|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD**  State Form 55166 (R7 / 1-23)  DEPARTMENT OF CHILD SERVICES | | | | | | | | | | |
|  | | | | | | | | | | | |
| *INSTRUCTIONS:* | | 1. *Page one (1) should be completed at the first Child and Family Team (CFT) Meeting at* ***fourteen (14)*** *years of age**or when the youth enters foster care (defined as “24 hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility”) if after fourteen (14) years of age.* 2. *Update every six (6) months or at each CFT Meeting (whichever comes first) for each youth in foster care by completing the relevant section:* | | | | | | | | | |
|  | | 1. [*Fourteen (14) years of age*](#Fourteen_Years_of_Age)*,* 2. [*Fourteen (14) years and six (6) months*](#Fourteen_Years_and_Six_Months)*,* 3. [*Fifteen (15) years of age*](#Fifteen_Years_of_Age)*,* 4. [*Fifteen (15) years and six (6) months*](#Fifteen_Years_and_Six_Months)*,* 5. [*Sixteen (16) years of age*](#Sixteen_Years_of_Age)*,* | | | 1. [*Sixteen (16) years and six (6) months*](#Sixteen_Years_and_Six_Months)*,* 2. [*Seventeen (17) years of age*](#Seventeen_Years_of_Age)*,* 3. [*Seventeen (17) years and six (6) months*](#Seventeen_Years_and_Six_Months)*,* 4. [*Ninety (90) days before eighteenth (18th) birthday*](#Ninety_Days_Before_Eighteenth_Birthday)*, and* 5. [*Eighteen (18) years of age and older*](#Eighteen_Years_of_Age_or_Older)*.* | | | | | | |
|  | | 1. *An additional update must be completed ninety (90) days prior to the youth’s* ***eighteenth (18th) birthday or case dismissal after age eighteen (18)*** *if the youth is in foster care or if the youth is participating in Collaborative Care (CC).* | | | | | | | | | |
| Plan start date *(month, day, year)* | | | | | | Plan stop date (six (6) months after start date) *(month, day, year)* | | | | | |
| **YOUTH INFORMATION** | | | | | | | | | | | |
| First name and middle initial | | | Last name | | | | | | | | MaGIK Case ID Number |
| Projected date youth will leave care *(month, day, year)* | | | | Date of birth *(month, day, year)* | | | | | Age | | Sex  Male  Female  Other |
| Permanency Plan and second Permanency Plan, if Concurrent Planning | | | | | | | | | | | |
| **ACKNOWLEDGEMENT OF BILL OF RIGHTS FOR YOUTH IN CARE** | | | | | | | | | | | |
| I acknowledge that I have been given a copy of the Bill of Rights for Youth in Care. I understand my rights and the document has been explained to me in a manner that is age and developmentally appropriate. I understand that nothing in this acknowledgement/agreement shall limit the duties or discretion of the Department of Child Services (DCS) or the court to act in my best interest. | | | | | | | | | | | |
| Signature | | | | | | | | Date *(month, day, year)* | | | |
| **WHAT YOUTH SHOULD HAVE IN THEIR POSSESSION BEFORE LEAVING FOSTER CARE**  *This list should be updated every six (6) months. All documents should be in youth’s possession by the youth’s eighteenth (18th) birthday or ninety (90) days prior to case dismissal.* | | | | | | | | | | | |
| **Documents** | | | | | | | **Date Completed**  ***(month, day, year)*** | | | **Date the document is in youth’s possession *(Youth must initial and date.)*** | |
| 1. Photo identification   Type:  Learner’s permit  Drivers license  State ID card | | | | | | |  | | |  | |
| 1. Birth Certificate County and State of birth: | | | | | | |  | | |  | |
| 1. Social Security Card | | | | | | |  | | |  | |
| 1. Registered to vote upon reaching eighteen (18) years of age | | | | | | |  | | |  | |
| 1. Selective Service registration upon reaching eighteen (18) years of age (males) | | | | | | |  | | |  | |
| 1. Successful Adulthood Life Book | | | | | | |  | | |  | |
| 1. Copy of latest Individualized Education Plan (IEP) and/or Individualized Transition Plan through the youth’s school *(if applicable)* | | | | | | |  | | |  | |
| 1. Copy of Bureau of Developmental Disability Services (BDDS) Transitional Plan *(if applicable)* | | | | | | |  | | |  | |
| 1. Medical records (physical and mental health), copy of latest Case / Treatment / Discharge Plan | | | | | | |  | | |  | |
| 1. Medical Passport | | | | | | |  | | |  | |
| 1. Medicaid card | | | | | | |  | | |  | |
| 1. Foster Care Verification (SF 56571) to verify the youth was in foster care at eighteen (18) years of age *(if applicable)* | | | | | | |  | | |  | |
| 1. Personal filing system   Type:  3-ring binder  Full-size expandable envelope  File cabinet  Other:  Location of filing system: | | | | | | |  | | |  | |
| 1. Youth can navigate public transportation | | | | | | |  | | |  | |
| 1. Education:   Certificate of Completion obtained  Yes  No  Diploma obtained  Yes  No  Last high school attended:  Type of degree: Core 40, Honors, etc.:  GPA:  High School Equivalency (HSE) Diploma obtained:  Yes  No  Name of school / education center:  Type of HSE:  General  Honors  Scores: | | | | | | |  | | | *Youth must initial when Certificate / Diploma is in youth’s possession.* | |
| 1. Youth given information on eligibility and access to Voluntary Older Youth Services (OYS)  Yes  No | | | | | | |  | | |  | |
| 1. Process to reenter Collaborative Care?  Yes  No | | | | | | |  | | |  | |

