

Permanency Goal: _____

Date: _____

Transition Plan:

17 90-Day 19 20 21-year-old exit mtg.

Youth's Demographic Information: Complete Incomplete Review at next meeting

Name _____ Age _____ DOB _____

Address _____

Phone _____ Email _____

How long at this residence? _____

Does the youth have any children? Yes No *If "No" skip to next section*

	Name of children:	Age:	State's custody
1.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Where and with whom do the children reside? _____

Where will the children reside when the youth turns 18 and leaves state's custody? _____

Essential Documents: Complete Incomplete Review at next meeting

Do you have or have access to the documents below for when you turn 18?

Certified birth certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Original Social Security card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State issued ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicaid/insurance card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifbook/Medical Passport	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of state commitment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School records (IEP, transcripts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical records (diagnosis, prescriptions, immunizations, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ifoster digital locker	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you an American citizen or do you have legal status? Yes No

If no, has the process been started to obtain legal status? Yes No

Comment _____

Do you know how to do the following when you turn 18?

Register to vote	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Register for Selective Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Obtain credit report Date received:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Request a copy your foster care case file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comment: _____

Life Skills: *Complete* *Incomplete* *Review at next meeting*

Have you completed an Independent Living Skills Assessment? Yes No

Have you completed the Life Skills Curriculum and received the \$250 incentive? Yes No

Have you demonstrated of basic independent living skills such as:

- | | |
|--|---|
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Money management |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Home safety |
| <input type="checkbox"/> Grocery shopping | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Preventive health activities | |
| <input type="checkbox"/> Personal hygiene and grooming | |
| <input type="checkbox"/> Communication skills | |

Other:

What skills do you feel you still need to learn in order to live independently?

Youth with Disabilities: *Complete* *Incomplete* *Review at next meeting*

Have you been diagnosed with a disability? Yes No

If yes, please identify diagnoses, conditions, and limitations:

Have you completed a psychological assessment to determine your IQ? Yes No

If yes, please identify diagnoses, conditions, and limitations:

_____ :

If no, has one been scheduled? Yes No

Comments: _____

How might your disability effect your ability to live independently (i.e. do you need assistance with daily grooming, medication distribution, bill pay, etc.)?

How might your disability effect your ability to complete high school and/or pursue higher education?

Are you currently utilizing any services (Pre-ETS, speech/occupational therapy, vocational rehabilitation, accommodations at school, etc.)? Yes No

Comments: _____

If no, do referrals for additional services need to be completed? Yes No

Comments: _____

If applicable, has the Medicaid Waiver Management Application (**MWMA**) been completed to apply for SCL or Michelle P services? Yes No

Comments: _____

If applicable, has guardianship been notified that services may be needed when you leave care?

Yes No

Comments: _____

Does DCBS receive SSI payments for you? Yes No

Comments: _____

If yes, does your worker understand that an adult SSI application should be completed for you within 180 days prior to your 18th birthday? Yes No

Comments: _____

If yes, do you understand the process for changing the payee when you leave care? Yes No

Comments: _____

Health:

Complete **Incomplete** **Review at next meeting**

Are you up to date on your annual medical, dental and vision check-ups? Yes No

Comment: _____

Do you currently have any health care needs that will be a barrier to your ability to transition to independence after you turn 18? Yes No If yes, explain: _____

Do you have access to your Medicaid/medical card? Yes No

Are you aware of your health care insurance options for when you turn 18? Yes No

Comment: _____

Do you take prescription medications? Yes No

If yes, do you know what medication you take, what it is for, and how to take it properly?

Yes No

Comment: _____

Have you been informed of and received a copy of the health care proxy (living will) so someone can make health care treatment decisions on behalf of you if you are unable to do so? Yes No

Permanent Connections:

Complete **Incomplete** **Review at next meeting**

Are there family members that you maintain contact with on a regular basis? Yes No If Yes, please list:

Are there any other supportive adults in your life?

