



**Arkansas Department of Human Services
Division of Children and Family Services
Checklist for Youth Exiting Care**

(This form is to be completed by the FSW within 90 days of youth's planned exit date.)

Youth's Name: _____ Birth Date: _____ Age: _____ Gender: _____

Case Name: _____ Case #: _____ Client ID: _____

Email: _____ Phone: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Youth's Life Connections:

1. Name: _____ Phone: (_____) _____ - _____

Address: _____

Email: _____

2. Name: _____ Phone: (_____) _____ - _____

Address: _____

Email: _____

3. Name: _____ Phone: (_____) _____ - _____

Address: _____

Email: _____

1. A Transitional Plan has been completed on this youth.
2. Youth has participated in life skills classes.
3. Youth has been informed of his/her right to remain in care until age 21 and it is documented.
4. Youth has been given a copy of the court report.
5. Youth has identified at least three life connections.
6. Youth has obtained a free credit report at www.annualcreditreport.com.
7. Youth has received information regarding health care proxy/power of attorney and assistance was provided by OCC, if youth requested.
8. Youth has completed an application for ARKids First, Medicaid, or has received assistance in obtaining health insurance.
9. Youth has a housing plan and has received assistance in securing housing, if requested.
10. Youth has received assistance or support in obtaining employment, if requested.
11. Youth has applied to college, university, vocational training program, or another educational institution according to their individual Transitional Plan as needed.
12. Youth has been given information about financial aid and/or applied for it (ETV, FAFSA, etc.).
13. Youth has developed a budget and a Life Plan (CFS-002) and has a copy of it.
14. Youth has his or her transitional resources book (e.g. FYI3 binder) and Life Book, if applicable.
15. Youth has an email address.
16. Youth has a 30-90 day supply of any medication currently prescribed.
17. Youth knows who his or her Primary Care Physician is, how to contact PCP, and how to access services.
18. Youth has a list of service providers in their community.
19. Youth has been informed of any benefits they may be eligible for due to their status in foster care, including ETV program (www.statevoucher.org).

20. Youth has been encouraged to subscribe for free to FosterClub (www.fosterclub.com). (If benefits for Aftercare change, FosterClub sends notices to each subscriber.)

21. Other: _____

Youth has received a copy of the following:

1. Social Security card
2. Certified birth certificate or verification of birth record
3. Family photos in the possession of the Division
4. All health and/or medical records
5. All educational records
6. Driver's license and any other photo identification
7. All information contained in the youth's Case Plan (current or former, as requested)
8. A list of all the youth's former placements

Please document any other information, referrals, and/or services provided to the youth who is declining extended foster care or to youth aging out of care at age 21.

I have received assistance and support in developing a personalized transitional plan that includes specific options on housing, health insurance, education, local opportunities for mentors, and workforce supports and employment services.

Youth's Signature (Required)

Date

FSW's Name

FSW's Signature

Date

Supervisor's Name

Supervisor's Signature

Date

TYS Coordinator's Name (if appropriate)

TYS Coordinator's Signature

Date