

Let's Talk About Who You Are: Informed Consent & Questionnaire

PURPOSE

You are invited to complete this list of questions. The most important purpose of these questions is to help us make sure you get the services, supports, and resources that you need. If we know more about who you are, we may be able to find appropriate services, supports, and resources for you. Additionally, your responses will be shared with an organization called the Center for Children & Youth Justice (CCYJ), but will not be connected to your name or identity. CCYJ will use the information to try to improve foster care/child welfare, juvenile courts/justice, and homeless services for all youth. Otherwise, the person with whom you're completing this form will not share this information without your permission.

PROCEDURE

This list of questions will ask about who you are. It should take about 5 to 10 minutes to complete. The person with whom you're completing this form will look at your answers and talk with you about services, support, or resources you might want or need. **Your participation is completely voluntary. You do not have to answer any questions you do not wish to answer. You can stop answering questions at any time. You can answer some questions and not others.**

YOUR PRIVACY

While we ask that you provide us permission to include your JUVIS, Person ID, or other assigned number on the Questionnaire, we will not use your number to connect your responses to your identity (e.g. your name, address, telephone number). **We will not include your responses in your file. We will not share your answers with anyone outside the court/agency without your permission. This means that we will not share your answers with your caregivers, parents, attorneys, judges, counselors, schools, etc. without you telling us that we can.** Unless told otherwise, your answers will only be shared with the person with whom you are completing this form, the person responsible for collecting these forms, and the Center for Children & Youth Justice (CCYJ). Please ask us about this process if you have questions or concerns.

We are asking to include your JUVIS number, Person ID, or other numerical identifier (Youth Number) because you can change your answers or complete the questionnaire again if you want to at any time. By providing your Number, CCYJ will be able to go back and change your questionnaire if necessary. CCYJ, however, cannot match your Number to your identity. Providing your Number also helps CCYJ because it shows it how many unique youth are in these systems.

RISKS, STRESS, OR DISCOMFORT

You may or may not feel uncomfortable answering some of the questions or feel that providing information is an invasion of privacy. All responses will be kept confidential; generally, only the person with whom you are completing this form and the person responsible for collecting this form will/may know your identity. There is a small possibility that your answers could be identifiable to another person. Any identifiable information in your answers will be removed and deleted immediately. You are free to skip any questions you do not wish to answer and/or stop at any point.

BENEFITS

Your answers will help CCYJ know what appropriate safe and affirming services you and/or other youth need.

OTHER INFORMATION

All of your answers will be kept confidential. Your answers will be shared with CCYJ. However, CCYJ will not be able to connect your responses to your name or identity. Your answers will be stored in a password protected database. Answers from the questionnaire will be reported only as summarized information.

If you have any questions or concerns, please contact Becca Guest at equality@ccyj.org.

PARTICIPANT STATEMENT

By completing this questionnaire, I acknowledge the questionnaire has been explained to me and I voluntarily agree to participate. If I have questions later about the research, I can ask the contact listed above or person with whom I'm completing this form. I can receive a print a copy of this consent form.

1. I am _____ years old.

2. My pronouns are/I use the following words to describe myself: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> She/Her/Hers | <input type="checkbox"/> Not listed above (please write in): _____ | <input type="checkbox"/> I do not know what this means |
| <input type="checkbox"/> He/Him/His | | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> They/Them/Theirs | <input type="checkbox"/> I don't know | |

3. I am: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic or Latino/a/x | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> I don't know what this means |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Prefer not to answer |
| | <input type="checkbox"/> Not listed above (please write in): _____ | |

4. I am: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Pansexual | <input type="checkbox"/> I don't know/Questioning |
| <input type="checkbox"/> Gay or lesbian | <input type="checkbox"/> Queer | <input type="checkbox"/> I don't know what this means |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Not listed above (please write in): _____ | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Asexual | | |

5. I am: (check all that apply)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> A Boy/Man | <input type="checkbox"/> Cisgender | <input type="checkbox"/> I don't know/Questioning |
| <input type="checkbox"/> A Girl/Woman | <input type="checkbox"/> Non-binary | <input type="checkbox"/> I do not know what this means |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Not listed above (please write in): _____ | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Queer | | |

6. Gender expression describes how people communicate gender **externally** through their dress, grooming, appearance, behavior, etc. For example: masculine, feminine, gender fluid, gender-neutral, I don't know.

My gender expression is: _____

7. On my original birth certificate, I was assigned: (check one)

- Male Female

Additionally, please indicate if you identify/were identified as intersex:

- Yes No

8. Have you experienced any of the following? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Homelessness on my own | <input type="checkbox"/> Juvenile Justice |
| <input type="checkbox"/> Homelessness with my family | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Foster Care/child welfare/CPS | <input type="checkbox"/> Other "system"(please describe briefly): _____ |

9. I am most/least comfortable being myself: (For example: with friends, with family, in foster care, a community service provider, juvenile justice, a certain park).

I am most comfortable being myself (in/with/at): _____

I am least comfortable being myself (in/with/at): _____

10. Are there any particular services or resources to which you would like to be connected?

To be completed by caseworker, probation counselor, case manager

Role: _____ Date completed: _____ Youth ID Number: _____

Organization: _____ County: _____