***Initial information to be completed at fourteen (14) years of age.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUPPORTIVE RELATIONSHIPS**  ***If additional space is needed, use separate sheet of paper.*** | | | | |
| If no supportive relationships can be identified, has referral been made to  Youth Connections Program (YCP)? | | Yes  No | If yes, date of referral *(month, day, year)* | |
| Name | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | |
| Name | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | |
| Name | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | |

|  |
| --- |
| **HOUSING** |
| Current address *(number and street, apartment or unit number, city, state, and ZIP code)* |
| Type of Placement:  Foster Home  Group Home  Residential Facility  Relative Home  Other: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | | |
| Current grade level | Current school attending | | | Expected graduation date *(month, day, year)* | | GPA |
| If youth has an IEP, did the youth attend the last IEP meeting?  Yes  No  Not Applicable | | Date of last IEP meeting *(month, day, year)* | | If youth has/had an IEP, is youth involved with Vocational Rehabilitation?  Yes  No  Not Applicable | | |
| Diploma / Certification track:  General Diploma  Core 40  Core 40, Academic Honors  Core 40, Technical Honors  High School Equivalency (HSE)  Certificate of Completion | | | | | | |
| Has youth applied for Twenty-First Century Scholars?  Yes  No | | | Date of application *(month, day, year)* | | Application was:  Accepted  Denied | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VOLUNTEER / EMPLOYMENT** | | | | |
| Current volunteer?  Yes  No | Volunteer locations / hours | | Youth has working knowledge of how to complete an application for employment?  Yes  No | |
| Currently employed  Full-Time  Part-Time | | Name and address of employer *(number and street, city, state, and ZIP code)* | | Hours per week |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTING YOUTH** | | | |
| Does youth have a child?  Yes  No | If yes, has the youth’s child been removed?  Yes  No | | If no, has the youth been provided with information about parenting resources / community-based services?  Yes  No |
| If yes, list the resources/services of which the youth has been informed (e.g., Healthy Families, Child Care and Development Fund [CCDF], Temporary Assistance for Needy Families [TANF], and Women’s Infant and Children [WIC] Program). | | | |
| If yes, is the youth’s child placed with the youth?  Yes  No | | If the youth’s child is not placed with the youth, where is the child placed? | |
| If the child has been removed from the youth’s care, what services have been referred or offered for the youth to work toward reunification? | | | |

*To be completed by youth and team:*

|  |
| --- |
| Youth’s strengths *(Include hobbies, interests, extracurricular, enrichment, cultural, and social activities.)* |

|  |
| --- |
| Team members present |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES OF TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD TEAM MEMBERS** | | | |
| Signature of youth | Printed name of youth | | Date *(month, day, year)* |
| Signature of DCS Family Case Manager (FCM) / Probation Officer | Printed name of DCS FCM / Probation Officer | | Date *(month, day, year)* |
| Signature of Child Representative / Advocate | Printed name of Child Representative / Advocate | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of Child Representative | Printed name of Child Representative | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Youth declined to participate in CFT Meeting  Youth declined to sign the plan | | | |
| Signature of FCM / Probation Officer | | Date *(month, day, year)* | |

***Six (6) month update to be completed at age fourteen (14) years and six (6) months.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SUPPORTIVE RELATIONSHIPS**  ***If additional space is needed, use separate sheet of paper.*** | | | **Same as previous** | |
| If no supportive relationships can be identified, has referral been made to YCP?  Yes  No | | | If Yes, date of referral *(month, day, year)* | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |

|  |
| --- |
| **HOUSING AND TRANSPORTATION** |
| Current address *(number and street, apartment or unit number, city, state, and ZIP code)* |
| Type of Placement:  Foster Home  Group Home  Residential Facility  Relative Home  Other: |
| Where / with whom would you like to live after foster care? |
| Address after leaving foster care *(number and street, apartment or unit number, city, state, and ZIP code)*  Unknown at this time |
| Type of transportation *(bicycle or uses Public Transportation)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUCCESSFUL ADULTHOOD PREPARATION** | | | | |
| For youth placed in DCS licensed foster home, unlicensed relative placements, or non-licensed court approved placements:  Successful Adulthood Services identified – Date *(month, day, year)*:  For youth placed in a residential facility, group home, LCPA foster home:  The facility/agency is responsible for providing Successful Adulthood Services. | | | | |
| Youth is participating in Successful Adulthood Services?  Yes  No | Level of Involvement | | | Provider *(see above)* |
| Casey Life Skills Assessment (CLSA) completed?  Yes  No | Date last CLSA completed *(month, day, year)* | | | |
| Application completed for Bureau of Developmental Disability Services (BDDS)?  Yes  Not Yet  Not Applicable | | Date completed *(month, day, year)* | Application was:  Approved  Denied  Pending | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MONEY MANAGEMENT** | | | | | |
| Bank account open?  Yes  No | Savings account open?  Yes  No | | | Name of bank or other financial institution | |
| Sources of income and monthly amounts (employment, Social Security, etc.) *Use separate sheet if needed.* | | | | | |
| Application completed for Social Security?  Yes  No  Not Applicable | | | Date completed *(month, day, year)* | | Application was:  Approved  Denied  Pending |
| Credit reports obtained?  Yes  No | | From which agencies?  Experian (Date *(mm/dd/yy)*:      )  TransUnion (Date *(mm/dd/yy)*:      )  Equifax (Date *(mm/dd/yy)*:      ) | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | | |
| Current grade level | Current school attending | | | Expected graduation date *(month, day, year)* | | GPA |
| If youth has an IEP, did the youth attend the last IEP meeting?  Yes  No  Not Applicable | | Date of last IEP meeting *(month, day, year)* | | If youth has/had an IEP, is youth involved with Vocational Rehabilitation?  Yes  No  Not Applicable | | |
| Diploma / Certification track:  General Diploma  Core 40  Core 40, Academic Honors  Core 40, Technical Honors  High School Equivalency (HSE)  Certificate of Completion | | | | | | |
| Has youth applied for Twenty-First Century Scholars?  Yes  No | | | Date of application *(month, day, year)* | | Application was:  Accepted  Denied | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT / VOLUNTEER** | | | |
| Youth referred to Work One?  Yes  No | Youth has working knowledge of how to complete an application for employment? *If no, this should be listed as a goal.*  Yes  No | Youth has working knowledge of how to locate employment? *If no, this should be listed as a goal.*  Yes  No | |
| Currently employed  Full-Time  Part-Time | Name and address of employer *(number and street, city, state, and ZIP code)* | | Hours per week |
| Previously employed  Full-Time  Part-Time | List previous employer(s), dates of employment and reasons for leaving employment. *Use separate sheet if needed.* | | |
| Current volunteer?  Yes  No | Volunteer locations / hours | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTING YOUTH** | | | |
| Does youth have a child?  Yes  No | If yes, has the youth’s child been removed?  Yes  No | | If no, has the youth been provided with information about parenting resources / community-based services?  Yes  No |
| If yes, list the resources/services of which the youth has been informed (e.g., Healthy Families, Child Care and Development Fund [CCDF], Temporary Assistance for Needy Families [TANF], and Women’s Infant and Children [WIC] Program). | | | |
| If yes, is the youth’s child placed with the youth?  Yes  No | | If the youth’s child is not placed with the youth, where is the child placed? | |
| If the child has been removed from the youth’s care, what services have been referred or offered for the youth to work toward reunification? | | | |

*To be completed by youth and team:*

|  |
| --- |
| Youth’s strengths *(Include hobbies, interests, extracurricular, enrichment, cultural, and social activities.)* |

|  |
| --- |
| Team members present |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES OF TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD TEAM MEMBERS** | | | |
| Signature of youth | Printed name of youth | | Date *(month, day, year)* |
| Signature of DCS Family Case Manager (FCM) / Probation Officer | Printed name of DCS FCM / Probation Officer | | Date *(month, day, year)* |
| Signature of Child Representative / Advocate | Printed name of Child Representative / Advocate | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of Child Representative | Printed name of Child Representative | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Youth declined to participate in CFT Meeting  Youth declined to sign the plan | | | |
| Signature of FCM / Probation Officer | | Date *(month, day, year)* | |

***Six (6) month update to be completed at fifteen (15) years of age.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SUPPORTIVE RELATIONSHIPS**  ***If additional space is needed, use separate sheet of paper.*** | | | **Same as previous** | |
| If no supportive relationships can be identified, has referral been made to YCP?  Yes  No | | | If Yes, date of referral *(month, day, year)* | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |

|  |  |
| --- | --- |
| **HOUSING AND TRANSPORTATION** | |
| Current address *(number and street, apartment or unit number, city, state, and ZIP code)* | |
| Type of Placement:  Foster Home  Group Home  Residential Facility  Relative Home  Other: | |
| Where / with whom would you like to live after foster care? | |
| Address after leaving foster care *(number and street, apartment or unit number, city, state, and ZIP code)*  Unknown at this time | |
| Type of transportation *(bicycle or uses Public Transportation)* | Attended Drivers Education?  Yes  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUCCESSFUL ADULTHOOD PREPARATION** | | | | |
| For youth placed in DCS licensed foster home, unlicensed relative placements, or non-licensed court approved placements:  Make a referral for Older Youth / Successful Adulthood Services.  For youth placed in a residential facility, group home, LCPA foster home:  The facility/agency is responsible for providing Successful Adulthood Services. | | | | |
| Youth is participating in Successful Adulthood Services?  Yes  No | Level of Involvement | | | Provider *(see above)* |
| Casey Life Skills Assessment (CLSA) completed?  Yes  No | Date last CLSA completed *(month, day, year)* | | | |
| Application completed for Bureau of Developmental Disability Services (BDDS)?  Yes  Not Yet  Not Applicable | | Date completed *(month, day, year)* | Application was:  Approved  Denied  Pending | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MONEY MANAGEMENT** | | | | | |
| Bank account open?  Yes  No | Savings account open?  Yes  No | | | Name of bank or other financial institution | |
| Sources of income and monthly amounts (employment, Social Security, etc.) *Use separate sheet if needed.* | | | | | |
| Application completed for Social Security?  Yes  No  Not Applicable | | | Date completed *(month, day, year)* | | Application was:  Approved  Denied  Pending |
| Credit reports obtained?  Yes  No | | From which agencies?  Experian (Date *(mm/dd/yy)*:      )  TransUnion (Date *(mm/dd/yy)*:      )  Equifax (Date *(mm/dd/yy)*:      ) | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | | |
| Current grade level | Current school attending | | | Expected graduation date *(month, day, year)* | | GPA |
| If youth has an IEP, did the youth attend the last IEP meeting?  Yes  No  Not Applicable | | Date of last IEP meeting *(month, day, year)* | | If youth has/had an IEP, is youth involved with Vocational Rehabilitation?  Yes  No  Not Applicable | | |
| Diploma / Certification track:  General Diploma  Core 40  Core 40, Academic Honors  Core 40, Technical Honors  High School Equivalency (HSE)  Certificate of Completion | | | | | | |
| Has youth applied for Twenty-First Century Scholars?  Yes  No | | | Date of application *(month, day, year)* | | Application was:  Accepted  Denied | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT / VOLUNTEER** | | | |
| Youth referred to Work One?  Yes  No | Youth has working knowledge of how to complete an application for employment? *If no, this should be listed as a goal.*  Yes  No | Youth has working knowledge of how to locate employment? *If no, this should be listed as a goal.*  Yes  No | |
| Currently employed  Full-Time  Part-Time | Name and address of employer *(number and street, city, state, and ZIP code)* | | Hours per week |
| Previously employed  Full-Time  Part-Time | List previous employer(s), dates of employment and reasons for leaving employment. *Use separate sheet if needed.* | | |
| Current volunteer?  Yes  No | Volunteer locations / hours | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTING YOUTH** | | | |
| Does youth have a child?  Yes  No | If yes, has the youth’s child been removed?  Yes  No | | If no, has the youth been provided with information about parenting resources / community-based services?  Yes  No |
| If yes, list the resources/services of which the youth has been informed (e.g., Healthy Families, Child Care and Development Fund [CCDF], Temporary Assistance for Needy Families [TANF], and Women’s Infant and Children [WIC] Program). | | | |
| If yes, is the youth’s child placed with the youth?  Yes  No | | If the youth’s child is not placed with the youth, where is the child placed? | |
| If the child has been removed from the youth’s care, what services have been referred or offered for the youth to work toward reunification? | | | |

