

Foster Care Discharge Planning for Emancipating Youth Checklist for

DOB: _____

This checklist serves as a working document for Child and Family Teams to ensure that beginning a minimum of 6 months before a youth is discharged all areas have been discussed and the youth knows their options. A formal discharge meeting should be held for all foster youth at the time of the youth's 17th birthday, with subsequent discharge meetings occurring quarterly until the time of emancipation, this document will serve as verification at these meetings that discharge planning is occurring as required. Youth will be encouraged to be in attendance at all meetings where their emancipation is discussed. A completion date must be listed for each item and an explanation given if N/A is recorded for all items with ***.

Date Completed	
	A discharge meeting was held within 6 months of the discharge date, consisting of the Child and Family Team, including the youth and all relevant team members.
	*** During the 90-day period immediately prior to the date on which the child will attain 18 years of age, a caseworker and, as appropriate, other representatives of the youth provide the youth with assistance and support in developing a written transition plan that is personalized at the direction of the youth, regarding the mandatory items in this Discharge Checklist.
	A discharge meeting was held a minimum of 6 months before discharge date, consisting of the Children & Family Team and the youth. The youth was allowed to invite individuals they felt would be helpful in their transitions. Those individuals included:
	Youth qualifies for and has been referred to the Region IV Independent Living Program and is aware these services and resources are available to them until their 21 st birthday. Regional Independent Living Program: (701) _____
GENERAL NEEDS	THE FOLLOWING ITEMS PERTAIN TO GENERAL INDEPENDENT LIVING NEEDS OF ALL YOUTH TRANSITIONING TO INDEPENDENCE FROM THE FOSTER CARE SYSTEM:
	Youth has been given a FYI 3 binder available from the Regional Independent Living Coordinator.
	The youth has been provided with a certified copy of their birth certificate. The youth has been informed, that if they lose their birth certificate, they can obtain another certified copy by going to the following website: http://www.ndhealth.gov/vital/birth.htm
	The youth has been provided with an original Social Security card. The youth has been informed that if they lose their Social Security card, they can replace it by taking photo identification to their Social Security office.
	The youth has a current state issued photo identification card. The youth has been informed that if they lose their ID they take their certified birth certificate to the Driver's license office (701) _____. And if they need a new one because their address changed they go to the same office but just take their current photo ID along.
	The youth has been given the study manual and been instructed in how to get their driver's license. The youth can call (701) _____ for further instructions. If a youth doesn't have their driver's license they have been shown where the main bus depot is and have been informed about how to get a bus pass. The youth has been informed that their Regional Independent Living Coordinator or Job Service may be able to purchase a bus pass for them.

Foster Care Discharge Planning for Emancipating Youth Checklist for

DOB: _____

	<p>*** The youth has identified at least 5 adults they can contact if they are in need of support once they exit the foster care system (these are individual's not paid to be available to them i.e. not an IL Coordinator):</p> <ol style="list-style-type: none"> 1) 2) 3) 4) 5)
	<p>*** Youth has been made aware of the importance of the role friends, family and significant others can have, as supports and mentors, in their life as they transition to independence.</p>
	<p>Youth has been made aware of how to register for Selective Services. http://www.sss.gov/ Forms are also available from the Post Office</p>
	<p>Youth has a copy of their final court order to verify they exited from the Foster Care System.</p>
	<p>The youth has a savings account with their name on it a minimum of 6 months before they exit Foster Care and are saving money from working.</p>
	<p>Youth has been given contact information for family members if they request it.</p>
	<p>The youth has been given any pictures or family mementos the case worker has.</p>
EDUCATION	<p>THE FOLLOWING ITEMS PERTAIN TO THE EDUCATIONAL NEEDS OF A YOUTH TRANSITIONING TO INDEPENDENCE FROM THE FOSTER CARE SYSTEM:</p>
	<p>*** Youth obtained their High School diploma or GED or made available of resources to assist them in completing them. Adult Learning Center: (701) _____ Job Service: (701) _____ Vocational Rehabilitation: (701) _____</p>
	<p>Youth has been given a copy of their High School or GED transcript. Youth has been given the information of how to obtain additional copies if needed. GED: http://www.dpi.state.nd.us/adulted/ged/transcri.shtm High School: Contact the High School they graduated from</p>
	<p>Youth has been provided with a copy of their final Individual Education Plan (IEP).</p>
	<p>Youth has been made aware if they are eligible for the Educational Training Voucher program to assist with paying for college expenses. Youth has been made aware that if they are eligible they may apply anytime until their 21st birthday. Regional Independent Living Coordinator (701) _____</p>
EMPLOYMENT	<p>THE FOLLOWING ITEMS PERTAIN TO THE EMPLOYMENT NEEDS OF A YOUTH TRANSITIONING TO INDEPENDENCE FROM THE FOSTER CARE SYSTEM:</p>
	<p>*** The youth has been registered with Job Service and knows how to search for employment. Job Service: (701) _____ Youth Log In ID: Youth Log In Password:</p>

