

YOUTH INVENTORY

To be completed with the youth as part of the transition planning process

Date inventory completed (month, day, year)	<input type="checkbox"/> Initial <input type="checkbox"/> 6-month update <input type="checkbox"/> 90 day final plan
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Youth Information

First name and middle initial	Last name	Case number	
Projected date youth will leave care (month, day, year)	Date of birth (month, day, year)	Current age	Gender

Personal Documents

- Original social security card
- Original or certified copy of birth certificate
- Driver's license or state identification card
- Immigration/citizenship documents, green card, and/or school visa (if youth is not a U.S. citizen)
- School records (including high school diploma/GED diploma and an updated copy of the youth's Individual Education Plan, if applicable)
- Resume (including both work and volunteer experience and contact information of at least three references)
- Health insurance/Medicaid card
- Medical records (including dental and vision records, immunization records, diagnosis confirmation, a list of current medications, etc.)
- Mental health records (including past mental health evaluations)
- Copy of credit report check
- Documentation of Social Security or other benefits, if applicable
- Certified copy of death certificate(s) of deceased parent(s), if applicable
- List of supportive adults to contact in crisis situations
- Contact information of all known relatives (with permission)
- Contact information of siblings (particularly if siblings are still in foster care)
- Life Book or a compilation of personal history and photographs
- If male, registered for the Selective Service
- Voter registration form or card
- Copy of final court order and/or a letter on state letterhead indicating the youth was a state ward and date of discharge
- Information on how to access or obtain a copy of the youth's foster care case file
- Information on how to access or obtain a copy of the youth's court file
- Copy of completed Casey Life Skills assessment
- Copy of written independent living transition proposal and Transition Proposal Checklist
- Signed copy of Youth Inventory
- If applicable, copy of completed application for extended foster care services or information on how to access extended services
- Personal filing system (lock box, file folder, or other way to organize and save these documents)

If eligible for public assistance:

- Copy of completed application for state benefits (be sure to apply for all relevant programs, such as Medicaid, Supplemental Nutrition Assistance [SNAP], Aid to Dependent Children [ADC], etc.)
- Copy of completed application for the Public Housing and/or Housing Choice Voucher (Section 8) programs
- Copy of completed application for the Supplemental Security Income (SSI) program (if applicable)
- Copies of other applications for public assistance: _____

If college bound:

- Copy of completed applications for state aid for youth aging out of foster care (e.g. Education and Training Voucher program, Former Ward program, extended foster care services, etc.)
- Copy of completed Free Application for Federal Student Aid (FAFSA) application
- Copies of other financial aid applications: _____

Signatures of Transition Team Members

Signature of youth	Email	Phone number	Date (month, day, year)
Signature of caseworker	Email	Phone number	Date (month, day, year)
Signature of guardian ad litem	Email	Phone number	Date (month, day, year)
Signature and role	Email	Phone number	Date (month, day, year)
Signature and role	Email	Phone number	Date (month, day, year)
Signature and role	Email	Phone number	Date (month, day, year)