



## Exit Checklist

(DOB) \_\_\_\_\_ (Youth's Name),  
is leaving the state of Kentucky's custody at age 18 or older and has  
been provided the following documents and information: *(Check all that were provided)*

- Certified birth certificate
- Original Social Security card
- Identification card
- Health Insurance card

Cabinet case history, including:

- Family medical history
- Placement history records
- Medical, dental, vision, and mental health records
- Custody Verification Letter
- Information about the youth's educational history (such as copy of IEP, list of schools attended, etc.)

In addition, the worker has also:

- Ensured the youth has completed an exit survey at [KYRISE.KY.GOV](http://KYRISE.KY.GOV)
- Encouraged the youth to download their vital documents into an ifoster digital locker at [KYRISE.KY.GOV](http://KYRISE.KY.GOV)



Additional Comments:

I confirm the youth has been provided the above documentation and information upon their exit from care.

Worker's Name

Worker's Signature

Date

Provided:

- Downloaded to iFoster Digital Locker
- In person
- By mail to:

I confirm that I did receive the above documentation and information upon exiting state's care.

Youth's Name

Youth's Signature

Date