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**Youth Transition Support Services: Project Youth Independence**

**Youth Appraisal**

**Section I: Demographics**

**Youth Name:**Click or tap here to enter text. **Appraisal Date:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text. **Age:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Permanency Goal:** Click or tap here to enter text.

**Custody Status:  Active  Non-Active Date of Discharge** Click or tap to enter a date.

**Current Address:** Click or tap here to enter text.

**Race:** Click or tap here to enter text. **Gender:** Click or tap here to enter text.

**Do you self-identify as LGBTQ?  YES  NO**

**Lesbian  Gay  Bi-sexual  Transgender  Questioning  Declined**

**COR:** Click or tap here to enter text. **COS:** Click or tap here to enter text.

**Do you have health insurance?  YES  NO Medicaid  YES  NO**

**Do you have any language barriers or need an interpreter?  YES  NO**

**If yes, explain:** Click or tap here to enter text.

**Do you have a mentor or identified supportive connection?  YES  NO**

**If yes, would you like this person to be involved in your transition planning:  YES  NO**

**COR MDCPS Worker:** Click or tap here to enter text.

**Assigned Transition Navigator:  Sharon Cable  Jaszmen Hawthorne  Kenika Hudson**

**Natasha Ivory  Ginger Lambert  Teresa Moore  Jackie Potters  Temcula Robinson**

**Section II: Housing**

**\*\* This section should only be completed by youth post-custody\*\***

Current housing situation:

Paying rent or mortgage  Living with a relative  College Dorm  Transitional Living Program

Emergency Shelter  Homeless  Motel/Hotel

Length of Time in Current Housing: Click or tap here to enter text.

Have you ever experienced homelessness?  YES  NO

If yes, how long?  0-6 months  6-12 months  12-18 months  18-24 months

Have you ever been evicted?  YES  NO

If yes, how long ago  0-3 months  3-6 months  6-9 months  9-12 months

Are you able to meet all of your monthly obligations  YES  NO

If no, explain Click or tap here to enter text.

**Section III: Education**

Current Education Track:

Select one of the following:

Diploma Grade: Click or tap here to enter text. Are you in the correct grade for your age?  YES  NO

If no, reason: Click or tap here to enter text.

Dual Enrollment Explain Click or tap here to enter text.

GED GED Progress: Click or tap here to enter text. Expected Test Date: Click or tap to enter a date.

Vocational

Occupational / Certificate

Post-Secondary Educational Program Year: Click or tap here to enter text.  Part-Time  Full-Time

ETV:  Yes No

When did you last receive ETV funds? Click or tap to enter a date.

Where are you enrolled in an educational program? Click or tap here to enter text.

If you are 18 or older, what is the highest level of education you have completed?

Some middle school Some high school  Diploma  GED  Certificate  Vocational Training  Other Click or tap here to enter text.

What are your career goals? Click or tap here to enter text.

**Post-Secondary Educational Plan**

Do you plan to attend a  Four Year Program  Two Year Program  Vocational Program  Military

Not Applicable Click or tap here to enter text.  Other Click or tap here to enter text.

Expected area of study, skill or trade: Click or tap here to enter text.

**Section IV: Employment**

Are you disabled preventing you from working  YES  SSI  SSA Explain Click or tap here to enter text.

Have you ever had a job?  YES  NO

What type of skills or experience do you have?  Child Care  Food Services  Health Care

Clerical  Mechanical  Electrical  Sales  Customer Service  Other Click or tap here to enter text.

Are you employed?  Part-time  Full-time  No

If yes, length of time

0-6 months  6-12 months  12-18 months  18-24 months

If yes, are you enrolled in your employer’s Health Benefit’s Program?  Yes  No

Hourly Pay Rate:  $7.25- $10.00  $10.00-$15.00  $15.00-$20.00  Other Click or tap here to enter text.

**Section V: Social Interests**

Are you involved in any extracurricular activities?  YES  NO

If yes, list Click or tap here to enter text.

Do you participate in any religious activities/organizations or spiritual practices?  YES  NO  Other Click or tap here to enter text.

What clubs or organizations do you participate in Click or tap here to enter text.

What are your hobbies or interests? Click or tap here to enter text.

