

YOUTH READINESS ASSESSMENT TOOL

Youth's Name: _____ DOB: _____ Review Date: _____

Person(s) Assisting Youth with Plan: Name: _____ Role: _____ Name: _____ Role: _____

I. PERMANENCY AND LIFE LONG CONNECTIONS

1. Family Members and Other Adults Who Have Committed to a Life Long Supportive Relationship with the Youth: *[To include additional names, you can use the Permanency Addendum on the last page of this document]*

Name	Relationship	Contact Information	Plans/Efforts to Support Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe the plan(s) to identify additional family members or adults to support the youth into adulthood:

1. _____
2. _____
3. _____
4. _____

II. EDUCATION

Current Educational Setting and Grade: _____ Has current IEP? Yes No

Secondary Education Goal: _____ Expected Date of Completion: _____

Post-Secondary Education Goal: _____ Expected Date Of Completion: _____

	Yes	Not Yet		Yes	Not Yet
Attend school regularly and making progress	<input type="checkbox"/>	<input type="checkbox"/>	Passed MCAS tests	<input type="checkbox"/>	<input type="checkbox"/>
Engage in school-based activities	<input type="checkbox"/>	<input type="checkbox"/>	Educational records/transcripts current	<input type="checkbox"/>	<input type="checkbox"/>
688 Referral made for Adult Services, if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	Achieved high school diploma or GED	<input type="checkbox"/>	<input type="checkbox"/>

Goal: _____ **Tasks to Achieve Goal:** _____

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Date Updated: _____ Progress, New Tasks: _____

Date Updated: _____ Progress, New Tasks: _____

Date Updated: _____ Progress, New Tasks: _____

III. POST-SECONDARY EDUCATION

	Yes	Not Yet		Yes	Not Yet
Explore post-secondary educational options	<input type="checkbox"/>	<input type="checkbox"/>	Have educational/vocational training plan	<input type="checkbox"/>	<input type="checkbox"/>
Take necessary tests and apply for admission to college/vocational training program	<input type="checkbox"/>	<input type="checkbox"/>	Research scholarships	<input type="checkbox"/>	<input type="checkbox"/>
Apply for scholarships/financial aid, complete the FAFSA (State Tuition & Fee Waiver, Education and Training Voucher, Foster Child Grant, if eligible)	<input type="checkbox"/>	<input type="checkbox"/>	Attend vocational training program or college regularly and making progress	<input type="checkbox"/>	<input type="checkbox"/>

Goal: _____ **Tasks to Achieve Goal:** _____

Who Will Assist? _____ **Date:** _____

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IV. EMPLOYMENT

	Yes	Not Yet		Yes	Not Yet
Know my interests, skills, and abilities that could help me find a job and enjoy my work	<input type="checkbox"/>	<input type="checkbox"/>	Received job readiness training [including interviewing tips & job maintenance strategies (time management, conflict resolution)]	<input type="checkbox"/>	<input type="checkbox"/>
Know what services my local Career Center/ Employment office offers and how to access those services	<input type="checkbox"/>	<input type="checkbox"/>	Have completed job applications with contact information for references & previous employers	<input type="checkbox"/>	<input type="checkbox"/>
Have practiced interviewing for jobs	<input type="checkbox"/>	<input type="checkbox"/>	Have an employment/career plan	<input type="checkbox"/>	<input type="checkbox"/>
Working (part or full-time)	<input type="checkbox"/>	<input type="checkbox"/>	Know how to write a resume & have a current resume	<input type="checkbox"/>	<input type="checkbox"/>
Understand pay check deductions	<input type="checkbox"/>	<input type="checkbox"/>	Understand basic labor laws	<input type="checkbox"/>	<input type="checkbox"/>

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V. PERSONAL CARE AND WELL-BEING

	Yes	Not Yet		Yes	Not Yet
Can identify own strengths	<input type="checkbox"/>	<input type="checkbox"/>	Know what I need help with	<input type="checkbox"/>	<input type="checkbox"/>
Have identified own personal goals	<input type="checkbox"/>	<input type="checkbox"/>	Have a community support network	<input type="checkbox"/>	<input type="checkbox"/>
Have a healthy awareness of racial & ethnic identity	<input type="checkbox"/>	<input type="checkbox"/>	Understand the risks of cigarettes, alcohol & drugs	<input type="checkbox"/>	<input type="checkbox"/>
Avoid high risk behaviors	<input type="checkbox"/>	<input type="checkbox"/>	Can manage stress in healthy ways	<input type="checkbox"/>	<input type="checkbox"/>
Know where to get help for personal safety concerns: physical/emotional abuse, dating violence, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Know where & how to access mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Understand how to use the internet safely	<input type="checkbox"/>	<input type="checkbox"/>			

