

**INSTRUCTIONS FOR
MONITORING SHEET FOR YOUTH IN INDEPENDENT LIVING PLACEMENTS (2138)**

The program provider shall complete this form for each youth residing in an independent living placement. It must be completed, at a minimum, on a weekly basis for at least three months; biweekly for the next two months; then on a monthly basis. The frequency and duration of completion may be changed by the youth's ISP team. The completed form shall be maintained by the program provider in the youth's record with a copy provided to DHR upon request.

Youth's Name	Self-explanatory
Admission Date	Enter the date on which the youth moved into the independent living placement.
Anticipated Discharge Date	Enter the date on which the youth is expected to exit the agency's / facility's Independent Living Program.
Contact Date(s)	Enter the date(s) on which program staff have had contact with the youth during the week and the type contact (using the following codes). H – In the youth's home T – By telephone O – Youth comes to the M – By mail program's office
Health Status	Enter "X" in the appropriate box to indicate whether the youth's health is excellent, good, fair or poor; and enter the date of the youth's last physical and dental exams.
Education	Enter the name of the school being attended by the youth; enter an "X" in the appropriate box to indicate the youth's attendance; enter an "X" in the appropriate box to indicate whether the youth is on grade level; and as applicable, describe any barriers.
Employment	Enter the name of the youth's employer; enter an "X" in the box to indicate if the employment is part of full time; and enter the number of hours being worked per week.
Financial Status	Enter all sources of income for the youth; enter an "X" in the appropriate box to indicate (1) if the income is stable and/or on-going and (2) if the income is sufficient to meet the youth's expenses; and enter the total amount of the youth's savings. Comments can be entered as needed.

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Placement Setting	<p>Describe the placement setting's (e.g., apartment) general condition (e.g., good, poor) and reason for the selection.</p> <p>Enter an "X" in the appropriate box to indicate if the smoke detector and stove (including the oven, broiler, and at least 3 of the top elements) are operable.</p> <p>List any item(s) of furniture needed and the date(s) by which it is expected to be obtained.</p> <p>List any repair(s) needed and the expected completion date(s).</p>
Interventions	<p>Enter the dates and types of life skills activities in which the youth has participated. Examples include, but are not limited to, food planning, shopping, money management, and/or apartment maintenance.</p>
Life Skills Completed	<p>List the area of skills in which the youth has reached competence. The skills to be considered include, but are not limited to, money management/consumer awareness; food management; personal appearance; health; housekeeping; transportation; educational planning; job seeking; emergency and safety; knowledge and use of community resources; interpersonal; legal; leisure activities; and housing.</p>
Significant Problems/Incidents	<p>Describe any significant problems that have occurred during the week. If the problems are severe enough to risk the youth's loss of the apartment or create a danger to the youth, DHR must be contacted immediately.</p> <p>Also describe any incidents occurring during the week that concern the agency/facility and ensure that they are reported to DHR within two (2) workdays.</p>
Action(s) To Be Taken	<p>Describe actions to be taken based on any issues noted above.</p>
Comments	<p>Self explanatory</p>
Signature / Date	<p>Self-explanatory</p>