

NONMINOR'S NAME:	CASE NUMBER:
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3. g. A blank advance health care directive form _____
- h. A letter prepared by the county welfare department that includes the nonminor's name and date of birth, the dates during which he or she was within the jurisdiction of the juvenile court, and a statement that the nonminor was a foster child in compliance with state and federal financial aid documentation requirements _____
- i. The nonminor's 90-day Transition Plan _____
- j. A copy of each of the following: *How to Ask to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-464-INFO), a blank *Request to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-466), and a blank *Confidential Information—Request to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-468) _____
4. The nonminor continues to be eligible for services or accommodations under the Individuals with Disabilities Education Act, the Americans with Disabilities Act, or section 504 of the Rehabilitation Act of 1973, and he or she has been provided with his or her most recent service or accommodation plan. _____
5. The nonminor has been receiving services as provided in the Individuals with Disabilities Education Act (see 34 C.F.R. §§ 300.320(b)–(c) & 300.321(b)) and
- a. has received a copy of his or her transition service plan. _____
- b. has been informed of the rights that will transfer to him or her under this Act. _____
6. The nonminor was informed that state agencies, when hiring for internships and student assistant positions, must give preference to qualified applicants up to 26 years of age who are or have been dependent children in foster care. _____
7. The nonminor received the following assistance or services (*check all that apply*):
- a. Written verification of continued enrollment in Medi-Cal with no interruption in coverage, and provision of _____
- i. His or her Medi-Cal Benefits Identification Card (BIC) _____
- ii. Information about eligibility for extended Medi-Cal benefits until age 26 _____
- b. Help applying to college, a vocational training program, or another educational or employment program _____
- c. Help obtaining financial aid for college, a vocational training program, or another educational or employment program _____
- d. A referral to transitional housing, if available, or assistance in securing other housing _____
- e. Help obtaining employment or other financial support _____
 including completing enrollment in CalFresh _____
- f. Help maintaining relationships with individuals important to him or her, consistent with his or her best interests (*required only if the nonminor has been in an out-of-home placement for six months or longer*) _____
- g. Help accessing the Independent Living Aftercare Program in the nonminor's county of residence _____
- h. Other services ordered by the court (*specify*): _____
8. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

 (TYPE OR PRINT NAME)

U

 (SIGNATURE OF SOCIAL WORKER OR PROBATION OFFICER)

I certify that I have received the information and services that I initialed above.

Date:

 (TYPE OR PRINT NAME)

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 (SIGNATURE OF NONMINOR)

