworker you can go to for guidance and support?**
  - Yes
  - No
  - Not Sure

3. **Do you know where you will live after you leave foster care?**

- Yes
- No
- Not Sure

4. **Do you cook some of your own meals where you live?**

- Yes
- No
- Not Sure

### **Health and Risk Prevention**

1. **Do you know where to call if you need medical care?**

- Yes
- No
- Not Sure

2. **Do you know where to call if you need dental care?**

- Yes
- No
- Not Sure

3. **Do you know why you would take prescribed medications?**

- Yes
- No
- Not Sure

### **Legal**

1. **Were you in jail or prison during the past year?**

- Yes
- No
- Not Sure

### **Budget, Money Management and Insurance**

1. **Do you have any kind of bank account?**

- Yes
- No
- Not Sure

2. **Do you save money on a regular basis?**

- Yes
- No
- Not Sure

**3. Do you have medicaid or other health insurance?**

- Yes
- No
- Not Sure

**4. Do you have Medicaid or other insurance that pays for part of or all of your prescription drugs.**

- Yes
- No
- Not Sure

**Education, Vocation,and Employment**

**1. Do you do any volunteer work?**

- Yes
- No
- Not Sure

**2. Do you know about the education and training voucher program?**

- Yes
- No
- Not Sure

**3. Are you employed either full-time or part-time?**

- Yes
- No
- Not Sure

**4. If "YES" to #3: How many hours per week do you work?\_\_\_\_\_**

**5. Are you going to school or getting vocational training full or part time?**

- Yes
- No
- Not Sure

**1. How did you like this assessment?**

- I liked it
- It was OK
- I didn't like it

**2. Do you belong to any foster youth or alumni association?**

- Yes
- No
- Not Sure

\*If you would like to know more about an association dedicated to alumni of foster care, please contact Foster Care Alumni of America at [www.fostercarealumni.org](http://www.fostercarealumni.org) or 1-888-258-6640.