Date:

**Transition Plan:**

**17  17 ½  90 Day  Other**

**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  No

2. Yes  No

3. Yes  No

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 copies of the below for when you turn 18?*

Birth Certificate  Yes  No

Social Security Card  Yes  No

State issued ID  Yes  No

Medicaid/Insurance Card  Yes  No

Lifebook/Medical Passport  Yes  No

Proof of State commitment  Yes  No

School Records (IEP, transcripts)  Yes  No

Medical Records (Diagnosis, Prescriptions, Immunizations etc.)  Yes  No

Citizenship/Immigration documents  Yes  No

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

Register to Vote  Yes  No

Register for Selective Service  Yes  No  NA

Credit Report Date Received:        Yes  No

Request a copy your foster care case file  Yes  No

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you completed the Casey Life Skills Assessment?  Yes  No

Have you completed the life skills classes/packet and received the $250 incentive?  Yes  No

What Independent Living Skills do you currently demonstrate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Health:  *Complete  Incomplete  Review at next meeting***

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

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 how to take your medications 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: \_\_\_\_\_

**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 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 process of extending your 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

Are you aware that you have until your 19th birthday to request to have your commitment

reinstated, if you leave care at 18?  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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you aware of the Chafee Independence Program room & board program for non-committed youth (18-21) and scattered site program for committed youth (18-21) and how to access both? 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade: Anticipated Graduation Date:

Are you making appropriate educational progress?  Yes  No

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you currently have an IEP?  Yes  No  Don’t Know

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

What educational options have you considered after high school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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? \_\_\_\_\_

**Action Steps:**

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| --- | --- | --- |
| **Action Steps** | **Person Responsible** | **Due Date** |
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Narrative of Youth’s Plan *(use additional page if necessary)*:

**Additional Comments**

Detail any additional comments, concerns or information articulated by the group:

**Plan Review Dates**

This plan will be reviewed no later than:

**Independent Living Program Information**

My Independent Living Coordinator is:

I can reach my IL Coordinator at:

My GAL is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I can reach my GAL at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendance List**

I have participated in the development of this plan and agree to it as detailed within this document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Affiliation/Organization** | **Address** | **Phone** |
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