**Section VI: Placement and Safety**

Length of time in current placement  0-6 months  6-12 months  12-18 months  18-24 months

How many placements have you had while in care?  1-4  6 or more

If applicable, why have you changed placements? Click or tap here to enter text.

Do you feel safe in your placement?  YES  NO Why? Click or tap here to enter text.

What is a positive or influential placement experience you have encountered? Click or tap here to enter text.

How will these connections be used for your permanency plan? Click or tap here to enter text.

Do you maintain contact with his/her biological family?  YES  NO

If so, will these connections be used for his/her permanency plan?  YES  NO

Any additional information about your foster care experience: Click or tap here to enter text.

List the names and contact information (phone number, e-mail address) of the individuals the you plan to maintain contact with.

|  |  |  |
| --- | --- | --- |
| Name/Relationship | Telephone Number | E-mail Address |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Section VII: Pregnant/Parenting (if applicable)**

Are currently pregnant or gotten someone pregnant?  YES  NO

If yes, are you receiving pre-natal care?  YES  NO  N/A

Are you a parent?  YES  NO

If yes, name(s) of child(ren) Click or tap here to enter text.

If yes, age of child(ren) Click or tap here to enter text.

Do they live with you?  YES  NO

If yes, do you have legal custody?  YES  NO

If no, explain Click or tap here to enter text.

Have you had to miss school because of parenting/pregnancy responsibilities?  YES  NO

As a parent, have you had a MDCPS investigation done on you?  YES  NO

Does your child or children have any medical issues?  YES  NO

If yes, explain Click or tap here to enter text.

Do they have medical insurance?  YES  NO

Are you currently receiving child support for your child/children?  YES  NO

Amount Click or tap here to enter text.

If no, reason Click or tap here to enter text.

Are you currently paying child support for your child(ren)?  YES  NO

Is the other parent involved with the child(ren)  YES  NO If yes, how? Click or tap here to enter text.

Is your child/children currently enrolled in daycare, pre-school or elementary school?  YES  NO

If no, is your child(ren) regularly cared for by another adult?  YES  NO

How do you pay for childcare services?

Childcare Voucher

With your own funds

Child Support

Assistance from an outside source

N/A

**Section VIII: Health**

Do you have any medical issues to address? Click or tap here to enter text.

Have you ever witnessed or experienced a traumatic event?  YES  NO

Have you ever been the victim of any of the following types of abuse?

Physical  Emotional  Sexual  Neglect  Other Click or tap here to enter text.

When was your last exam?

Dental Click or tap here to enter text.

Medical Click or tap here to enter text.

Vision Click or tap here to enter text.

Psychological Click or tap here to enter text.

Are you sexually active?  YES  NO

Do you have an adult to talk to about safe sex and reproductive health?  YES  NO

Have you been tested for HIV/AIDS?  YES  NO Date: Click or tap to enter a date.

Do you know your status?  YES  NO

Have you been tested for STDs/STIs?  YES  NO Date: Click or tap to enter a date.

Are you currently receiving services or treatment for any of the following:

Mental Health Type Click or tap here to enter text.

Substance Abuse

Learning Disability

Developmental Disability

Physical Disability

Are you taking any medications?  YES  NO

If yes, please list Click or tap here to enter text.

Are your medications administered to you?  YES  NO

Do you keep track of your medical appointments?  YES  NO

**Section IX: Relationships**

Are you currently in a relationship with someone?  YES  NO

Are you currently in a relationship with a partner who is physically  emotionally verbally abusive?

Do you ever feel afraid of a current or former partner?  YES  NO

Are you currently leaving a violent or threatening relationship?  YES  NO

Have you ever received housing, food or money for sexual services?  YES  NO

Have you ever hurt or threatened someone to have sex with you or tried to have sexual contact with someone against their will?  YES  NO