Do you have a mentor? Yes No Mentor's name _____

Are you interested in developing a permanency pact with supportive adults? Yes No

Community, Culture and Social Life: Complete Incomplete Review at next meeting

Do you have any community connections (social groups, activities, volunteerism, etc.)? Yes No
Comment: _____

Do you attend church or have any spiritual support? Yes No

Comment: _____

Are you aware of the Youth Development Funds available to support your participation in extracurricular and enrichment activities? Yes No

Comment: _____

Are you interested in connecting with foster care peer support or advocacy groups? Yes No

Comment: _____

Extended Commitment: Complete Incomplete Review at next meeting

Are you aware of the expectations to extend commitment with the state? Yes No

Are you familiar with the advantages/disadvantages of extending commitment? Yes No

Comment: _____

Are you planning to extend your commitment with the state at 18? Yes No Unsure

If you would like to extend your commitment, are you aware of the service complaint process if DCBS is not agreeable to you doing so? Yes No

Are you aware that you have until your 19th birthday to request to have your commitment reinstated, if you leave care at 18 and how to make that request? Yes No

If you choose not to extend your commitment, are you aware of the aftercare services available?

Yes No

Housing: Complete Incomplete Review at next meeting

Current living situation: Foster home Group home/residential facility Relative

Other (describe) _____

Where do you plan to live when you turn 18? _____

What is your back up plan? _____

Are you aware of all your housing options if you choose to extend your commitment? Yes No

Are you aware of the minimum requirements in order to be placed in an independent living/scattered site apartment? Yes No

Are you aware of the Project Life/Chafee Room & Board aftercare program for non-committed youth (18.5-23) and how to access it? Yes No

Are you aware of public housing and the application process? Yes No

Are you aware of other community housing programs and options? Yes No

Are you on applicable waiting lists? Yes No

Are you aware of the start-up costs for moving into an apartment? Yes No

Employment: Complete Incomplete Review at next meeting

Do you currently have a job? Yes No Current employer: _____

Hours per Week: _____ Hourly Wage: _____ Monthly Income: _____

How long have you been employed at this location? _____

Do you presently have a savings/checking bank account? Yes No Amount saved: _____

Do you know how to complete federal & state tax forms? Yes No

If not currently employed, are there local employers you may be interested in working for: _____

What skills do you need in order to become employed and maintain employment? _____

What are your long-term employment goals? _____

What steps do you need to take to achieve your long-term employment goals? (*Is education or training required? Are there on the job training or apprenticeship opportunities available etc.*) _____

Education: Complete Incomplete Review at next meeting

High school G.E.D. Technical school College

Other (describe) _____

Name of school: _____

Current grade level _____ Anticipated graduation date: _____

Are you making appropriate educational progress? Yes No

Comment: _____

Do you currently have an IEP or 504? Yes No Don't know

If you have an IEP, please describe progress towards or specific issues that need to be addressed: _____

Are you aware of the \$650 available for senior expenses and how to access it? Yes No

What educational options have you considered after high school? _____

Are you aware of the apprenticeship programs available in your community? Yes No

Are you aware of the vocational programs available in your community? Yes No

If you plan to attend college, are you aware of how to complete the application and enrollment process?

Yes No

Have you taken entrance exams (ACT/SAT/COMPASS) for college? Yes No

Are you aware of financial aid resources available to attend technical schools or college such as the

Tuition Waiver, Education Training Voucher, FAFSA/Pell Grant, KEES, etc.? Yes No

Do you want or need support services (such as tutoring)? Yes No

(Describe)

Transportation:

Complete Incomplete Review at next meeting

Do you know how to use public transportation? Yes No NA

Have you completed a driver's education program? Yes No

Do you currently have a learners permit? Yes No Driver's license? Yes No

If No to either, what specific barriers exist to obtaining a permit or license?

Extended Commitment:

Complete Incomplete Review at next meeting

For what reason did you extend your commitment (work/school/IL arrangements)?

Comment:

Are you meeting expectations to maintain your commitment? Yes No

Comment:

Have you completed sufficient milestones to earn an incentive? Yes No

Comment:

What is your housing plan upon exiting care?

What is your education plan upon exiting care?

What is your employment plan upon exiting care?

Are there additional support or services that you need in order to successfully transition out of state's care?