*To be completed by youth and team:*

|  |
| --- |
| Youth’s strengths *(Include hobbies, interests, extracurricular, enrichment, cultural, and social activities.)* |

|  |
| --- |
| Team members present |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES OF TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD TEAM MEMBERS** | | | |
| Signature of youth | Printed name of youth | | Date *(month, day, year)* |
| Signature of DCS Family Case Manager (FCM) / Probation Officer | Printed name of DCS FCM / Probation Officer | | Date *(month, day, year)* |
| Signature of Child Representative / Advocate | Printed name of Child Representative / Advocate | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of Child Representative | Printed name of Child Representative | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Youth declined to participate in CFT Meeting  Youth declined to sign the plan | | | |
| Signature of FCM / Probation Officer | | Date *(month, day, year)* | |

***Six (6) month update to be completed at age fifteen (15) years and six (6) months.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SUPPORTIVE RELATIONSHIPS**  ***If additional space is needed, use separate sheet of paper.*** | | | **Same as previous** | |
| If no supportive relationships can be identified, has referral been made to YCP?  Yes  No | | | If Yes, date of referral *(month, day, year)* | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |

|  |  |
| --- | --- |
| **HOUSING AND TRANSPORTATION** | |
| Current address *(number and street, apartment or unit number, city, state, and ZIP code)* | |
| Type of Placement:  Foster Home  Group Home  Residential Facility  Relative Home  Other: | |
| Where / with whom would you like to live after foster care? | |
| Address after leaving foster care *(number and street, apartment or unit number, city, state, and ZIP code)*  Unknown at this time | |
| Type of transportation *(bicycle or uses Public Transportation)* | Attended Drivers Education?  Yes  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUCCESSFUL ADULTHOOD PREPARATION** | | | | |
| For youth placed in DCS licensed foster home, unlicensed relative placements, or non-licensed court approved placements:  Make a referral for Older Youth / Successful Adulthood Services.  For youth placed in a residential facility, group home, LCPA foster home:  The facility/agency is responsible for providing Successful Adulthood Services. | | | | |
| Youth is participating in Successful Adulthood Services?  Yes  No | Level of Involvement | | | Provider *(see above)* |
| Casey Life Skills Assessment (CLSA) completed?  Yes  No | Date last CLSA completed *(month, day, year)* | | | |
| Application completed for Bureau of Developmental Disability Services (BDDS)?  Yes  Not Yet  Not Applicable | | Date completed *(month, day, year)* | Application was:  Approved  Denied  Pending | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MONEY MANAGEMENT** | | | | | |
| Bank account open?  Yes  No | Savings account open?  Yes  No | | | Name of bank or other financial institution | |
| Sources of income and monthly amounts (employment, Social Security, etc.) *Use separate sheet if needed.* | | | | | |
| Application completed for Social Security?  Yes  No  Not Applicable | | | Date completed *(month, day, year)* | | Application was:  Approved  Denied  Pending |
| Credit reports obtained?  Yes  No | | From which agencies?  Experian (Date *(mm/dd/yy)*:      )  TransUnion (Date *(mm/dd/yy)*:      )  Equifax (Date *(mm/dd/yy)*:      ) | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | | |
| Current grade level | Current school attending | | | Expected graduation date *(month, day, year)* | | GPA |
| If youth has an IEP, did the youth attend the last IEP meeting?  Yes  No  Not Applicable | | Date of last IEP meeting *(month, day, year)* | | If youth has/had an IEP, is youth involved with Vocational Rehabilitation?  Yes  No  Not Applicable | | |
| Diploma / Certification track:  General Diploma  Core 40  Core 40, Academic Honors  Core 40, Technical Honors  High School Equivalency (HSE)  Certificate of Completion | | | | | | |
| Has youth applied for Twenty-First Century Scholars?  Yes  No | | | Date of application *(month, day, year)* | | Application was:  Accepted  Denied | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT / VOLUNTEER** | | | |
| Youth referred to Work One?  Yes  No | Youth has working knowledge of how to complete an application for employment? *If no, this should be listed as a goal.*  Yes  No | Youth has working knowledge of how to locate employment? *If no, this should be listed as a goal.*  Yes  No | |
| Currently employed  Full-Time  Part-Time | Name and address of employer *(number and street, city, state, and ZIP code)* | | Hours per week |
| Previously employed  Full-Time  Part-Time | List previous employer(s), dates of employment and reasons for leaving employment. *Use separate sheet if needed.* | | |
| Current volunteer?  Yes  No | Volunteer locations / hours | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTING YOUTH** | | | |
| Does youth have a child?  Yes  No | If yes, has the youth’s child been removed?  Yes  No | | If no, has the youth been provided with information about parenting resources / community-based services?  Yes  No |
| If yes, list the resources/services of which the youth has been informed (e.g., Healthy Families, Child Care and Development Fund [CCDF], Temporary Assistance for Needy Families [TANF], and Women’s Infant and Children [WIC] Program). | | | |
| If yes, is the youth’s child placed with the youth?  Yes  No | | If the youth’s child is not placed with the youth, where is the child placed? | |
| If the child has been removed from the youth’s care, what services have been referred or offered for the youth to work toward reunification? | | | |

