

Youth Questionnaire

Name: _____ Board #: _____ Return by: ___/___/___

How long have you been in your current home?	
Do you feel safe where you living now? If no, please explain. _____ _____	
Are you happy in your current home? If no, please explain. _____ _____	
What do you understand the plan is for you and your future?	
How much contact do you have with your Case manager?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Most recent date of phone contact? ___/___/___ Most recent date of in-person contact? ___/___/___
How much contact do you have with your Guardian ad litem/Attorney?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Most recent date of phone contact? ___/___/___ Most recent date of in-person contact? ___/___/___
Are you receiving services at this time? (therapy, preparation for adult living, family support, mentor, etc.) <input type="checkbox"/> Yes (If yes, please explain) <input type="checkbox"/> No (If no, please explain what services you need and why) _____	
Have you been physically restrained in your placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how often?
Did you receive medical treatment after the restraint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How are you doing in school?	
How are things going with your friends?	
Are you visiting with your parents? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom only <input type="checkbox"/> Dad only	Are you visiting with your siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> N/a
Have you missed any visits? <input type="checkbox"/> Yes (If yes, please explain.) <input type="checkbox"/> No _____	
How do you feel these visits go? _____	
Please include here anything else you would like the Board to know about you, your placement or anything else; feel free to attach extra pages if you need more room. _____ _____	

Form completed by: _____ Date completed: ___/___/___

THANK YOU, PLEASE RETURN THIS FORM TO:

To respond by taped questionnaire, call 1-800-577-3272