

## **FOSTER YOUTH RIGHTS**

- To have my basic needs met.
- To have my voice heard.
- To have honest and clear communication.
- To live in the most family-like setting that is safe, healthy, and comfortable and meets my needs.
- To have lifelong family connections.
- To safely visit my family including my siblings unless the Department of Health and Human Services provides myself and the court reasons why such visitation or ongoing interaction would be unsafe.
- To participate in age or developmentally appropriate extracurricular, enrichment, and social activities and to have my caseworker and judge consult with and talk to me about my opportunities to participate in activities.
- To be placed as far as practicable in a home in which share or allows me to participate in cultural activities which includes access to activities that reflect my cultural practices and religious beliefs.
- To be fully informed about what is happening to me and to understand the system or systems in which I am involved in at an age appropriate manner.
- To access my personal information including but not limited to: my certified birth certificate, social security card, proof of Medicaid enrollment, health care card, immunizations, medical and educational records, and medical power of attorney.
- To receive a copy of my consumer credit report on an annual basis and help to correct any inaccuracies on the report.
- With my input, to have a plan developed which will identify skills, knowledge and resources needed to be a successful adult.
- To have a stable education.
- To be provided with adequate health care, including medical, dental, mental health, behavioral health and substance abuse.
- I have been given the opportunity to ask questions about Foster Youth Rights.
- Be aware of when court hearings are scheduled and allowed to attend court hearings.

Next Court Hearing: \_\_\_\_\_

**I have been provided with and understand my rights.**

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NEBRASKA**

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

## **FOSTER YOUTH RIGHTS**

Children and Family Service Specialist: \_\_\_\_\_

Date: \_\_\_\_\_

**Youth refused or was unable to sign:**

\_\_\_\_\_  
Substitute Caregiver Signature

Date: \_\_\_\_\_

**REFUSED**