Has anyone ever tried to have sex with you against your will?  YES  NO

Are you currently involved in prostitution or pimping?  YES  NO

**Section X: Criminal Justice System**

Have you ever been arrested?  YES  NO

Have you ever been convicted of a crime?  YES  NO

Do you currently have a warrant out for your arrest?  YES  NO

Are you on probation?  YES  NO

If applicable, do you have legal representation?  YES  NO

Are you on parole?  YES  NO

Do you have an open court/criminal case?  YES  NO

Are you free on bond?  YES  NO

Are you involved in any gang related activity?  YES  NO

Do you possess a weapon?  YES  NO

**Section XI: Life Skills**

**Please indicate which of the following skills apply to you:**

**I know how to use my email account**

**I can make meals without using a recipe**

**I know how to do my own laundry**

**I can get medical and dental care when I need it**

**I bathe daily**

**I brush my teeth daily**

**I know how to get myself away from harmful situations**

**I can speak up for myself**

**I know the signs of an abusive relationship**

**I can deal with anger without hurting myself or others**

**I know how to balance my bank account**

**I know how to develop a budget**

**I know how to create a resume**

**I can complete a job application**

**I know how to prepare for a job interview**

**I can describe my vision for myself**

**I know how to drive**

**Which of the following Independent Living Services have you received:**

**Educational Support**

**Employment Services**

**Health Care**

**Money Management**

**Housing**

**After Care**

**ETV**

**Section XII: Stipends**

|  |  |  |
| --- | --- | --- |
| Stipend | Requested | Requested Date |
| Senior Year | Yes  No Other Click or tap here to enter text. | Click or tap to enter a date. |
| Graduation/GED | Yes  No  Other Click or tap here to enter text. | Click or tap to enter a date. |
| College Bound | Yes  No  Other Click or tap here to enter text. | Click or tap to enter a date. |
| Start Up | Yes  No  Other Click or tap here to enter text. | Click or tap to enter a date. |

**Section XIII: Continuing Support/Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If the youth is enrolled in a Post-secondary institution, is he/she enrolled in the Educational Training Voucher program (ETV)? | Yes | No | Requested | Not Applicable |
| Has the youth been assisted with applying for Medicaid? | Yes | No | Requested | Not Applicable |
| Have other health care options been explored? | Yes | No | Requested | Not Applicable |
| Have extended permanent connections been made for needed support services (i.e mental health services, Substance Abuse counseling, parenting classes, counseling, financial support). | Yes | No | Requested | Not Applicable |
| Have transportation needs been identified and addressed? | Yes | No | Requested | Not Applicable |
| Has the youth applied for any available public assistance? (SNAP, TANF, Housing voucher, daycare voucher, etc) | Yes | No | Requested | Not  Applicable |

**NOTES:** Click or tap here to enter text.

**Section XIV: Personal**

What types of support do you hope to receive in the next six months? Click or tap here to enter text.

If you could achieve one goal over the next six months, what would it be? Click or tap here to enter text.

What motivates you to succeed or reach your goals? Click or tap here to enter text.

What challenges are you currently facing? Click or tap here to enter text.

**Section XV: Goals and Actions**

|  |  |  |  |
| --- | --- | --- | --- |
| Goals | Task to Reach Goals | Progress | Completion Date |
| 1. Education  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| 2. Housing  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| 3. Employment  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| 4. Transportation  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| 5. Supportive Connections  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| 6. Other  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

**NOTES:** Click or tap here to enter text.

**Section XVI: Documents Received upon release from custody**

|  |  |
| --- | --- |
| **Received Documents** | **Check Box if Yes, If No, explain** |
| His/her original Birth Certificate | Click or tap here to enter text. |
| His/her original Social Security Card | Click or tap here to enter text. |
| Medicaid Card | Click or tap here to enter text. |
| His/her original State I.D. or Drivers License | Click or tap here to enter text. |
| Court orders | Click or tap here to enter text. |
| Education Documents (report card etc.) | Click or tap here to enter text. |
| Original Death Certificates (if parents are deceased) | Click or tap here to enter text. |
| Original Documentation of citizenship or naturalization if applicable. | Click or tap here to enter text. |
| Medical/immunization records | Click or tap here to enter text. |
| Religious documents and Information | Click or tap here to enter text. |
| List of known relatives with relationship and contact information. | Click or tap here to enter text. |
| Previous placement information | Click or tap here to enter text. |
| Passport (if applicable) | Click or tap here to enter text. |
| Photographs (if applicable) | Click or tap here to enter text. |
| Resource Guide | Click or tap here to enter text. |

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Youth Signature MDCPS Worker Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transition Navigator Signature

Was this completed during a Family Team Meeting?  YES  NO

Was the youth present?  YES  NO