



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Independent Living Youth Exit Interview**

Your name		Your age years
Your race	Your sex	Your current grade in school
Case name	Case number	Type of custody

Are you currently employed? Yes  No

If yes, where are you working? \_\_\_\_\_

Where are you living now? Check One

- |                            |                          |                      |                          |                         |                          |
|----------------------------|--------------------------|----------------------|--------------------------|-------------------------|--------------------------|
| non-relative foster home   | <input type="checkbox"/> | relative foster home | <input type="checkbox"/> | therapeutic foster home | <input type="checkbox"/> |
| shelter                    | <input type="checkbox"/> | group home           | <input type="checkbox"/> | transitional living     | <input type="checkbox"/> |
| supervised practice living | <input type="checkbox"/> | hospital             | <input type="checkbox"/> | friend's home           | <input type="checkbox"/> |
| Job Corps                  | <input type="checkbox"/> | other                | _____                    |                         |                          |

Do you have a child(ren)? Yes  No  If yes, how many? \_\_\_\_\_

Does your child(ren) live with you? Yes  No  If no, where does your child(ren) live? \_\_\_\_\_

What services did you receive while you were in OKDHS or Tribal custody? Check all that apply.

- |                      |                          |             |                          |                      |                          |                   |                          |
|----------------------|--------------------------|-------------|--------------------------|----------------------|--------------------------|-------------------|--------------------------|
| apt. program         | <input type="checkbox"/> | driver's ed | <input type="checkbox"/> | household items      | <input type="checkbox"/> | medical care      | <input type="checkbox"/> |
| dental care          | <input type="checkbox"/> | glasses     | <input type="checkbox"/> | vo-tech classes      | <input type="checkbox"/> | birth certificate | <input type="checkbox"/> |
| safe place to live   | <input type="checkbox"/> | education   | <input type="checkbox"/> | school supplies      | <input type="checkbox"/> | other (list)      | <input type="checkbox"/> |
| Social Security card | <input type="checkbox"/> | state ID    | <input type="checkbox"/> | visits with siblings | <input type="checkbox"/> | _____             |                          |
| tutoring             | <input type="checkbox"/> | mentor      | <input type="checkbox"/> | child care           | <input type="checkbox"/> | _____             |                          |
| life skills          | <input type="checkbox"/> | job skills  | <input type="checkbox"/> | allowance            | <input type="checkbox"/> | _____             |                          |
| clothing             | <input type="checkbox"/> | counseling  | <input type="checkbox"/> | driver's license     | <input type="checkbox"/> |                   |                          |

What do you see yourself doing in three years?

If you ran Child Welfare, what three things would you do to make Child Welfare better?

1. \_\_\_\_\_
2. \_\_\_\_\_

3.

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May we contact you from time to time to see how you are doing?      Yes     No

Your address when you leave care:

Street address	City	State	Zip	Phone number
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Your signature

Date