*To be completed by youth and team:*

|  |
| --- |
| Youth’s strengths *(Include hobbies, interests, extracurricular, enrichment, cultural, and social activities.)* |

|  |
| --- |
| Team members present |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES OF TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD TEAM MEMBERS** | | | |
| Signature of youth | Printed name of youth | | Date *(month, day, year)* |
| Signature of DCS Family Case Manager (FCM) / Probation Officer | Printed name of DCS FCM / Probation Officer | | Date *(month, day, year)* |
| Signature of Child Representative / Advocate | Printed name of Child Representative / Advocate | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of Child Representative | Printed name of Child Representative | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Youth declined to participate in CFT Meeting  Youth declined to sign the plan | | | |
| Signature of FCM / Probation Officer | | Date *(month, day, year)* | |

***Six (6) month update to be completed at sixteen (16) years of age.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SUPPORTIVE RELATIONSHIPS**  ***If additional space is needed, use separate sheet of paper.*** | | | **Same as previous** | |
| If no supportive relationships can be identified, has referral been made to YCP?  Yes  No | | | If Yes, date of referral *(month, day, year)* | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |

|  |  |
| --- | --- |
| **HOUSING AND TRANSPORTATION** | |
| Current address *(number and street, apartment or unit number, city, state, and ZIP code)* | |
| Type of Placement:  Foster Home  Group Home  Residential Facility  Relative Home  Other: | |
| Where / with whom would you like to live after foster care? | |
| Address after leaving foster care *(number and street, apartment or unit number, city, state, and ZIP code)*  Unknown at this time | |
| Type of transportation *(Own vehicle, bicycle, or uses Public Transportation)* | Attended Drivers Education?  Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUCCESSFUL ADULTHOOD PREPARATION** | | | |
| For youth placed in DCS licensed foster home, unlicensed relative placements, or non-licensed court approved placements:  Make a referral for Older Youth Services.  For youth placed in a residential facility, group home, LCPA foster home:  The facility/agency is responsible for providing Independent Living (IL) Education. | | | |
| Youth is participating in Older Youth / Successful Adulthood Services?  Yes  No | Level of Involvement | | Provider *(see above)* |
| Life Skills Assessment completed?  Yes  No | Date Life Skills Assessment completed *(month, day, year)* | | |
| Successful Adulthood Learning Plan completed?  Yes  No | Date Successful Adulthood Learning Plan completed *(month, day, year)* | | |
| Application completed for Bureau of Developmental Disability Services (BDDS)?  Yes  Not Yet  Not Applicable | Date completed *(month, day, year)* | Application was:  Approved  Denied  Pending | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MONEY MANAGEMENT** | | | | | | | | |
| Bank account open?  Yes  No | Savings account open?  Yes  No | | | Individual Development Account (IDA) or Nesting account?  Yes  No | | | Name of bank or other financial institution | |
| Savings goal for leaving foster care  $ | | | Current balance  $ | | | Sources of income and monthly amounts (employment, Social Security, financial aid etc.) *Use separate sheet if needed.* | | |
| Application completed for Social Security?  Yes  No  Not Applicable | | | | | Date completed *(month, day, year)* | | | Application was:  Approved  Denied  Pending |
| Credit reports obtained?  Yes  No | | From which agencies?  Experian (Date *(mm/dd/yy)*:      )  TransUnion (Date *(mm/dd/yy)*:      )  Equifax (Date *(mm/dd/yy)*:      ) | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | | | | |
| Current grade level | Current school attending | | | | Expected graduation date *(month, day, year)* | | | GPA |
| If youth has an IEP, did the youth attend the last IEP meeting?  Yes  No  Not Applicable | | Date of last IEP meeting *(month, day, year)* | | | If youth has/had an IEP, is youth involved with Vocational Rehabilitation?  Yes  No  Not Applicable | | | |
| Diploma / Certification track:  General Diploma  Core 40  Core 40, Academic Honors  Core 40, Technical Honors  High School Equivalency (HSE)  Certificate of Completion | | | | | | | | |
| Has youth applied for Twenty-First Century Scholars?  Yes  No | | | Date of application *(month, day, year)* | | | | Application was:  Accepted  Denied | |
| Information provided on Job for America’s Graduates (JAG)  *(if applicable)*  Yes  No | | | | Youth enrolled in JAG program?  Yes  No | | Type of JAG program  In-school  Out-of-school  Alternative Ed. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT / VOLUNTEER** | | | |
| Youth referred to Work One?  Yes  No | Youth has working knowledge of how to complete an application for employment? *If no, this should be listed as a goal.*  Yes  No | Youth has an updated resume?  Yes  No | |
| Currently employed  Full-Time  Part-Time | Name and address of employer *(number and street, city, state, and ZIP code)* | | Hours per week |
| Previously employed  Full-Time  Part-Time | List previous employer(s), dates of employment and reasons for leaving employment. *Use separate sheet if needed.* | | |
| Current volunteer?  Yes  No | Volunteer locations / hours | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTING YOUTH** | | | |
| Does youth have a child?  Yes  No | If yes, has the youth’s child been removed?  Yes  No | | If no, has the youth been provided with information about parenting resources / community-based services?  Yes  No |
| If yes, list the resources/services of which the youth has been informed (e.g., Healthy Families, Child Care and Development Fund [CCDF], Temporary Assistance for Needy Families [TANF], and Women’s Infant and Children [WIC] Program). | | | |
| If yes, is the youth’s child placed with the youth?  Yes  No | | If the youth’s child is not placed with the youth, where is the child placed? | |
| If the child has been removed from the youth’s care, what services have been referred or offered for the youth to work toward reunification? | | | |

