

Youth Connections Scale

(A) Tools for Youth Connections

	Yes	No
Have you done a connectedness map?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a lifebook?	<input type="checkbox"/>	<input type="checkbox"/>

(B) Number of Supportive Adult Connections:

For each category, please write the total number of meaningful relationships that you have at this time.

“Meaningful relationships” are defined by you. This would include adults who have some on-going contact with you and who can be counted on for some type of support.

Total # of Adult Relationships for Each Category	
Mother (birth, adoptive, stepmother)	
Father (birth, adoptive, stepfather)	
Adult siblings	
Other adult relatives	
Current foster parent	
Former foster parent	
Current or former social worker	
Current or former teacher	
Current or former therapist	
Spiritual leader (Pastor, rabbi, etc.)	
An adult friend or mentor	
Other adults (Please list relationships):	

(C) Strength of Youth Connections:

Indicate the strength of the relationship between the youth and the adult right now.

In categories where there is more than one person, choose the most meaningful relationship and answer about that person. You can list up to two additional adults in the last two rows. Circle the best response for each row.

- Very Weak:** No Contact

Weak: Infrequent contact; you can't count on this adult for support

Moderate: Some contact with this adult but may not be consistent; you feel a connection but can't count on this adult all the time

Strong: Contact at least once per month; you feel a connection of the heart, mind or spirit with this person; you can usually count on this person
- Very Strong:** Contact at least once per week; you feel a long-term connection of the heart, mind or spirit with this person; you can count on this person to be there for them when needed

N/A: Not applicable because adult is deceased or you has no siblings

	Very Weak	Weak	Moderate	Strong	Very Strong	N/A
Parent 1 (birth, adoptive or step mother or father)	0	1	2	3	4	N/A
Parent 2 (birth, adoptive or step mother or father)	0	1	2	3	4	N/A
Siblings	0	1	2	3	4	N/A
Other adult relatives	0	1	2	3	4	N/A
Other caring adult identified by youth:	0	1	2	3	4	N/A
Other caring adult identified by youth:	0	1	2	3	4	N/A

(D) Support Indicators: Answer yes or no for each indicator. *These do not have to be from the same adult.*

You have an adult in your life whom you will be able to count on for the following support after you leave foster care:

Yes	No	Indicator
<input type="checkbox"/>	<input type="checkbox"/>	Providing a home to go to for the holidays
<input type="checkbox"/>	<input type="checkbox"/>	Providing an emergency place to stay
<input type="checkbox"/>	<input type="checkbox"/>	Providing cash in times of emergency
<input type="checkbox"/>	<input type="checkbox"/>	Help with job search assistance or career counseling, or providing a reference for youth
<input type="checkbox"/>	<input type="checkbox"/>	Help with finding an apartment or co-signing a lease
<input type="checkbox"/>	<input type="checkbox"/>	Help with school (<i>homework, re-enrolling in school, help in applying to colleges</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with daily living skills, such as cooking, budgeting, paying bills and housecleaning
<input type="checkbox"/>	<input type="checkbox"/>	Providing storage space during transition times
<input type="checkbox"/>	<input type="checkbox"/>	Emotional support – a caring adult to talk to
<input type="checkbox"/>	<input type="checkbox"/>	Sharing in or supporting experiences of youth's cultural and spiritual background
<input type="checkbox"/>	<input type="checkbox"/>	Checking in on youth regularly – to see how they are doing
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with medical appointments so youth does not have to experience that alone
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with finding and accessing community resources.
<input type="checkbox"/>	<input type="checkbox"/>	A home to go for occasional family meals
<input type="checkbox"/>	<input type="checkbox"/>	Help providing transportation (<i>help with purchasing a car</i>) or figuring out public transportation
<input type="checkbox"/>	<input type="checkbox"/>	Someone to send care packages at college
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with purchasing cell phone and service (<i>for example, youth is added to a family plan</i>).
<input type="checkbox"/>	<input type="checkbox"/>	A place to do laundry
<input type="checkbox"/>	<input type="checkbox"/>	Supporting youth in civic engagement such as voting and volunteering

List has been modified and adapted from the FosterClub Permanency Pact (2006).

(E) Level of Youth Connections: Indicate your level of agreement with the following statements.

Circle the best response.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
While in foster care, you have connected or re-connected with relatives or caring adults who will be lifelong supportive connections	0	1	2	3	4
An adult has made a commitment to provide a permanent, parent-like relationship to you	0	1	2	3	4
You are living with an adult who has or plans to adopt you or become your legal guardian	0	1	2	3	4
You feel very disconnected from any caring adults	0	1	2	3	4

Office Use Only: Youth Name _____ Youth Date of Birth _____
Worker Completing Form _____ Date of Completion of Form _____
Form Completed: Within 30 Days of Placement ☐ Within 30 Days of Discharge ☐ Other ☐
Form Completed Without Youth at Discharge: Yes ☐ No ☐ If Yes, Explain: _____