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

**Youth Appraisal**

**Section I: Demographics Highlighted questions in demographics should auto populate**

**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 Plan:** 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? (optional)  YES  NO  DECLINED**

**Lesbian  Gay  Bi-sexual  Transgender  Questioning  Other** Click or tap here to enter text.

**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.

**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: Education**

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  Associate’s Degree  Bachelor’s Degree

Have you been in a treatment facility in the past 90 days?  YES  NO

Are you currently enrolled in an educational program?  YES  NO

If yes, select one of the following:

Middle School Grade: Click or tap here to enter text.

High School Grade: Click or tap here to enter text.

Home School

I think school is a waste of time  Strongly Disagree  Disagree  Agree  Strongly Agree

It is important to me to make good grades  Strongly Disagree  Disagree  Agree  Strongly Agree

I believe education is important for my success  Strongly Disagree  Disagree  Agree  Strongly Agree

Have you been suspended or expelled from school in the past year?  YES  NO

**Skip pattern needed: If yes to Middle School, High School or Home School the following questions should populate: If no, skip to next question**

Do you have an IEP ruling or 504 Plan?  YES  NO

Do you have a Behavior Intervention Plan (BID)?

How many credits do you need to graduate?Click or tap here to enter text.

How many Credits do you have? 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.

During the past six (6) months what type of grades have you earned? (check all that apply)

A’s and B’s  B’s and C’s  C’s and D’s  D’s and F’s  Mostly F’s  Not Sure

None of the above

Do you need help in any of the following subject areas?

Math  English  Science  History/Social Studies  Language Arts  Other Click or tap here to enter text.

How have you preformed on State Level Tests?

I have passed all the State Tests I have taken  I have not passed all the State Tests I have taken

If no, which subject(s) were not passed?  Algebra I  Biology I  English II  US History

Dual Enrollment (**Please select which of the folllwing type of dual enrollment program you are enrolled)**

High School and College  GED and College (MI BEST)  High School and Vocational

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  Freshman  Sophomore  Junior  Senior

**Skip pattern needed: if YES to Post-Secondary Educational Program then the following questions should populate: If no, skip to next question**

Are you enrolled in ETV:  Yes No

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

During the past six (6) months what type of grades have you earned?

A’s and B’s  B’s and C’s  C’s and D’s  D’s and F’s  Mostly F’s  Not Sure

None of the above

Do you need help in any of the following subject areas?

Math  English  Science  History/Social Studies  Language Arts  Other Click or tap here to enter text.

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

Are you enrolled  Part Time  Full Time

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.

Education Goals:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to education?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy for example, any issues with bullying, peer pressure, or your ability to learn)**

**If yes,**

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| --- | --- | --- | --- |
| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**Section III: 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  7-12 months  13-18 months  19-24 months  More than 24 months

If employed, are you enrolled in your employer’s Health Benefit’s Program?  Yes  No  N/A

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

Employment Goals:

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| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to employment?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy for example, do you feel your work environment is safe and free from harassment and dangerous situations)**

**If yes,**

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| --- | --- | --- | --- |
| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**Section IV: Social Interests**

Are you involved in any school activities?  YES

select all that apply:

Dance  Cheerleading  Choir/Chorus  Band  Drama/Theater  Baseball  Softball  Football

Soccer  Track  Golf  Basketball  Swimming  Other Click or tap here to enter text.

\*\*\*Are you involved in any school activities: No should populate the following:

NO

Please select all that interest you:

Dance  Cheerleading  Choir/Chorus  Band  Drama/Theater  Baseball  Softball  Football

Soccer  Track  Golf  Basketball  Swimming  Other 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.

Please list any clubs or hobbies your take part in Click or tap here to enter text.

Social Interest Goals:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to social interests?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy for example, any issues with bullying, peer pressure, or your ability to participate)**

**If yes,**

|  |  |  |  |
| --- | --- | --- | --- |
| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**Section V: Housing**

What is your housing plan?  Own home paying rent/mortgage  Shared housing (roommate)  Live with

relatives  Live with current/former foster parent  Facility/Institution

**REMAINDER OF SECTION V TO BE COMPLETED BY YOUTH OUT OF CARE**

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  7-12 months  13-18 months  19-24 months  More than 24 months

Have you ever been evicted?  YES  NO

If yes, how long ago  0-3 months  4-6 months  7-9 months  10-12 months  More than 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 VI: Placement and Safety**

Length of time in current placement  0-6 months  7-12 months  13-18 months  19-24 months  More than 24 months

How many placements have you had in the past two years?  1-3  4-6  7 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.

Do you maintain contact with your biological family?  YES  NO

If so, will these connections be used for your transition planning?  YES  NO

List the names and contact information (phone number, e-mail address) of the individuals 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. |

Do you identify any of the above listed people as a mentor?  YES Name? Click or tap here to enter text.