Foster Care Discharge Planning for Emancipating Youth Checklist for

DOB: _____

	Youth is currently employed.
	Youth has a resume that includes contact information for any jobs they have previously had.
HEALTH	THE FOLLOWING ITEMS PERTAIN TO HEALTH RELATED INFORMATION IMPORTANT TO THE YOUTH'S SUCCESSFUL TRANSITION:
	*** Mental Health services (list names and contact information for any mental health professionals the youth is working with) Human Service Center: (701) _____
	*** Substance Abuse services (list names and contact information for any substance abuse professionals the youth is working with) Alcoholics Anonymous: http://www.aanorthdakota.org/ Narcotics Anonymous: http://www.umrna.com/ Human Service Center: (701) _____
	*** Developmental Disabilities services (list names and contact information for developmental disabilities professionals the youth is working with) Vocational Rehabilitation: (701) _____
	*** The youth has been provided with the application packet for Medical Assistance and offered assistance with completing the application. County Social Services: (701) _____ to find out about eligibility requirements and documents needed for verification.
	The youth has been provided information about contraception and family planning resources. Public Health: (701) _____
	Youth has been given a copy of their immunization record. Youth has been made aware of how to get a replacement copy: Public Health: (701) _____
	Youth has been given the date of their last medical exam and the name and contact information for the doctor they last saw. (list name and number)
	Youth has been given the date of their last eye exam and the name and contact information for the eye doctor they last saw. (list name and number)
	Youth has been given the date of their last dental cleaning and the name and contact information for the dentist they last saw. (list name and number)
	Youth has been given the names and dosages of any medications they are taking at the time of discharge.
	Effective Oct 1, 2010: Youth has been given education identifying the importance of designating another individual to make health care treatment decisions on behalf of the adolescent if the adolescent becomes unable to participate in such decisions and/or they do not have or does not want a relative who would otherwise authorize under State law to make such decisions. Health Care Directive Form: www.nd.gov/dhs/info/docs/hcdirective.pdf
HOUSING	THE FOLLOWING ITEMS PERTAIN TO HOUSING RELATED INFORMATION IMPORTANT TO THE

Foster Care Discharge Planning for Emancipating Youth Checklist for

DOB: _____

	YOUTH'S SUCCESSFUL TRANSITION:
	Arrangements have been made for a safe, stable, affordable home for the youth to live in for at least 6 months following discharge.
	*** The youth has completed a housing assistance application and submitted it. Housing Authority: (701) _____
	*** The youth has been made aware of local resources available to assist with rent, if needed. Salvation Army: (701) _____ Regional Independent Living Coordinator: (701) _____
	Youth has been given a copy of the "Landlord and Tenant Rights in North Dakota" booklet.
	The Youth is aware of resources available if they become homeless: Shelter: (701) _____
NATIVE AMERICAN YOUTH	THE FOLLOWING ITEMS PERTAIN TO THE NEEDS OF A NATIVE AMERICAN YOUTH TRANSITIONING TO INDEPENDENCE FROM THE FOSTER CARE SYSTEM:
	The youth has been enrolled in the Tribe and has all necessary Tribal contact numbers.
	The youth has a Tribal Certificate with their enrollment number on it.
	The youth has a Tribal enrollment card.
	The youth has a Certificate of Degree of Indian Blood (CDIB).
	The youth has the contact number for the Higher Education Office of his/her tribe.

This checklist was completed by:

Case Worker/IL Coordinator

Date

Youth

Date

By signing the youth is acknowledging they have had input on their discharge planning and have received a final copy of this document along with all documents listed above (i.e. birth certificate, court order, etc) and the youth understands they are responsible for keeping this and all documents in a safe place.