

NORTH CAROLINA MONTHLY CONTACT RECORD FOR FOSTER CARE 18 TO 21

DEMOGRAPHICS – *complete in advance if possible*

Agency Name: _____

Contact Date: ____/____/____

Type of Contact: Face-to-Face Phone Email Skype

Does the young adult continue to live in an approved placement? **Yes** **No**

Placement Type: Foster Care Home/Facility College/University Dormitory Semi Supervised Independent Living Setting

Young Adult Being Visited: _____

Age: _____

(First and Last Name of Young Adult)

Young Adult's Dependent Children Living in the Home:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Name of Placement Provider (if applicable): _____

ITEMS TO COVER DURING MONTHLY VISIT:

- Follow-up activities identified last visit
- Placement setting
- Transitional Living Plan goals and activities
- Education/Employment/Training
- Independent Living Skills
- Relationships with supportive adults
- Physical/Mental/Dental health of the young adult
- Physical and Psychological Safety
- Follow-up activities identified this visit
- General narrative comments

List of activities to follow up on from last visit:

A. _____

Update: _____

B. _____

Update: _____

C. _____

Update: _____

Does this visit include the quarterly in-home assessment? **Yes** **No**

If yes, please describe the young adult's residence, including any concerns that need to be addressed: *(attach additional sheets if needed)* _____

Address each section below with the young adult. This should be used as a guide to engage in conversation with the young adult rather than a questionnaire. If more space is needed, use the general narrative section.

1. Placement Setting

What type of changes have there been to the young adult's household since your last visit? What makes the young adult feel safe in his/her placement? Is the placement free of criminal activity and domestic violence? What is working well and what concerns does the young adult have with his/her placement?

2. Transitional Living Plan Goals and Activities

Review the current goals and activities on the young adult's Transitional Living Plan. Does the young adult feel the goals are realistic and obtainable? What progress has been made towards achieving the goals? Describe any setbacks that have occurred, if any, and what supports are needed to ensure they do not continue?

3. Education/Employment/Training

Describe any changes to the young adult's education/employment/training? Has there been a break in participation? If so, what efforts is the young adult making to meet eligibility requirements? Does the young adult have any concerns regarding his/her education/employment/training? What additional services could help the young adult succeed in school/work?

4. Independent Living Skills

What services are addressing the young adult's independent living skills? What services are still needed and/or referrals that need to be made? Are there any barriers regarding access to services?

5. Relationships with Supportive Adults

Who are the supportive adults in the young adult's life? Does the young adult know how to contact them in an emergency? What efforts are being made to establish additional and/or maintain such relationships? What additional supports does the young adult feel he/she needs?

6. Physical/Mental/Dental Health

What are the physical, mental, and dental health needs of the young adult? Referrals that need to be made? Does the young adult have any concerns, including any sexual health concerns that need to be addressed?

7. Physical and Psychological Safety

Describe any safety concerns the young adult may have within any aspect of their life, including but not limited to housing, social network, school and/or employment, family relationships, etc. What safeguards and/or supports are needed to help the young adult feel safe? Are any action steps needed to ensure the young adult is in a healthy environment free of violence, abuse, neglect, and fear?

8. Follow-up activities identified during visit:

- A. _____ Person responsible _____
B. _____ Person responsible _____
C. _____ Person responsible _____

General Narrative: *(to include social worker and young adult's statements)*

[Insert box to type into here]

Does the young adult continue to meet eligibility criteria for Foster Care 18 to 21 benefits and services? Yes No

- High School / GED College / Vocational Program to remove barriers to employment
 Employment Medical condition/disability

Next Face-to-Face Visit: _____
Date

Next Transition Support Team Meeting: _____
Date

Does a Court Hearing need to be scheduled? Yes No

Signatures:

| | | | |
|---|-------|---|-------|
| Young Adult: | Date: | Agency Representative's Supervisor: | Date: |
| Agency Representative Completing This Tool: | Date: | Other Person Involved in Completion of This Tool: | Date: |