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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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) |