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: ☐ Yes ☐ No

I Have Applied for Child Care Subsidies? ☐ Yes ☐ 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:
☐ Yes ☐ No ☐ N/A

I Still Need Support with My Immigration Status: ☐ Yes ☐ No ☐ N/A

I Am Aware of Mentoring Programs or Other Programs That Provide Positive Connections With Adults: ☐ Yes ☐ 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:** _____