*To be completed by youth and team:*

|  |
| --- |
| Youth’s strengths *(Include hobbies, interests, extracurricular, enrichment, cultural, and social activities.)* |

|  |
| --- |
| Team members present |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES OF TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD TEAM MEMBERS** | | | |
| Signature of youth | Printed name of youth | | Date *(month, day, year)* |
| Signature of DCS Family Case Manager (FCM) / Probation Officer | Printed name of DCS FCM / Probation Officer | | Date *(month, day, year)* |
| Signature of Child Representative / Advocate | Printed name of Child Representative / Advocate | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of Child Representative | Printed name of Child Representative | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Youth declined to participate in CFT Meeting  Youth declined to sign the plan | | | |
| Signature of FCM / Probation Officer | | Date *(month, day, year)* | |

***Six (6) month update to be completed at age sixteen (16) years and six (6) months.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **SUPPORTIVE RELATIONSHIPS**  ***If additional space is needed, use separate sheet of paper.*** | | | | **Same as previous** | |
| If no supportive relationships can be identified, has referral been made to  Youth Connections Program (YCP)? | | | Yes  No | If Yes, date of referral *(month, day, year)* | | |
| Name | | Relationship to youth | | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | | |
| Supports offered *(advice, emergency housing career guidance, place to go for holidays, help with finances, etc.)* | | | | | | |
| Name | | Relationship to youth | | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | | |
| Name | | Relationship to youth | | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | | |

|  |  |  |
| --- | --- | --- |
| **HOUSING AND TRANSPORTATION** | | |
| Current address *(number and street, apartment or unit number, city, state, and ZIP code)* | | |
| Type of Placement:  Foster Home  Group Home  Residential Facility  Relative Home  Other: | | |
| Where / with whom would you like to live after foster care? | | |
| Address after leaving foster care *(number and street, apartment or unit number, city, state, and ZIP code)*  Unknown at this time | | |
| Type of transportation *(Own vehicle, bicycle, or uses Public Transportation)* | Attended Drivers Education?  Yes  No | Obtained drivers license?  Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUCCESSFUL ADULTHOOD PREPARATION** | | | |
| For youth placed in DCS licensed foster home, unlicensed relative placements, or non-licensed court approved placements:  Make a referral for Older Youth Services.  For youth placed in a residential facility, group home, LCPA foster home:  The facility/agency is responsible for providing IL Education. | | | |
| Youth is participating in Older Youth / Successful Adulthood Services?  Yes  No | Level of Involvement | | Provider *(see above)* |
| Life Skills Assessment completed?  Yes  No | Date Life Skills Assessment completed *(month, day, year)* | | |
| Successful Adulthood Learning Plan completed?  Yes  No | Date Successful Adulthood Learning Plan completed *(month, day, year)* | | |
| Application completed for Bureau of Developmental Disability Services (BDDS)?  Yes  Not Yet  Not Applicable | Date completed *(month, day, year)* | Application was:  Approved  Denied  Pending | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MONEY MANAGEMENT** | | | | | | | | |
| Bank account open?  Yes  No | Savings account open?  Yes  No | | | Individual Development Account (IDA) or Nesting account?  Yes  No | | | Name of bank or other financial institution | |
| Savings goal for leaving foster care  $ | | | Current balance  $ | | | Sources of income and monthly amounts (employment, Social Security, financial aid etc.) *Use separate sheet if needed.* | | |
| Application completed for Social Security?  Yes  No  Not Applicable | | | | | Date completed *(month, day, year)* | | | Application was:  Approved  Denied  Pending |
| Credit reports obtained?  Yes  No | | From which agency?  Experian (Date *(mm/dd/yy)*:      )  TransUnion (Date *(mm/dd/yy)*:      )  Equifax (Date *(mm/dd/yy)*:      ) | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | | | | |
| Current grade level | Current school attending | | | | Expected graduation date *(month, day, year)* | | | GPA |
| If youth has an IEP, did the youth attend the last IEP meeting?  Yes  No  Not Applicable | | Date of last IEP meeting *(month, day, year)* | | | If youth has/had an IEP, is youth involved with Vocational Rehabilitation?  Yes  No  Not Applicable | | | |
| Diploma / Certification track:  General Diploma  Core 40  Core 40, Academic Honors  Core 40, Technical Honors  High School Equivalency (HSE)  Certificate of Completion | | | | | | | | |
| Plan to attend college or vocational program?  Yes  No | | | | | | | | |
| Has youth applied for Twenty-First Century Scholars?  Yes  No | | | Date of application *(month, day, year)* | | | | Application was:  Accepted  Denied | |
| Information provided on Job for America’s Graduates (JAG)  *(if applicable)*  Yes  No | | | | Youth enrolled in JAG program?  Yes  No | | Type of JAG program  In school  Out of school  Alternative Ed. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT / VOLUNTEER** | | | |
| Youth referred to Work One?  Yes  No | Youth has working knowledge of how to complete an application for employment? *If no, this should be listed as a goal.*  Yes  No | Youth has an updated resume?  Yes  No | |
| Currently employed  Full-Time  Part-Time | Name and address of employer *(number and street, city, state, and ZIP code)* | | Hours per week |
| Previously employed  Full-Time  Part-Time | List previous employer(s), dates of employment and reasons for leaving employment. *Use separate sheet if needed.* | | |
| Current volunteer?  Yes  No | Volunteer locations / hours | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTING YOUTH** | | | |
| Does youth have a child?  Yes  No | If yes, has the youth’s child been removed?  Yes  No | | If no, has the youth been provided with information about parenting resources / community-based services?  Yes  No |
| If yes, list the resources/services of which the youth has been informed (e.g., Healthy Families, Child Care and Development Fund [CCDF], Temporary Assistance for Needy Families [TANF], and Women’s Infant and Children [WIC] Program). | | | |
| If yes, is the youth’s child placed with the youth?  Yes  No | | If the youth’s child is not placed with the youth, where is the child placed? | |
| If the child has been removed from the youth’s care, what services have been referred or offered for the youth to work toward reunification? | | | |

