

Needs Assessment Checklist - Tool

- This assessment is designed to provide information on the areas of need for the older youth on whose behalf you're advocating.
- This form should be completed by you (the CASA/GAL volunteer) after you have had a chance to speak with a youth about his/her situation and expressed wishes (some of the questions on this form may help guide some of the conversations you have with your youth)

| Education | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Youth is enrolled in school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has a person to help him/her make decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has an academic plan with academic-related goals for the future http://education.ohio.gov/Topics/Special-Education/Whose-IDEA-Is-This-A-Parent-s-Guide-to-the-Individ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth is literate and has the ability to read and write | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth plans to attend college or a vocational school http://www.cincinnatiastate.edu/ http://www.wright.edu/independent-scholars/assistance.html http://www.greatoaks.com/sites/AdultEd/Pages/default.aspx | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has copies/access to educational records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth needs tutoring services for _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If needed, youth is receiving tutoring services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has knowledge of financial assistance he/she may have access to in order to pursue post-secondary education/training Educational Training Voucher (ETV) http://jfs.ohio.gov/ocf/olderyouthinitiatives.stm HEMI (Higher Education Mentoring Initiative) http://www.uc.edu/cechpass/hemi.html | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Education will be one focus of my work, advocacy and action planning with this youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Give a brief summary of youth's educational progress, needs and challenges: | | | |
| | | | |
| Youth has been enrolled at _____ school and has _____ credits toward graduation. He/she needs _____ total credits to graduate. Youth has passed the follow OGTs: ___reading ___writing ___math ___science ___social studies Youth has missed ___ days in school year _____. | | | |

| Employment | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A |
| Youth has participated in a vocational assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has expressed wanting a job and has established employment goals Cincinnati Works http://cincinnatiworks.org/index.php?option=com_content&view=article&id=23&Itemid=20 Ohio Means Jobs/Super Jobs http://www.omj-cinham.org/ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has developed a resume | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has at least two (2) people from whom he/she may obtain references for employment: _____ and _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has filled out a job application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has adequate interviewing skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has appropriate clothing for a job interview | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has been involved in volunteer service or an internship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has a telephone number, a library card and a personal calendar for appointments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has a social security card, birth certificate and other important documentation for employment http://www.cincinnati-oh.gov/health/birth-death-certificates/ http://www.ssa.gov/ssnumber/ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment will be one focus of my work, advocacy and action planning with this youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What are the youth's employment goals and needs? | | | |

| Housing | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A |
| Youth has been exposed to life skills topics including housing issues, budgeting and independent living | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth understands the concept of “independent living” | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has been exposed to information on legal rights and responsibilities regarding housing: Ohio Tenant/Landlord Rights and Obligations https://www.ohioabar.org/forpublic/resources/lawfactspamphlets/pages/lawfactspamphlet-11.aspx | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth is able to create and maintain a budget Online Budget tool/worksheet http://printables.familyeducation.com/tv/printables/SOP/Teenbudget-saveable.pdf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has a plan for permanent housing Cincinnati Metropolitan Housing https://www.cintimha.com/ U.S. Department of Housing and Urban Development http://www.hud.gov/apps/section8/step2.cfm?state=OH,Ohio | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth is connected to a person who can help conduct a housing search | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has knowledge of financial assistance he/she may have access to in order to pursue housing/independent living | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing will be one focus of my work, advocacy and action planning with this youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Summarize youth’s current living situation and plans for the future including for plans after emancipation and whether or not youth has applied for affordable housing: | | | |
| | | | |

| Life Skills | | | |
|---|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A |
| Youth knows how to make healthy decisions and advocate on his/her own behalf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth knows the social, emotional and legal risks associated with alcohol, drug and tobacco use and understands the impact of peer pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Youth has the ability/opportunity to create, maintain and strengthen supportive and sustaining relationships with foster families and significant others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has the ability/opportunity to create, maintain and strengthen supportive and sustaining relationships with members of his/her birth family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth understands civic responsibility and is registered to vote: Voter Registration http://www.sos.state.oh.us/elections/voters/register.aspx | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationships and resources will be one focus of my work, advocacy and action planning with this youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Who are the supportive people in the youth's life? Is the youth connected to any organization/group outside of HCJFS, ProKids or other "system" providers and if so who? | | | |

| Physical/Behavioral Health | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A |
| Youth has had a comprehensive screening to assess physical health, developmental needs, mental health and substance abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has been exposed to information about healthy social relationships, home safety, preventing accidents and violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has an understanding of issues related to STI's and HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has the skills to maintain good emotional and physical health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has a copy of all medical, dental and mental health records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth has information and appropriate understanding of any ongoing medical, dental or mental health conditions American Academy of Child & Adolescent Psychiatry http://www.aacap.org/ (click link for families and youth) A Home Within http://ahomewithin.org/ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth knows what medications (if any) he/she is currently taking Psychotherapeutic Medication Treatment Guidelines http://medicaidmentalhealth.org | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Youth is covered by Medicaid or another insurance plan (currently) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth is covered by Medicaid or another insurance plan (once he/she emancipates from the system) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth understand what (if any) SSI benefits he/she is eligible for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth knows and understands when and how to seek medical attention Foster Care Check Clinic http://www.cincinnatichildrens.org/service/c/foster-care/default/ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health will be one focus of my work, advocacy and action planning with this youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where does the youth seek medical care? What conditions and/or mental health diagnoses does youth have? What medications is youth currently prescribed? If youth is taking medications do they know names of medications and what they treat? | | | |

Assessment tool based on Benchmarks/Criteria resource developed by New Mexico's Power Up program