

YOUTH INTERVIEW PROTOCOL

EDUCATION

1. What type of school program are you attending?
Middle school _____
High school _____
GED _____
Vocational _____
College _____
Other _____
2. How is school going for you? Explain. (*The youth should identify both successes and problem areas*)
3. Are you getting help in the areas that are not going well for you?
Yes _____
No _____
4. What type of help are you getting? (*Check all that apply*)
In school help _____
After school programs _____
Help from foster parents/child care staff _____
Other _____
5. What extra curricular activities do you participate in? List Activities/sports
6. What supports do you receive to participate in these activities?
7. Are there other activities that you would like to be involved in? if yes, please identify barriers to becoming involved.

Control ID _____

Reviewer Initials _____

Interviewer Initials _____
(if not same as reviewer)

Age of Youth _____

PPG _____

LIFE SKILLS

8. In which of the following areas have you received life skills training?
(Include both formal and individual one-on-one training)

Forming and sustaining positive relationships (knowing how to develop and keep relationships that are significant and productive) ___
Problem solving/decision making/goal planning ___
Preventive health and wellness___
Education and supports ___
Vocational/Career Planning_____
Employment Skills_____
Budgeting and Financial Management_____
Housing_____
Home Management_____
Accessing Community Resources_____

9. Have you acquired these life skills through (*check all that apply*)

Formal Group training_____
Informal One-on-one training_____
Other_____

10. Do you have opportunities to consistently practice these life skills in your placement setting?

Yes ___ Give Examples _____
No _____

11. Do you use these life skills in your daily living? Explain

Yes _____
No _____
Explain _____

EMPLOYMENT

12. Are you involved in or have you received training for a job/internship/community service activity?

Yes _____
No _____

13.If yes, what training did you receive and who helped you to arrange it?

14.If no, is there any help you need in this area?

15.Do you have a job/internship/community service activity now?

Yes _____
No _____

16.How long have you worked there?

17.How many hours do you work per week?

18.Tell me about your job. (*Listen for where it is, what they do, if it is related to vocational training, how they get there and if there are difficulties with transportation, schedule, hour/week, hourly wage or salary*)

19.What are you expected to do with your pay check?

STIPENDS/CASH ALLOWANCES

20.Do you receive an independent living stipend?

Yes _____
No _____

21.If yes, how often?

If no, do you know the reason?

22.Do you receive an allowance in addition to your independent living stipend?

Yes _____
No _____

23. If yes, what are you expected to do with this money?

24. Do you have a bank account?

Yes _____
No _____

25. If yes, how is money accessed?

CLOTHING ALLOWANCE

26. What input do you have in making decisions about your own clothing needs?

PERMANENCY

27. What is your permanency planning goal?

28. Have you stayed in contact with your biological family? (i.e. parent(s), grandparents, etc)? Check all that apply

Yes _____ Frequency _____
No _____

29. If yes, how have you maintained contact with your biological family?

Check all that apply

Face to face _____

Phone calls _____

Mail _____

Other _____

30. Do you think any of your biological family members are able to be a resource to you and provide you with healthy guidance, advice, and emotional support as you make the transition from foster care to self-sufficiency?

Yes ____ Identify Person _____

No ____

31. Is there some other adult (i.e. aunt, teacher, parent of a friend etc.) that would be willing to be a resource to you and provide you with healthy guidance, advice, and emotional support as you make the transition from foster care to self-sufficiency?

Yes _____ Identify person _____

No _____

32. If no, have you ever been asked to identify a person that would be willing to be a resource to you as you make the transition from foster care to self-sufficiency?

Yes _____

No _____

33. How are you and your caseworker developing this relationship with the identified Adult Permanency Resource? (*Check all that apply*)

Face to Face contact _____ Frequency _____

Phone calls _____

Mail _____

Other _____

NA _____

34. Has anyone ever discussed adoption with you?

Yes ____

No ____

35. Did you sign a paper that indicated that you did not want to be adopted?

Yes ____

No ____

36. If yes, has anyone told you that you can change your mind about being adopted?

Yes ____

No ____

CONTACTS WITH SIBLINGS

37. Do you have siblings?

If yes, are your siblings in foster care?

38. Do you have a “visitation plan” to see your siblings?

Yes _____

No _____

39. How often do you get to visit your siblings?

CONTACTS WITH DSS/ACS WORKER (*Case Manager/Local District that has Custody of Youth*)

40. Do you know who your DSS/ACS worker is and his/her name?

41. How often do you meet with them?

42. Do you have any other type of contact with this worker?

Phone _____

Mail _____

Other _____

43. Has your worker talked with you why you continue to be in foster care?

CONTACTS WITH CASE PLANNER (*The agency the youth is placed with is required to develop the service plan goals*) (*skip question if case planner is the same individual as the case manager*)

44. Do you know who your case planner is and his/her name?

45. How often do you meet with your case planner?

46. Do you have any other type of contact with your case planner?

Phone _____

Mail _____

Other _____

47. Has your case planner talked with you about why you continue to be in foster care?

GOAL PLANNING

48. Do you actively participate in the development of your goals?

Yes _____

No _____

49. If yes, what are your goals?

50. Do you discuss progress on your service plan goals with your worker (caseworker/case planner)?

Yes _____

No _____ Explain _____

51. Who helps you make progress on your goals? (*Check all that apply*)

DSS/ACS Worker _____

Agency/facility worker _____

Foster parent(s) _____

Child care staff _____

Adult Permanency Resource _____

Other _____

52. Have you attended the required Service Plan Review meetings over the past year?

Yes _____

No _____

53. If you have not attended your Service Plan Reviews, why not?

DISCHARGE PLANNING

54. Are you going to be discharged from foster care within 90 days?

Yes _____

No _____

55. Have you received a 90 day written notice of your discharge (applies to those with PPG of IL) ?

Yes _____

No _____

56. If yes, is your caseworker/case planner helping you develop a discharge plan?

Yes _____

No _____

57. If yes, does your discharge plan address the following: (*Check all that apply*)

- a. Safe, stable, adequate, and affordable housing, including, where appropriate, a referral to preventive or other housing services for an eligibility determination _____
- b. Your ability to financially support yourself, including, where appropriate, a referral to Temporary Assistance for Needy Families _____
- c. Medical coverage for preventive health care and identified physical, mental health, dental health and prescription needs, including, where appropriate, a referral to medical assistance for a Medicaid eligibility determination _____
- d. Obtaining or arranging to receive your essential documents (birth certificate, social security card, medical records, educational records, etc) _____
- e. Identification of an adult who has agreed to provide advice, guidance and emotional support to you as needed _____
- f. Any safety concerns _____
- g. Needed community resources, including arrangements to receive services _____

- h. Your eligibility for a trial discharge period and the purpose of it
- i. The availability of post discharge services until the age of 21;
- j. Written information of where to call if you should need any after your discharge_____

58. Where do you see yourself a few years from now?

59. How is foster care helping you to progress to where you want to be?

60. How prepared do you feel to be discharged?

61. Do you have anything else you want to say?