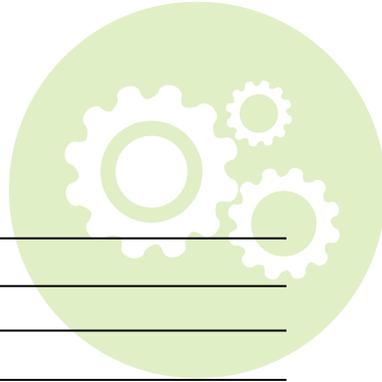




# Ready By 21 Exit Survey



Youth Name: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

MD CHESSIE ID: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

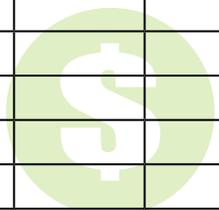
Did the youth participate in the survey?  Yes  No

If **No** (select reason listed below):

- Youth's disability prevents the youth from participating
- Youth is incarcerated
- Youth declined to participate
- Youth's whereabouts are unknown
- Youth is in the Military



Check Yes or No	Yes	No
1. I have a place to live after I leave foster care <i>If so, I can live there for:</i> <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months or more		
2. I have a photo ID from the Motor Vehicles Administration (MVA)		
3. I have a high school diploma or GED		
4. I am enrolled in a job training or apprentice program		
5. I have completed a job training or apprentice program and have received a certificate		
6. I am enrolled in school/college		
7. I have a college degree		
8. I have a job		
9. I have a primary doctor		
10. I have healthcare/medical coverage		
11. I have in the past received substance abuse services		
12. I know how to access substance abuse services		
13. I have in the past received mental health services		
14. I know how to access mental health services		
15. I have a stable adult in my life or am part of a support network (church group, fraternity/sorority, family, friends etc.)		
16. I reviewed my credit report		
17. I have assigned a healthcare agent		
18. I know how to access public assistance (i.e. SNAP, TCA, Daycare vouchers)		
19. I have received the following materials (Check all that apply):		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Education Records	<input type="checkbox"/> Placement History
<input type="checkbox"/> Medical Records	<input type="checkbox"/> Last Known Address of a Relative(s)	<input type="checkbox"/> Annual Notice of Benefits Brochure
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Credit Report	



### Disclosure:

By signing below I acknowledge: That I agree that this information may be stored in a secure on-line database and used to help the agency improve its services to youth.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

