

ALL ABOUT ME!

NAME: _____

AGE: _____

WHAT MY CASA AND THE COURT
INVOLVED IN MY CASE SHOULD
KNOW ABOUT ME.
AGES 14 & OVER



WHERE I WOULD LIKE TO LIVE: _____

WHO I CURRENTLY STAY IN TOUCH WITH:

- PARENTS _____
- SIBLINGS _____
- RELATIVES _____
- ANYONE ELSE _____



WHO I WOULD LIKE CONTACT WITH: _____

WHO I WILL LIVE WITH AT AGE 18: _____

PLANS AFTER I TURN 18: _____

PAL: _____ LAST CIRCLE OF SUPPORT: _____

ORIGINAL BIRTH CERTIFICATE: _____

SOCIAL SECURITY CARD: _____

STATE ISSUED ID: _____

DRIVER'S EDUCATION: _____

TRANSITIONAL MEDICAID EXPLAINED: _____

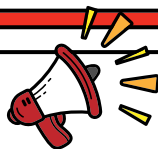
WILL I CONTINUE TAKING MEDICATION AT 18: _____

EXTENDED CARE AGREEMENT: _____

PLACEMENT APPLICATION: _____



WHAT THE COURT NEEDS TO KNOW:



MY WISHES:

WHO I ENJOY SPENDING TIME WITH:

I NEED:

I LOVE:

GOOD THINGS IN MY LIFE:

MY FAVORITE STUFF:

FOOD: _____ BAND: _____

SNACKS: _____ MUSIC: _____

DRINK: _____ TV SHOW: _____

TEACHER: _____ CARTOON: _____

SUBJECT: _____ MOVIE: _____

BOOK: _____ HOLIDAY: _____

COLOR: _____ HOBBY: _____

VIDEO GAME: _____ BOARD GAME: _____