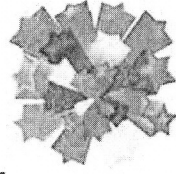


Youth Questionnaire



Youth Name: _____

Date: _____

1. Where do you celebrate holidays and your birthday?
2. Who do you consider as parents?
3. Where do you go in an emergency to stay?
4. Who are you with when you go to fun activities (movies, shopping, etc.)?
5. Who has supported you in the past?
6. Who would you bring to an important medical appointment?
7. Who calls you on your birthday?
8. Who gives you motivation and encouragement?
9. Does anybody help provide for you (give you clothing, food)?
10. Who has/ would teach you how to cook?

11. Who has/ would help you make a budget?
12. Where are your siblings?
13. Where would you go if you needed emergency cash?
14. Who would help find you community resources?
15. Who would teach you how to clean?
16. Who would you go to for assistance in filling out forms?
17. Where are your grandparents?