

Resident Questionnaire

Youth (0 – 17 years old)

Thank you for completing the **Youth Version of the POAH Communities Resident Questionnaire!** Please complete one Youth Version of the POAH Communities Resident Questionnaire per child in your household. We will not share your personal information. Your feedback will help us improve and make our communities great places to live for the young people we serve.

Child's Name: _____ **Address:** _____ **Unit #:** _____

1. a) Is this child enrolled in school, daycare or Head Start?

Definitions: Daycare is considered to be a licensed home or center-based child care typically for newborns or very young children. Preschool is considered to be an educational program for young children that prepares them for kindergarten.

	Daycare	Preschool or Head Start	Pre-K	School (K-12)	Not Enrolled	Prefer Not to Answer
Select all that apply						
Location					/	/

b) If applicable, which grade is your child in?

- | | |
|--|---|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> 7 th |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 8 th |
| <input type="checkbox"/> 1 st | <input type="checkbox"/> 9 th |
| <input type="checkbox"/> 2 nd | <input type="checkbox"/> 10 th |
| <input type="checkbox"/> 3 rd | <input type="checkbox"/> 11 th |
| <input type="checkbox"/> 4 th | <input type="checkbox"/> 12 th |
| <input type="checkbox"/> 5 th | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> 6 th | <input type="checkbox"/> Prefer Not to Answer |

2. Is this child enrolled in any programming outside of school? (Examples include sports, clubs, after school care, scouts, internship, youth center, etc.)

Yes	No	Prefer Not to Answer
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If YES, which programs are they enrolled in?

3. Here are some examples of types of programs we may be able to offer or refer your child to. Which of these do you think your child would be most interested in? Please select all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Afterschool Programs | <input type="checkbox"/> Advanced Computer Skills (coding, data analysis) |
| <input type="checkbox"/> Tutoring Programs | <input type="checkbox"/> Fitness Activities (sports, dance, fitness education) |
| <input type="checkbox"/> Summer Programs (Summer camp, summer lunch program) | <input type="checkbox"/> Healthy Cooking for Youth |
| <input type="checkbox"/> Art programs (visual art, theater, music, dance) | <input type="checkbox"/> Housekeeping Basics |
| <input type="checkbox"/> Outdoor education programs (nature education, environmental science) | <input type="checkbox"/> Laptops/tablets to borrow for school |
| <input type="checkbox"/> Budgeting/Financial Education for Youth | <input type="checkbox"/> Teen Employment |
| <input type="checkbox"/> College Preparation | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> GED/Hi-SET Preparation | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Basic Computer Skills (getting online, Microsoft Office) | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |

4. Would you like help determining if you are eligible for the Child Tax Credit?

Yes	No	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. In general, how would you describe your child's physical health?

Excellent	Very Good	Good	Fair	Poor	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Does your child have health conditions you currently manage? Please note that we only look at this information in aggregate so we can better understand which kinds of health-related supports or partnerships to pursue in your community. Please select all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Allergies (dietary) | <input type="checkbox"/> Digestive Issues |
| <input type="checkbox"/> Allergies (seasonal) | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> No, my child is not managing any health conditions |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Behavioral health/Mental Health | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| <input type="checkbox"/> COVID-19 or related complications from COVID-19 | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Dental Issues/Cavities | |
| <input type="checkbox"/> Diabetes | |

7. What type(s) of health insurance does your child have?

- | | |
|--|---|
| <input type="checkbox"/> Private insurance | <input type="checkbox"/> None |
| <input type="checkbox"/> Medicaid (aka Children's Health Insurance Plan or "CHIP") | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Other, please specify: | |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | |

8. In the last 12 months, has this child been treated at an emergency room (ER) for an illness, injury, or disease?

Yes	No	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Does this child have a personal doctor, primary care service, or usual place of care?

Yes	No	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Has your child used a primary care service in the past year for a routine check-up?

Yes	No	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking the time to fill out our survey!