

**ASSESS: YOUNG ADULT GENERAL OVERVIEW**[Back](#)**Wellbeing Assessment**

Child Name [REDACTED]

Questions:

1. Has the youth completed the Casey Life Skills Assessment?

- Yes
 No

2. Does the youth have specific responsibilities at home, school or work?

- Yes
 No

3. Is the youth able to manage timeliness in home, school and work activities?

- Yes
 No

4. Does the youth age have a driver's license?

- Yes
 No

5. Does the youth have access to affordable transportation?

- Yes
 No

6. Does the youth have an up-to-date medical card?

- Yes
 No

7. Has the youth been employed in the past 6 months?

- Yes
 No

8. In the past 6 months, has the youth utilized job search resources or job training?

- Yes
- No
- Not applicable at this time.

9. Has the youth utilized any DCFS assistance programs for employment/housing/education?

- Yes
- No

10. Is the youth currently enrolled in high school, college or vocational training?

- Yes
- No

11. Does the youth have sufficient budgeting or money management skills?

- Yes
- No

12. Does the youth have a bank account?

- Yes
- No

13. Does the youth have any money saved?

- Yes
- No

14. Does the youth have stable housing for the next 6 months?

- Yes
- No

15. Is the youth connected to at least one adult role model other than you, the CASA volunteer?

- Yes
- No

16. Does the youth have a healthy connection to at least one peer?

- Yes
- No

Has all possible been done for child?

Notes

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