

YOUTH-DEVELOPED DISCHARGE HEARING FORM

NAME:

DATE OF BIRTH:

I am under 21, and I want to stay in care: Yes No I am already 21

My Reasons for Wanting to Stay in Care or Leave Care:

HOUSING PLAN/DAILY EXPENSES

Address Where I Will Live:

Monthly Housing Cost & Living Expenses:

I Have a Monthly Budget: Yes No

My Back-Up Housing Plan:

My Concerns/Comments:

EDUCATION/VOCATIONAL TRAINING

My Current Educational/Vocational Level:

My Education Plan for Next 12 Months:

My Long-Term Educational Goal:

Financial Aid Documents Completed/Up To Date: Yes No

My Concerns/Comments:

EMPLOYMENT/CAREER

I Need Assistance Finding Employment: Yes No

Contact Information for Current Employer:

My Monthly Income from Employment:

My other Monthly Income (and Source of that Income):

My Long-Term Career Goal:

My Concerns/Comments:

HEALTH
Name of Health Insurance Plan After I Leave Care:
Contact Information for Primary Care Physician:
My Continued Health & Mental Health Needs: (dental, therapy, substance abuse, family planning, other medical needs, etc.)
Contact Information for My Other Health Care Providers:
My Concerns/Comments:

CHILDREN (IF APPLICABLE)
Health Insurance Plan for Child(ren):
Contact Information for Child(ren)'s Primary Medical Provider:
Contact Information for Child Care Provider(s):
I Have Enough Money to Pay for Child Care: <input type="checkbox"/> Yes <input type="checkbox"/> No
I Have Applied for Child Care Subsidies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of TANF (welfare or public assistance) Received for Child(ren):
Amount of Child Support Received for Child(ren):
My Concerns/Comments:

OTHER CONCERNS:
I Do Not Have the Following Important Documents (circle): social security card birth certificate state ID/driver's license passport immunization/medical records education records health insurance card voter registration credit report bank account/savings account registration for selective service (if male) immigration documents (if applicable)
I Have Concerns About My Involvement with the Juvenile Justice System and Need Help Getting My Records Expunged: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I Still Need Support with My Immigration Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I Am Aware of Mentoring Programs or Other Programs That Provide Positive Connections With Adults: <input type="checkbox"/> Yes <input type="checkbox"/> No
My Concerns/Comments:

MY KEY CONTACTS:
Contact information for Person/People I Can Call in an Emergency (i.e., housing falls through, I get really hurt/sick, etc.):

I have participated in the development of this transition planning court form and believe the information in the form is accurate.

Youth's Signature: _____

Date: _____

Private Provider/DHS Worker's Signature: _____

Date: _____

Judge's Signature: _____

Date: _____