*To be completed by youth and team:*

|  |  |  |  |
| --- | --- | --- | --- |
| Youth’s strengths *(Include hobbies, interests, extracurricular, enrichment, cultural, and social activities.)* | | | |
| Goals: *Consider results from the most recent Successful Adulthood Learning Plan.* | | | |
| **Identified Goals** | **Steps to achieve goals** | **Team member assigned to help with this goal** | **Completed date**  ***(month, day, year)*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Team members present |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES OF TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD TEAM MEMBERS** | | | |
| Signature of youth | Printed name of youth | | Date *(month, day, year)* |
| Signature of DCS Family Case Manager (FCM) / Probation Officer | Printed name of DCS FCM / Probation Officer | | Date *(month, day, year)* |
| Signature of Child Representative / Advocate | Printed name of Child Representative / Advocate | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of Child Representative | Printed name of Child Representative | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Youth declined to participate in CFT Meeting  Youth declined to sign the plan | | | |
| Signature of FCM / Probation Officer | | Date *(month, day, year)* | |

***Six (6) month update to be completed at seventeen (17) years of age.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SUPPORTIVE RELATIONSHIPS**  ***If additional space is needed, use separate sheet of paper.*** | | | **Same as previous** | |
| If no supportive relationships can be identified, has referral been made to YCP?  Yes  No | | | If Yes, date of referral *(month, day, year)* | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |

