|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Youth Launch Inventory**  *To be completed with the young adult and the catalyst team* | | Date Inventory | | | Initial |
| **Youth Information** | | | | | |
| First name and middle initial | Last name | | Case number | | |
| Projected date youth will leave care | Date of birth | | Age | Gender, Race, Ethnicity | |
| **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 both work and volunteer experience and contact information of at least three references)  Health insurance/Medicaid card  Medical records (including dental / vision records, immunization records, diagnosis confirmation, a list of current medications, etc.)  Discussion and Resources provided for credit report check  Documentation of Social Security or other benefits, if applicable  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)  Registered for the Selective Service  Voter registration form  Copy of final court order and/or a letter on DCF letterhead indicating the youth was in state care 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  Information on how to access or obtain copies of past mental health evaluations and/or records, if needed  Copy of completed Life Skills (LIST) assessment  Signed copy of Youth Inventory  Personal filing system (e.g., lock box, file folder, or other way to organize and save these documents) | | | | | |
| **If eligible for special support** | | | | | |
| DMHAS Referral  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 plan is to attend school:** | | | | | |
| Copy of completed Education and Training Voucher (ETV) program application  Copy of completed Free Application for Federal Student Aid (FAFSA) application  Copies of other financial aid applications:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signatures of Catalyst Team Members** | | | |
| Signature of Young Adult | Email | Phone number | Date (month, day, year) |
| Signature of Social Worker | Email | Phone number | Date (month, day, year) |
| Signature of Social Worker Supervisor | Email | Phone number | Date (month, day, year) |
| Signature of Attorney/Advocate | 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) |