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

Placement/Safety Goals:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to placement/safety?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy for example, do you feel safe in your current housing situation)**

**If yes,**

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| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**Section VII: Pregnant/Parenting**

Are you currently:

Pregnant  Expecting a child with someone  A parent

**Skip Pattern Needed: If Parent is selected the following questions should populate: If no, skip to next question**

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

If yes, age(s) 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 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

Pregnant/Parenting Goals:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to pregnancy or parenting?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy for example, do you feel supported in your ability to parent)**

**If yes,**

|  |  |  |  |
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| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**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

(something shocking, scary or dangerous that affected you emotionally)

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 HIV/AIDS 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

Health Goals:

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| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to your health?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy for example, do you feel you have adequate and appropriate access to resources to meet your healthcare needs)**

**If yes,**

|  |  |  |  |
| --- | --- | --- | --- |
| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**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

Relationship Goals:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to relationships?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy for example any issues with harassment or peer pressure)**

**If yes,**

|  |  |  |  |
| --- | --- | --- | --- |
| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**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 that can affect your Transitional Living Planning?

YES  NO If yes, explain Click or tap here to enter text.

Do you possess a weapon?  YES  NO

Criminal Justice System Goals:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to the criminal justice system?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy for example, any issues surrounding legal representation or detainment)**

**If yes,**

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| --- | --- | --- | --- |
| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**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**

Life Skills Goals:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to life skills?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy)**

**If yes,**

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| --- | --- | --- | --- |
| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**Section XII: Stipends**

**Please indicate if you have received any of following one-time stipends:**

|  |  |  |  |
| --- | --- | --- | --- |
| Stipend | YES | NO | N/A (explain) |
| Senior Year |  |  | Click or tap here to enter text. |
| Graduation/GED |  |  | Click or tap here to enter text. |
| College Bound |  |  | Click or tap here to enter text. |
| Start Up |  |  | Click or tap here to enter text. |

**Please indicate if you are receiving the following on-going stipends:**

|  |  |  |  |
| --- | --- | --- | --- |
| Stipend | YES | NO | N/A (explain) |
| Life Skills Participation |  |  | Click or tap here to enter text. |
| Personal Enhancement |  |  |  |

Stipend Goals:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to stipends?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy)**

**If yes,**

|  |  |  |  |
| --- | --- | --- | --- |
| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**Section XIII: Continuing Support/Services**

Please indicate if you need assistance with the following support services as you begin your transition out of care:

**\*\*Should only populate for youth age 17 and older**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES | NO | N/A | OTHER |
| Apply for Medicaid |  |  |  | Click or tap here to enter text. |
| Locate Mental Health Services |  |  |  | Click or tap here to enter text. |
| Enroll in Parenting Classes |  |  |  | Click or tap here to enter text. |
| Identify and Secure Transportation |  |  |  | Click or tap here to enter text. |
| Apply for SNAP benefits |  |  |  | Click or tap here to enter text. |
| Apply for TANF benefits |  |  |  | Click or tap here to enter text. |
| Apply for Child Care Voucher |  |  |  | Click or tap here to enter text. |
| Locate Housing |  |  |  | Click or tap here to enter text. |
| Schedule Counseling |  |  |  | Click or tap here to enter text. |
| Other Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |

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

Continuing Support/ Services Goals:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to continuing support/services?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy)**

**If yes,**

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| --- | --- | --- | --- |
| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**Section XIV: Personal**

What types of support do you hope to receive in the next six months? (Select all that apply)

Education  Employment  Parenting  Mental Health  Transportation  Medical  Other Click or tap here to enter text.

What do the support(s) you listed above look like to you? 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.

Do you have transportation?  YES What kind? Click or tap here to enter text.  NO What are the

barriers preventing you from having transportation? Click or tap here to enter text.

What is your transportation plan if you do not currently have transportation? Click or tap here to enter text.

Personal Goals:

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| --- | --- | --- | --- | --- | --- |
| **Short Term Goal(s)** | **Long Term Goal(s)** | **Tasks to Complete Goal(s)** | **Person Responsible for Task(s)** | **Progress** | **Completion Date** |
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Do you have any concerns about your well-being as it relates to personal needs?  YES  NO

**(Well-being is your ability to be comfortable, healthy, or happy)**

**If yes,**

|  |  |  |  |
| --- | --- | --- | --- |
| Concern(s) | Resolution(s) | Person Responsible for Resolution(s) | Completion Date |
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**Section XV: Documents Received upon release from custody**

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

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**Youth Signature** **MDCPS Worker Signature**

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**Transition Navigator Signature**

Was this completed during a Family Team Meeting?  YES  NO

Was the youth present?  YES  NO

Indicates new questions or changes

Indicates skip pattern

Risk indicators

Indicates sections that should be reviewed and updated if needed every 90 days at the FTM

\*\* The entire appraisal should be updated every 6 months