

South Carolina Department of Social Services

P.A.T.T.Y. – PROVIDING ASSISTANCE TO TRANSITIONING YOUTH PROGRAM

Please help us better serve you by providing the following information. If you do not understand any item, please let us know—we welcome your questions. If there is a question you are uncomfortable answering or you do not want to answer, it is not mandatory for you to do so to obtain initial services.

1. Name: _____ 2. Date of birth: _____

3. Current address: _____

4. Mailing address if different from current address: _____

5. Telephone: _____ 6. Social Security number: _____

7. Contact name and telephone number in case of emergency: _____

8. Date planned for emancipation: _____

9. If applicable, date I left foster care: _____ 10. Name of state if not in foster care in S.C.: _____

11. What services or needs do you identify for which you would like assistance? Please check those that apply.

- Education School Expenses Transportation Job Training Job Search Clothing Budgeting
- Housing Household Utilities Food/Food Stamps Child Support Child Care Parenting Skills
- Medicaid Counseling Family Problems Alcohol Use Drug Use Mentoring
- Information on Community Health Resources
- Return to Foster Care (Within first 12 months of leaving foster care) Other: _____

Comprehensive assessment and service plan are to be completed by youth and staff together.

Services (Check Yes or No)	Needed	Eligible	Offered	Referred	Ongoing	Completed
Education Education Level Attained: <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> G.E.D <input type="checkbox"/> Other: _____ <hr/> School Expenses/Fees: <input type="checkbox"/> Yes <input type="checkbox"/> No Education-Financial Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Employment Presently: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Unemployed Job Readiness Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> WIA/OneStop Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No Vocational Rehab. Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No Job Internship: <input type="checkbox"/> Yes <input type="checkbox"/> No Apprenticeship: <input type="checkbox"/> Yes <input type="checkbox"/> No Job Placement: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Financial Money Management Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Housing/Community/Transportation Housing Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No Homeless at any time since leaving foster care: <input type="checkbox"/> Yes <input type="checkbox"/> No Utility Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No Household Shower: <input type="checkbox"/> Yes <input type="checkbox"/> No Community Resources: <input type="checkbox"/> Yes <input type="checkbox"/> No Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No						

Services (Check Yes or No)	Needed	Eligible	Offered	Referred	Ongoing	Completed
Family Family Planning/Parenting: <input type="checkbox"/> Yes <input type="checkbox"/> No Marital Status: _____ Number of Children: _____ Pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No Parenting Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No Child Care: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____ _____ _____						
Legal Child Support: <input type="checkbox"/> Yes <input type="checkbox"/> No Incarceration: <input type="checkbox"/> Yes <input type="checkbox"/> No Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____ _____ _____						
Medical/Health Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Resources: (Youth age 21 and up) <input type="checkbox"/> Yes <input type="checkbox"/> No Medical problems: <input type="checkbox"/> Yes <input type="checkbox"/> No Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical information request from old files within statute of limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____ _____ _____						
Social/Therapeutic Individual Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No Peer Support: <input type="checkbox"/> Yes <input type="checkbox"/> No Self Care/Help: <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol/Drug Problem: <input type="checkbox"/> Yes <input type="checkbox"/> No Family Mediation: <input type="checkbox"/> Yes <input type="checkbox"/> No Mentoring: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Other Need/Services: _____ _____ _____						

I have participated in the needs assessment of my current situation and the development of my transitional service plan. I understand there are financial limitations to assistance and services offered. I have an understanding of the services and assistance I can expect from the South Carolina Department of Social Services.

 Signature of Individual
 DSS Form 30206 (APR 09)

 Date
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 Signature of Department Staff

INSTRUCTIONS FOR DSS FORM 30206

Purpose of Form:

1. To document the agency's efforts to develop a plan for youth in transition from foster care.
2. To document the agency's efforts to develop a plan with a former foster youth age 18 - 21, who has returned for additional agency resources.
3. To clarify for the former foster youth and agency, the specific needs and referrals/services to assist the former foster youth in becoming self-sufficient.
4. To document the initial interactive interview and ongoing planning or review of progress.

Form to be Completed by: Agency Worker and Foster Youth

Note: The form is not to be given to the youth to complete and return. An interactive interview is to be conducted with the youth, as he or she may have urgent needs requiring immediate assistance/resources.

Form to be Signed by: Worker and Former Foster Youth

Time Frame to be Completed: Beginning with initial interactive interview

Updates Required: At least monthly

Forms Required in Conjunction: Agency Release of Information Form for youth 18 and up

Provide Copies to: Foster Youth and Internal Agency staff directly working with the youth