(REV 9/2025)

Date:

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Director of Protection and Permanency

Through:\_\_\_\_\_\_\_\_\_\_\_\_\_, Transitional Services Branch

Through:\_\_\_\_\_\_\_\_\_\_\_\_\_, Service Region Administrator

Through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, FSOS

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SSW

RE: Memo to Request Goal of Transition to Adulthood

Youth:

Name and DOB:

Current Placement:

Provide information to support the request for the permanency goal of transition to adulthood. Include exploration of relatives and attempts to secure an adoptive placement. Include information regarding referral to the Kentucky Adoption Profile Exchange (KAPE) and recruitment activities to exhaust permanency efforts. Include a summary of the youth demonstrating appropriate independent living skills, current education level, and projected high school graduation date, and resources and programs the youth has been referred to and/or is utilizing to support independent readiness, educational, and mental health goals.

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Explain why transition to adulthood is in the youth’s best interest. Include information regarding how the youth is demonstrating appropriate independent living skills, the youth's current education level and projected high school graduation, and resources and programs the youth has been referred to and/or is utilizing to support independent readiness, educational, and mental health goals. Include any permanent connections the youth currently has in their life who will continue to be a support, and whether a permanency pact has been explored.

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Attachments:

Written recommendation from the youth’s mental health provider(s)

Letter from youth explaining why they want their permanency goal changed to transition to adulthood.

Placement Log

Permanency Pact (if applicable)

[ ] Approved **[ ]** Denied

\_\_ \_\_\_\_\_

Commissioner/designee or SRA Date