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VI. SEXUAL HEALTH

	Yes	Not Yet		Yes	Not Yet
Know where to get support for any concerns regarding sexuality, sexual orientation, gender identity/expression	<input type="checkbox"/>	<input type="checkbox"/>	Understand how to prevent sexually transmitted infections, including HIV, & know the local resources for testing, treatment, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Understand how to prevent pregnancy – abstinence & birth control options & how to access them	<input type="checkbox"/>	<input type="checkbox"/>	Understand the implications of teenage pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Can describe the qualities of a good parent	<input type="checkbox"/>	<input type="checkbox"/>			

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VII. HEALTH CARE

	Yes	Not Yet		Yes	Not Yet
Know the names & contact information for own doctor(s) and dentist	<input type="checkbox"/>	<input type="checkbox"/>	Know own medical history, including immunizations	<input type="checkbox"/>	<input type="checkbox"/>
Have own Mass Health card & know how to access coverage when Mass Health ends	<input type="checkbox"/>	<input type="checkbox"/>	Understand purpose & dosage for prescribed & over-the-counter medications	<input type="checkbox"/>	<input type="checkbox"/>
Know which foods are nutritious & eat healthful foods	<input type="checkbox"/>	<input type="checkbox"/>	Understand the need for preventative health care	<input type="checkbox"/>	<input type="checkbox"/>
Know that exercise is important to health & is a good stress reliever	<input type="checkbox"/>	<input type="checkbox"/>	Understand what a Medical Proxy is & how to obtain one (youth 18+)	<input type="checkbox"/>	<input type="checkbox"/>

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VIII. MONEY MANAGEMENT

	Yes	Not Yet		Yes	Not Yet
Understand the value of money – necessities vs. luxuries & give examples of each	<input type="checkbox"/>	<input type="checkbox"/>	Can save money using coupons, comparing generic vs. brand name items, waiting for sales	<input type="checkbox"/>	<input type="checkbox"/>
Can set up & follow a simple budget & follow a savings plan	<input type="checkbox"/>	<input type="checkbox"/>	Research bank offers of savings accounts & open a savings account	<input type="checkbox"/>	<input type="checkbox"/>
Understand how to purchase & use money orders	<input type="checkbox"/>	<input type="checkbox"/>	Research different types of checking accounts & open a checking account	<input type="checkbox"/>	<input type="checkbox"/>
Can demonstrate how to write checks, use a check register, balance a checking account & use online banking	<input type="checkbox"/>	<input type="checkbox"/>	Understand the importance of paying bills on time (avoiding late fees & penalties)	<input type="checkbox"/>	<input type="checkbox"/>
Understand the proper use of ATM/debit cards (avoiding overdrafts)	<input type="checkbox"/>	<input type="checkbox"/>	Understand how loans work – interest rates, terms & conditions	<input type="checkbox"/>	<input type="checkbox"/>
Understand the importance of protecting personal information (Social Security number, credit card number, bank account numbers and PIN numbers)	<input type="checkbox"/>	<input type="checkbox"/>	Know how to establish good credit, avoid problem debt & access personal credit report	<input type="checkbox"/>	<input type="checkbox"/>
Know when to file a tax return & where to get free help to complete the forms	<input type="checkbox"/>	<input type="checkbox"/>	Save money for post-DCF living expenses	<input type="checkbox"/>	<input type="checkbox"/>

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IX. FOOD/HOME MANAGEMENT

	Yes	Not Yet		Yes	Not Yet
Know how to read nutrition labels on packaged foods (calories, percent of fat, protein, fiber)	<input type="checkbox"/>	<input type="checkbox"/>	Can compare a grocery list & comparison shop to save money	<input type="checkbox"/>	<input type="checkbox"/>
Can cook simple meals & follow recipes	<input type="checkbox"/>	<input type="checkbox"/>	Know how to wash/dry clothes – checking care directions on fabrics	<input type="checkbox"/>	<input type="checkbox"/>
Keep living space clean by using appropriate cleaning supplies	<input type="checkbox"/>	<input type="checkbox"/>	Know how to perform basic household maintenance tasks	<input type="checkbox"/>	<input type="checkbox"/>
Understand the function & importance of smoke and CO ₂ detectors	<input type="checkbox"/>	<input type="checkbox"/>	Save the needed household items prior to leaving care	<input type="checkbox"/>	<input type="checkbox"/>

