

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.

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- 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.

School concerns

- I have concerns with school.
- I feel I have needs that may affect my success in school.
- I have tutoring needs.
- I have issues with afterschool, childcare, parent-teacher conferences.
- I am happy with the school I am currently attending.
- I am missing school often.

Physical and Mental Health

- I have a health concern.
- I am taking medication.
- I am okay with the medication and the way it makes me feel.
- I have dental concerns.
- I have therapy concerns.
- I am okay with how often I attend therapy.
- I know when my next appointments are scheduled.

Interactions with Relatives

- I have concern about related family visits.
- Care givers help maintain my connections with my parents, siblings, extended family, and past connections.
- My visits are restricted or taken away as discipline/punishment.
- I know important dates & events about my family.

Court Involvement

- I know when my next court date is.
- I have had contact with my GAL/attorney since last court.
- I would like to write a letter to the judge.
- Arrangement has been made for me to miss school.
- I have concerns about court.
- I feel listened to by the judge. Case Plan
- I know what's in my transition plan.
- I either have a copy of my case plan or my transition plan or know how to get it.
- I am currently working on...
- I have concerns with tasks on my case plan or my transition plan.
- I know when my next case plan will be scheduled.

