

| Youth's Name                                       |                      |              |                         |                   |
|--|----------------------|--------------|-------------------------|-------------------|
| Date of Birth                                      |                      |              |                         |                   |
| JD/ Case Number                                    |                      |              |                         |                   |
| Important Documents t                              | o Have               |              |                         |                   |
| Birth Certificate                                  | ☐ Have               |              | Applied For             | ☐ Do Not Have     |
| State-Issued Photo ID                              | □ Have               |              | Applied For             | ☐ Do Not Have     |
| Social Security Card                               | □ Have               |              | Applied For             | ☐ Do Not Have     |
| Citizenship/ Immigration Documents (If Applicable) | □ Have               |              | Applied For             | ☐ Do Not Have     |
| Medical History Docs/<br>Medi-Cal Card             | □ Have               |              | Applied For             | ☐ Do Not Have     |
| Copy of Educational<br>History/ Transcript         | □ Have               |              | Applied For             | ☐ Do Not Have     |
| *Please note, it may also be helpf                 | ful to request a 'Fo | ster Care Ve | erification Letter' fro | om DSS.           |
| Notes:   |                      |              |                         |                   |
| Plans to Meet AB12/ Ext                            | ended Foster         | Care Eli     | gibility Requir         | ement(s) Once the |
| outh Turns 18                                      |                      |              |                         |                   |
| Would need to be in comp                           | liance with one      | of the fo    | llowing options         |                   |
| 'Please keep an eye out for                        | -                    |              | -                       | ed by DSS         |
| ☐ Working towards comple                           |                      | •            |                         |                   |
| Attending college with at                          |                      | enrollme     | nt                      |                   |
| ☐ Working at least 80 hours                        |                      |              |                         |                   |
| ☐ Actively participating in a<br>—                 |                      | •            | •                       |                   |
| Unable to participate in o                         | ne of the above      | e due to a   | verified medical        | l diagnosis       |



| Plans for Adulthood (Age 18+)  |            |              |
|--|------------|--------------|
| Is the youth's Transitional Independent Living Plan (TILP) current?  | ☐ Yes      | □ No         |
| Is the youth participating in the Independent Living Program workshops, made available through Hartnell College? | ☐ Yes      | □ No         |
| Does the youth have significant adult/ community connections/ spiritual support (if applicable)?                 | ☐ Yes      | □ No         |
| Has the youth applied for Supplemental Security Income (SSI) benefits (if applicable)?                           | ☐ Yes      | □ No         |
| Does the youth have a computer?  | ☐ Yes      | □ No         |
| Does the youth have a cellphone?   | ☐ Yes      | □ No         |
| Has the youth registered to vote?  | ☐ Yes      | □ No         |
| Does the youth know how to navigate the public transportation system, if needed?                                 | ☐ Yes      | □ No         |
| Has the youth attained their state ID or driver's license?   | ☐ Yes      | □ No         |
| *If they have their license, do they have auto insurance, if they're activel                                     | y driving? |              |
| Notes:   |            |              |
| Well Being & Mental Health Well-Being  |            |              |
| Is the youth receiving any mental health services?   | ☐ Yes      | $\square$ No |
| Is the youth adequately educated about their mental health or health condition(s)? (If applicable)               | ☐ Yes      | □ No         |
| Does the youth know they may be eligible for Medi-Cal until the age of 26?                                       | ☐ Yes      | □ No         |
| Does the youth have a primary doctor and dentist?  | ☐ Yes      | □ No         |



| Does the youth know how to obtain contraceptives?  | ☐ Yes         | □ No |
|--|---------------|------|
| *We have resources for services provided by Planned Parenthood, if int   | terested.     |      |
| Does the youth have any hobbies or practice some form  | ☐ Yes         | □ No |
| of self-care?  |               |      |
| **If youth is taking any medication, please contin   | ue**          |      |
| If the youth is taking any prescribed medication, do they understand the schedule of when to take their medication and why?                      | ☐ Yes         | □ No |
| Does the youth know how to get refills for their medication?   | ☐ Yes         | □ No |
| Does the youth know who to seek out to learn about resources for mental health services and crisis situations?                                   | ☐ Yes         | □ No |
| Financial Planning   |               |      |
| Does the youth have a checking account?  | ☐ Yes         | □ No |
| Does the youth have a savings account?   | ☐ Yes         | □ No |
| Has the youth applied for a credit card? And if not, are they interested?  | ☐ Yes         | □ No |
| Does the youth know what monthly bills they'll have and how to pay them?   | ☐ Yes         | □ No |
| Does the youth have a system to track monthly living expenses?   | ☐ Yes         | □ No |
| Is your youth planning on saving a certain amount of their income each month? If so, how do they plan to do this?                                | ☐ Yes         | □ No |
| Does the youth have any questions regarding their credit? *A credit check should be noted in the most recent Social Worker report for youth 18+. | ☐ Yes<br>ort, | □ No |



| Professional Development   |       |      |
|--|-------|------|
| Totessional Development  |       |      |
| Does the youth have a resume and know how to update?   | ☐ Yes | □ No |
| Does the youth have a cover letter?  | ☐ Yes | □ No |
| Does the youth know how to look for employment opportunities?  | ☐ Yes | □ No |
| Does the youth know how to dress for an interview, what type of questions they'll be asked, and the types of questions to ask? | ☐ Yes | □No  |
| Plan After Youth Turns 21 for Housing, Personal Growth & Stability:  |       |      |
| Tan Arter Touth Turns 21 for Housing, Tersonal Growth & Stability.   |       |      |
| ian Arter Touth Turns 21 for Housing, Fersonal Growth & Stability.   |       |      |
| Tall Arter Touth Turns 21 for Housing, Fersonal Growth & Stability.  |       |      |
| Tall Arter Touth Turns 21 for Housing, Fersonal Growth & Stability.  |       |      |
| Tan Arter Touth Turns 21 for Housing, Fersonal Growth & Stability.   |       |      |

- Marisela Lemus, Guardian Scholars & the Independent Living Program (ILP) Coordinator for NMDs
  - Organizes workshops for youth ages 18-21
  - o Email: mlemus@hartnell.edu
  - o Phone: (831) 755-6944
- Steve Duran, Housing Assistance Navigator with Unity Care
  - o Works to help locate affordable housing, primarily for youth ages 18-25
  - o Email: <a href="mailto:sduran@unitycare.org">sduran@unitycare.org</a>
- Francesca Marietti, TAY Specialist at CASA of Monterey County
  - o Email: <a href="mailto:francesca@casaofmonterey.org">francesca@casaofmonterey.org</a>
  - o Phone: (831) 222-3988