

Directions for the youth (if the youth is available): Review the boxes checked by the social worker or probation officer in items 1 through 18. Sign your initials on the lines after items 1 through 18 **only if** you received the information, documents, or services described in those items. Then sign and date the form. You should give the form to the judge on the day of the hearing if you didn't give it to your social worker, probation officer, or attorney before the hearing.

1. ☐ Social security card _____
2. ☐ Certified copy of the youth's birth certificate _____
3. ☐ California identification card or driver's license _____
4. ☐ Medi-Cal Benefits Identification Card _____
5. ☐ A letter prepared by the county welfare department that includes the youth's name and date of birth, the dates within which the youth was within the jurisdiction of the juvenile court, and a statement that the youth was a foster youth in compliance with state and federal financial aid documentation requirements _____
6. ☐ The death certificate of the youth's parent or parents, if applicable _____
7. ☐ Proof of citizenship or legal residence, if applicable _____
8. ☐ An advance health care directive form _____
9. ☐ A copy of each of the following: *How to Ask to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-464-INFO), a blank *Request to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-466), and a blank *Confidential Information—Request to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-468) _____
10. ☐ Assistance in obtaining employment _____
11. ☐ Assistance in applying for, or preparing to apply for, admission to college or a vocational training program or other educational institution, and in obtaining financial aid _____
12. ☐ Written information notifying the youth that state agencies, when hiring for internships and student assistant positions, must give preference to qualified applicants up to 26 years of age who are or have been dependent children in foster care, homeless youth, or formerly incarcerated youth _____
13. ☐ Written notice informing the youth that youth exiting foster care at 18 years of age or older are eligible for Medi-Cal until they reach 26 years of age, regardless of income, and are not required to apply _____

YOUTH'S NAME:	CASE NUMBER:
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14. ☐ Written notice informing the youth of any financial literacy programs or other available resources provided through the county or other community organizations to help the youth obtain financial literacy skills, including but not limited to banking, credit card debt, student loan debt, credit scores, credit history, and personal savings _____
15. ☐ Help maintaining relationships with individuals important to the youth, consistent with their best interests (*required only if the youth has been in an out-of-home placement for six months or longer*) _____
16. ☐ The whereabouts of any siblings under the jurisdiction of the juvenile court, unless the court determines that sibling contact would jeopardize the safety or welfare of either sibling _____
17. ☐ Written notice informing the youth that they may be eligible to receive CalFresh food benefits and where the youth can apply for CalFresh benefits _____
18. ☐ Referrals to transitional housing, if available, or assistance in securing other housing _____

19. Housing

a. Have the referrals or assistance in item 18 resulted in housing being secured for the youth?

(1) ☐ Yes (*specify duration of housing*)

(a) ☐ Start date of housing: _____ ; end date of housing: _____

(b) ☐ Duration of housing unknown

(2) ☐ No. The different or additional referrals or assistance that the department has provided to help secure housing are (*describe*): _____

b. Has the youth been given additional referrals, assistance, or services provided by county departments or agencies other than the child welfare or probation department that are intended to prevent the youth from becoming homeless if juvenile court jurisdiction is terminated? Additional county departments or agencies may include, but are not limited to, the county social services agency, public social services agency, state and county public assistance programs, mental health agency, regional center, office of community and economic development, homeless services agency, the youth's tribe and the Bureau of Indian Affairs (if the Indian Child Welfare Act applies), and other relevant government agencies and community-based service providers.

(1) ☐ Yes. (*describe in detail including specific referrals*): _____

(2) ☐ No.

20. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF SOCIAL WORKER OR PROBATION OFFICER)

I certify that I have received the information, documents, and services that I initialed above.

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF YOUTH)