

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 volunteer/GAL) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Guidance Counselor			
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.sinclair.edu/ (Sinclair State) http://www.wright.edu/student-affairs/student-resources/independent-scholars-network (Wright State) http://www.mywccc.org/ (Warren County Career Center)	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Training Voucher (ETV) http://jfs.ohio.gov/ocf/olderyouthinitiatives.stm			
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:			
<hr style="border: 0.5px solid blue;"/> 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 http://www.mywccc.org/CareerCounselingServices.aspx 513-932-8145 X5249	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth has expressed wanting a job and has established employment goals Warren County Community Services http://www.wccsi.org/sitepages/PGM_FAMILY_SERVICES.html 513-695-2100 Ohio Means Jobs/Super Jobs http://www.ohioworkforce.com/ 513-695-1130	<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://wcchd.com/downloads/106/birth-death-request031816.pdf http://www.ssa.gov/ssnumber/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth has transportation to a job	<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: Tenant Law http://www.tenant.net/Other_Areas/Ohio/landlord.html	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth is able to create and maintain a budget Online Budgeting Tool http://www.daveramsey.com/everydollar/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth has a plan for permanent housing Warren Metropolitan Housing http://warrenmha.org/ 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 can make well thought out decisions and can problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth knows how to appropriately respond to prejudice and discrimination Legal Aid http://www.lascinti.org/ 513-241-9400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth understands the importance of good hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth knows how to stay healthy and care for minor illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth understands the basic concept of nutrition and knows how to prepare basic meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth understands services provided by a bank such as checking and savings accounts and how to make a basic budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth has a checking and/or savings account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth has a driver's license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth has juvenile delinquencies which can be sealed or expunged http://www.co.warren.oh.us/probate_juvenile/juvenile/forms/APPLICATIONTOSEALEXPUNGERECORD.pdf Legal Aid http://www.lascinti.org/ 513-241-9400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What life skills does the youth have? What skills does the youth need acquire and who can support the youth in learning these skills?			
Supportive Relationships/Community Resources			
	Yes	No	N/A
Youth has at least one meaningful adult connection in whom he/she can trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth is connected to at least one adult mentor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth has a healthy connection to at least one peer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth has contact information of community legal resources, attorneys, case workers and mentors Legal Aid http://www.lascinti.org/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth has a healthy sense of ethnicity, cultural identity and personal identity	<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 WCCS, Warren County CASA 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 Mental Health Recovery Services http://www.mhrsonline.org/ Mental Health Counseling http://www.acorncounselingcenter.com/	<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://www.medicaidmentalhealth.org/assets/file/Guidelines/2015%20Florida%20Best%20Practice%20Medication%20Child-Adolescent%20Guidelines_online2.pdf	<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) http://medicaid.ohio.gov/FOROHIOANS/Programs/FosterCare.aspx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth understand what (if any) SSI benefits he/she is eligible for http://www.ssa.gov/ssi/text-understanding-ssi.htm			
Youth knows and understands when and how to seek medical attention	<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?

United Way First Call for Help

<http://www.co.warren.oh.us/firstcallforhelp/>