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X. COMMUNITY LIVING

	Yes	Not Yet		Yes	Not Yet
Have Social Security card and/or state identification	<input type="checkbox"/>	<input type="checkbox"/>	Know where & when to get affordable legal aid	<input type="checkbox"/>	<input type="checkbox"/>
Know the resources of the community & what they offer (library, churches, YMCA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Participate in community recreational activities/sports	<input type="checkbox"/>	<input type="checkbox"/>
Use free time to better myself	<input type="checkbox"/>	<input type="checkbox"/>	Pursue opportunities to make a difference through civic engagement/community service	<input type="checkbox"/>	<input type="checkbox"/>
Know when & where to register for Selective Service (males only)	<input type="checkbox"/>	<input type="checkbox"/>			

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XI. TRANSPORTATION

	Yes	Not Yet		Yes	Not Yet
Know how to read train & bus schedules	<input type="checkbox"/>	<input type="checkbox"/>	Know how to use a map to find a destination	<input type="checkbox"/>	<input type="checkbox"/>
Know how to use public transportation	<input type="checkbox"/>	<input type="checkbox"/>	Understand how to obtain a driver's permit & license	<input type="checkbox"/>	<input type="checkbox"/>
Can estimate cost of car insurance, taxes & maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Understand the consequences of motor vehicle violations	<input type="checkbox"/>	<input type="checkbox"/>
Save/budget for a car or other transportation expenses	<input type="checkbox"/>	<input type="checkbox"/>			

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XII. HOUSING

	Yes	Not Yet		Yes	Not Yet
Research housing options & costs	<input type="checkbox"/>	<input type="checkbox"/>	Consider roommate options – pros/cons	<input type="checkbox"/>	<input type="checkbox"/>
Establish a budget for apartment, including start-up costs of security deposit, first/last months' rent	<input type="checkbox"/>	<input type="checkbox"/>	Understand the costs of heat, telephone & other utilities	<input type="checkbox"/>	<input type="checkbox"/>
Understand tenants rights	<input type="checkbox"/>	<input type="checkbox"/>	Understand how to read a lease	<input type="checkbox"/>	<input type="checkbox"/>
Know where & how to apply for financial assistance (food stamps, subsidized housing, fuel assistance)	<input type="checkbox"/>	<input type="checkbox"/>			

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XIII. SUPPLEMENTAL QUESTIONS

Do you have any questions or concerns that have not been addressed in this assessment?

Do you have any problems or worries that you would like help with?

SIGNATURES

Youth:	_____	Date:	_____	Supervisor:	_____	Date:	_____
Social Worker:	_____	Date:	_____				
Outreach Worker:	_____	Date:	_____				



TRANSITION PLAN CHECKLIST

[To be completed 90 days prior to youth's 18th birthday or 90 days prior to a young adult's discharge from DCF but no later than 90 days prior to youth's 21st birthday]

Planned Living Situation upon discharge:
[Specify: return home; own apartment; apartment with roommate; etc.]

_____ Monthly Rent: \$ _____

Address: _____ Email Address: _____

Home Telephone: _____ Cell Telephone: _____

Family Member(s) and/or Caring Adult(s) I Can Rely on and Their Contact Information:

Source of Monthly Income	Amount	Personal Documents Provided to Youth	Education
Working full-time	\$ _____	Original Birth Certificate <input type="checkbox"/>	Highest Grade Completed _____
Working part-time	\$ _____	Original Social Security Card <input type="checkbox"/>	MA Tuition & Fee Waiver <input type="checkbox"/>
SSDA/SSI/PNA	\$ _____	Mass Health Card <input type="checkbox"/>	Financial Aid Information Sheet <input type="checkbox"/>
TANF	\$ _____	Driver's License/Mass ID <input type="checkbox"/>	
Food stamps	\$ _____	Immigration Documents (<i>Green Card, A#, etc.</i>) <input type="checkbox"/>	
Inheritance, trust, settlement	\$ _____	Educational Records & Transcript <input type="checkbox"/>	
Savings prior to discharge	\$ _____	Medical & Immunization Records <input type="checkbox"/>	
		Health Care Proxy <input type="checkbox"/>	
		Personal Pictures/Letters (from Case Record) <input type="checkbox"/>	
		Updated Credit Report <input type="checkbox"/>	

Resources available to youth upon discharge: *(For example: Mass Rehab, MRVP housing voucher, DMH, Career Center, etc.)*

I have been informed and understand the DCF policy for young adults age 18 and older and know that I may request continued services beyond age 18 and may return to DCF at any time prior to my 22nd birthday to request voluntary services.

I understand that a DCF staff person may contact me each year for the next 4 years to see how I am doing.

I know that I can check the DCF website (mass.gov/dss) for information about services and supports.

SIGNATURES

Youth: _____ Date: _____

Social Worker: _____ Date: _____ Supervisor: _____ Date: _____

Outreach Worker: _____ Date: _____

PERMANENCY ADDENDUM

Family Members and Other Adults Committed to Providing Support for Youth into Adulthood:

Name	Relationship	Contact Information	Plans/Efforts to Support Relationship