

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NUMBER: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
YOUTH'S NAME: _____ DATE OF BIRTH: _____	
<b>REVIEW HEARING FOR YOUTH 18 YEARS OF AGE OR OLDER— INFORMATION, DOCUMENTS, AND SERVICES</b>	
<b>Directions for the social worker or probation officer:</b> Check the appropriate boxes in items 1 through 9, complete items 10 and 11, attach or submit to the court documents as required, and sign and date the form.	
<b>Directions for the youth (if the youth is available):</b> Review the boxes checked by the social worker or probation officer in items 1 through 9. Sign your initials on the lines after items 1 through 9 <b>only if</b> 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.	

An attached report or report submitted to the court verifies that the youth has received the following information, documents, and services (*check all that apply*):

1. ☐ Assistance in obtaining employment \_\_\_\_\_
2. ☐ 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 \_\_\_\_\_
3. ☐ 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 \_\_\_\_\_
4. ☐ Written information notifying 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 \_\_\_\_\_
5. ☐ 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 \_\_\_\_\_
6. ☐ 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*) \_\_\_\_\_
7. ☐ 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 \_\_\_\_\_
8. ☐ Written notice informing the youth that they may be eligible to receive CalFresh food benefits and where the youth can apply for CalFresh benefits \_\_\_\_\_
9. ☐ Referrals to transitional housing, if available, or assistance in securing other housing \_\_\_\_\_
10. **Housing**
  - a. Have the referrals or assistance in item 9 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

YOUTH'S NAME:

CASE NUMBER:

10. a. (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.

11. 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)