

Monthly Individual Contact

Developed by KS Youth Advisory Council

To be completed by the young person and their worker

My Name _____ Agency Name _____ Visit Date: ___/___/___

I knew about this visit beforehand: Yes No It started ___:___ am/pm It ended ___:___ am/pm

Is there anything from the last visit that's still a problem? Yes No What is it? _____

Is there anything about which I want my worker to know and/or help? Yes No What is it? _____

I don't have the following in my possession or know where it is: (check or circle)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Health Insurance Card | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> School Grade Card | <input type="checkbox"/> Diploma/GED | <input type="checkbox"/> Drivers License | <input type="checkbox"/> State ID Card |
| <input type="checkbox"/> Medical Records/Info | <input type="checkbox"/> Dental Records/Info | <input type="checkbox"/> Mental Health info | <input type="checkbox"/> Selective Service Card |
| <input type="checkbox"/> History of addresses | <input type="checkbox"/> Bank Account info | <input type="checkbox"/> Contact Information | <input type="checkbox"/> School History |
| <input type="checkbox"/> Other _____ | | | |

Check all that apply below and circle anything of concern right now that needs immediate attention.

Safety and Supervision

- I feel safe in the home.
- Everyone sleeps in their own bed.
- Everyone respects privacy and appropriate boundaries.
- Supervision is good and fair.
- Discipline is fair.
- I have a voice in consequences

Relationships in the home

- People in the home get along.
- People speak nicely to others.
- The general attitude is good.
- There are conflicts in the home.
- Issues are resolved fairly.
- Everyone is treated fairly.
- I like where I am living.
- I receive my mail unopened.

Social support

- I have someone to turn to for help and advice.
- I have social/emotional support and connections outside the home.
- There is a need for respite.
- My feelings about going to respite during this time or event are... (discuss feelings and record comments here/below if needed.)

Transportation

- I have rides to/from school.
- I have rides to/from work.
- I have rides to/from visits.
- I have rides to/from court.
- I need transportation to...(where/what?)
- I have my own car.
- I have issues with my car.
- I have insurance for my car.
- I have issues with my car insurance.

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<p>School concerns</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have concerns with school. <input type="checkbox"/> I feel I have needs that may affect my success in school. <input type="checkbox"/> I have tutoring needs. <input type="checkbox"/> I have issues with afterschool, childcare, parent-teacher conferences. <input type="checkbox"/> I am happy with the school I am currently attending. <input type="checkbox"/> I am missing school often. 	<p>Physical and Mental Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have a health concern. <input type="checkbox"/> I am taking medication. <input type="checkbox"/> I am okay with the medication and the way it makes me feel. <input type="checkbox"/> I have dental concerns. <input type="checkbox"/> I have therapy concerns. <input type="checkbox"/> I am okay with how often I attend therapy. <input type="checkbox"/> I know when my next appointments are scheduled. 	<p>Interactions with Relatives</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have concern about related family visits. <input type="checkbox"/> Care givers help maintain my connections with my parents, siblings, extended family, and past connections. <input type="checkbox"/> My visits are restricted or taken away as discipline/punishment. <input type="checkbox"/> I know important dates & events about my family.
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<p>Court Involvement</p> <ul style="list-style-type: none"> <input type="checkbox"/> I know when my next court date is. <input type="checkbox"/> I have had contact with my GAL/attorney since last court. <input type="checkbox"/> I would like to write a letter to the judge. <input type="checkbox"/> Arrangement has been made for me to miss school. <input type="checkbox"/> I have concerns about court. <input type="checkbox"/> I feel listened to by the judge. 	<p>Case Plan</p> <ul style="list-style-type: none"> <input type="checkbox"/> I know what's in my transition plan. <input type="checkbox"/> I either have a copy of my case plan or my transition plan or know how to get it. <input type="checkbox"/> I am currently working on... <input type="checkbox"/> I have concerns with tasks on my case plan or my transition plan. <input type="checkbox"/> I know when my next case plan will be scheduled. <input type="checkbox"/> I have or need transportation to my next case plan so I can attend in person. <input type="checkbox"/> I feel that my voice has been heard. <input type="checkbox"/> I need info on life skills. 	<p>Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have access to contact my worker. <input type="checkbox"/> I have my workers phone and email information. <input type="checkbox"/> I know how to contact my workers supervisor. <input type="checkbox"/> I prefer to be contacted by ___ phone _____ ___ email _____ ___ cell _____
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My worker spent time speaking with me in private: Yes No

I'm satisfied with my care: (check one) definitely yes yes most of the time definitely not(explain below)

Signature _____

Worker _____ **Youth declined to sign** _____

I want a copy of this form to go to: Me _____ My Case Worker _____ My Case Worker's Supervisor _____

My IL Worker _____ GAL _____ CASA _____ Resource Home Worker _____ Foster Parents _____

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Other _____

