

NORTH DAKOTA 18+ CONTINUED CARE MONTHLY FACE TO FACE

This tool was developed as a means to address relevant topics each month while meeting with children on your case load. There will be questions that are not appropriate based on the age of the child. This tool is also not all inclusive.

Youth's Name: _____	Name of Worker Making Visit: _____
Placement Location: _____	Meeting Location: _____
Date of Visit: _____	Start Time: _____ End Time: _____
Eligibility for 18+ (Check those which apply)	
<input type="checkbox"/> Education School: _____	FT PT
<input type="checkbox"/> Employment (volunteering) Hours/ Mo: ____ Where: _____	FT PT
<input type="checkbox"/> Employment Prep Program School/Program: _____	FT PT
<input type="checkbox"/> Medical Condition/ Disability Letter provided by _____	

How have you been since our last visit?

Are there any needs or concerns you want to discuss today?

BASIC

Questions	YES	NO	NOTES
Do you feel safe?			
Do you have someone to talk to when you have concerns?			
Do you know who to call in an emergency? <i>Who? Do you have the # memorized?</i>			
Do you feel your needs are being met? <i>If not, what can I try do to help?</i>			
How is school going?			
Discuss school grades			
What activities/ clubs are you involved in?			
Is there any new activity you would like to participate in, but you have not been able to? <i>Why have you not been able to?</i>			
Do you understand your foster care youth rights? <i>DN 45</i>			
Do you know when our next CFT meeting is?			
Would you like to invite anyone to join the CFT meeting? Youth can invite two members			
Do you know your "plan"? <i>Relative, Guardianship, APPLA 16+</i>			

Do you agree with your permanency plan/goal?			
Are you active in Chafee Independent Living?			
Do you know about the Education Training Voucher (ETV)?			

PLACEMENT	
Review 18+ Continued Foster Care Agreement	
How are things going with your foster care provider (parents and foster family)?	
Do you participate in household tasks/jobs?	
If living away from the foster home, how often do you go back to the foster home? How is the dorm, etc.?	
What is your plan when you are no longer in foster care or reach the age of 21? <input type="checkbox"/> Reunification with family <input type="checkbox"/> Own apartment <input type="checkbox"/> Other _____	
IRREGULAR PAYMENT NEEDS: Do you need anything? (Clothing, prom, graduation gown, sport equipment, etc.?)	

HEALTH NEEDS

Questions	YES	NO	NOTES
Are your Physical Health needs met? (Your eyes, ears, teeth, medical, etc.)			
Are your Mental Health needs met? (Psychological well-being)			
Are your Emotional Health needs met? (Feelings – someone to talk to, etc.)			
Do you know who your doctors are?			
Do you know what medications you are taking?			
Do you know why you are taking the medications?			

ADDITIONAL CASE WORKER NOTES / OBSERVATIONS: ****Reminder**** The Onsite Case Review will assess the quantity of worker-child visits (at least 1 time per month) as well as the quality of visits (engagement, where you met, what you did, etc.)

SIGNATURES:

Visitation Worker: _____

Case Manager Review/Approval of Visit (if needed): _____

Documentation of visit placed in client file (date): _____

Topics below do not have to be addressed monthly, but should be discussed at least quarterly.

FAMILY CONTACT

Questions	YES	NO	NOTES
Are you in contact with your family?			
Is there anyone else from your family/ home community whom you would like to contact?			

Mom

Type	Frequency			
<input type="checkbox"/> Phone	1/wk 2/mo	Monthly	NA	
<input type="checkbox"/> Face to Face	1/wk 2/mo	Monthly	NA	
<input type="checkbox"/> Other:	_____			

Dad

Type	Frequency			
<input type="checkbox"/> Phone	1/wk 2/mo	Monthly	NA	
<input type="checkbox"/> Face to Face	1/wk 2/mo	Monthly	NA	
<input type="checkbox"/> Other:	_____			

Siblings

Type	Frequency			
<input type="checkbox"/> Phone	1/wk 2/mo	Monthly	NA	
<input type="checkbox"/> Face to Face	1/wk 2/mo	Monthly	NA	
<input type="checkbox"/> Other:	_____			

Extended Relatives

Type	Frequency			
<input type="checkbox"/> Phone	1/wk 2/mo	Monthly	NA	
<input type="checkbox"/> Face to Face	1/wk 2/mo	Monthly	NA	
<input type="checkbox"/> Other:	_____			

TRANSPORTATION/ FINANCES

Questions	YES	NO	NOTES
Do you have any barriers with transportation?			
Do you have a driver's license?			
Do you have a car? Car insurance, tabs?			
Do you have a savings and checking account?			
Are you paying your bills on time?			

OTHER

Questions	YES	NO	NOTES
Are you currently working with other agencies?			
Do you have an adult mentor you can turn to if you have concerns?			

IMPORTANT DOCUMENTATION.... Ensure an original copy of *(Check those which the youth does have!)*

- | | |
|---|--|
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Medical Assistance Card |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Health Care Directive |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Final Court Order (if applicable) |
| <input type="checkbox"/> Tribal Certificate | <input type="checkbox"/> State I.D. / Drivers License |

****NOTE**** These items are part of transition planning and required to be addressed prior to age 18. Assist the youth in identifying a safe place to keep these items.