|  |  |  |
| --- | --- | --- |
| **HOUSING AND TRANSPORTATION** | | |
| Current address *(number and street, apartment or unit number, city, state, and ZIP code)* | | |
| Type of Placement:  Foster Home  Group Home  Residential Facility  Relative Home  Other: | | |
| Where / with whom would you like to live after foster care? | | |
| Address after leaving foster care *(number and street, apartment or unit number, city, state, and ZIP code)*  Unknown at this time | | |
| Type of transportation *(Own vehicle, bicycle, or uses Public Transportation)* | Attended Drivers Education?  Yes  No | Obtained drivers license?  Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUCCESSFUL ADULTHOOD PREPARATION** | | | |
| For youth placed in DCS licensed foster home, unlicensed relative placements, or non-licensed court approved placements:  Make a referral for Older Youth Services.  **REQUIRED:** Date FCM contacted the Collaborative Care Case Manager (3CM) for information concerning youth’s eligibility for the CC program  *(month, day, year)*:  For youth placed in a residential facility, group home, LCPA foster home:  The facility/agency is responsible for providing IL Education. | | | |
| Youth is participating in Older Youth / Successful Adulthood Services?  Yes  No | Level of Involvement | | Provider *(see above)* |
| Life Skills Assessment completed?  Yes  No | Date Life Skills Assessment completed *(month, day, year)* | | |
| Successful Adulthood Learning Plan completed?  Yes  No | Date Successful Adulthood Learning Plan completed *(month, day, year)* | | |
| Application completed for Bureau of Developmental Disability Services (BDDS)?  Yes  Not Yet  Not Applicable | Date completed *(month, day, year)* | Application was:  Approved  Denied  Pending | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MONEY MANAGEMENT** | | | | | | | | |
| Bank account open?  Yes  No | Savings account open?  Yes  No | | | Individual Development Account (IDA) or Nesting account?  Yes  No | | | Name of bank or other financial institution | |
| Savings goal for leaving foster care  $ | | | Current balance  $ | | | Sources of income and monthly amounts (employment, Social Security, financial aid etc.) *Use separate sheet if needed.* | | |
| Application completed for Social Security?  Yes  No  Not Applicable | | | | | Date completed *(month, day, year)* | | | Application was:  Approved  Denied  Pending |
| Credit reports obtained?  Yes  No | | From which agencies?  Experian (Date *(mm/dd/yy)*:      )  TransUnion (Date *(mm/dd/yy)*:      )  Equifax (Date *(mm/dd/yy)*:      ) | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | | | | | | | | |
| Current grade level | Current school attending | | | | | | | Expected graduation date *(month, day, year)* | | | | GPA |
| If youth has an IEP, did the youth attend the last IEP meeting?  Yes  No  Not Applicable | | Date of last IEP meeting *(month, day, year)* | | | | | | If youth has/had an IEP, is youth involved with Vocational Rehabilitation?  Yes  No  Not Applicable | | | | |
| Diploma / Certification track:  General Diploma  Core 40  Core 40, Academic Honors  Core 40, Technical Honors  High School Equivalency (HSE)  Certificate of Completion | | | | | | | | | | | | |
| Has youth received and signed the Acknowledgement of Receipt of Information about Various Education Programs (per policy 11.15)?  Yes  No  Not Applicable | | | | | | | | | | | | |
| Has youth applied for Twenty-First Century Scholars?  Yes  No | | | | | Date of application *(month, day, year)* | | | | | Application was:  Accepted  Denied | | |
| Information provided on Job for America’s Graduates (JAG)  *(if applicable)*  Yes  No | | | | | | Youth enrolled in JAG program?  Yes  No | | | Type of JAG program  In school  Out of school  Alternative Ed. | | | |
| Plan to attend college or vocational program?  Yes  No | | | If yes:  Full-time  Part-time | | | | Youth completed PSAT/SAT/ACT?  Yes  No | | | | Date completed *(month, day, year)* | |
| College or vocational program application submitted?  Yes  No | | | | Name of school or program | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT / VOLUNTEER** | | | |
| Youth referred to Work One?  Yes  No | Youth has working knowledge of how to complete an application for employment? *If no, this should be listed as a goal.*  Yes  No | Youth has an updated resume?  Yes  No | |
| Currently employed  Full-Time  Part-Time | Name and address of employer *(number and street, city, state, and ZIP code)* | | Hours per week |
| Previously employed  Full-Time  Part-Time | List previous employer(s), dates of employment and reasons for leaving employment. *Use separate sheet if needed.* | | |
| Current volunteer?  Yes  No | Volunteer locations / hours | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTING YOUTH** | | | |
| Does youth have a child?  Yes  No | If yes, has the youth’s child been removed?  Yes  No | | If no, has the youth been provided with information about parenting resources / community-based services?  Yes  No |
| If yes, list the resources/services of which the youth has been informed (e.g., Healthy Families, Child Care and Development Fund [CCDF], Temporary Assistance for Needy Families [TANF], and Women’s Infant and Children [WIC] Program). | | | |
| If yes, is the youth’s child placed with the youth?  Yes  No | | If the youth’s child is not placed with the youth, where is the child placed? | |
| If the child has been removed from the youth’s care, what services have been referred or offered for the youth to work toward reunification? | | | |

*To be completed by youth and team:*

|  |  |  |  |
| --- | --- | --- | --- |
| Youth’s strengths *(Include hobbies, interests, extracurricular, enrichment, cultural, and social activities.)* | | | |
| Goals: *Consider results from the most recent Successful Adulthood Learning Plan.* | | | |
| **Identified Goals** | **Steps to achieve goals** | **Team member assigned to help with this goal** | **Completed date**  ***(month, day, year)*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Team members present |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES OF TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD TEAM MEMBERS** | | | |
| Signature of youth | Printed name of youth | | Date *(month, day, year)* |
| Signature of DCS Family Case Manager (FCM) / Probation Officer | Printed name of DCS FCM / Probation Officer | | Date *(month, day, year)* |
| Signature of Child Representative / Advocate | Printed name of Child Representative / Advocate | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of Child Representative | Printed name of Child Representative | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Youth declined to participate in CFT Meeting  Youth declined to sign the plan | | | |
| Signature of FCM / Probation Officer | | Date *(month, day, year)* | |

***Six (6) month update to be completed at age seventeen (17) years and six (6) months.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SUPPORTIVE RELATIONSHIPS**  ***If additional space is needed, use separate sheet of paper.*** | | | **Same as previous** | |
| If no supportive relationships can be identified, has referral been made to YCP?  Yes  No | | | If Yes, date of referral *(month, day, year)* | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |

|  |  |  |
| --- | --- | --- |
| **HOUSING AND TRANSPORTATION** | | |
| Current address *(number and street, apartment or unit number, city, state, and ZIP code)* | | |
| Type of Placement:  Foster Home  Group Home  Residential Facility  Relative Home  Other: | | |
| Where / with whom would you like to live after foster care? *(NOTE: Host home, own home, and shared housing become placement choice for youth upon reaching eighteen (18) years of age.)* | | |
| Address after leaving foster care *(number and street, apartment or unit number, city, state, and ZIP code)*  Unknown at this time | | |
| Participated in visits to housing options?  Yes  No | | |
| Type of transportation *(Own vehicle, bicycle, or uses Public Transportation)* | Attended Drivers Education?  Yes  No | Obtained drivers license?  Yes  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUCCESSFUL ADULTHOOD PREPARATION** | | | | |
| *All youth, regardless of placement, should be referred to an Older Youth Services provider.* | | | | |
| Youth is participating in Older Youth / Successful Adulthood Services?  Yes  No | | Level of Involvement | | Provider *(see above)* |
| Life Skills Assessment completed?  Yes  No | | Date Life Skills Assessment completed *(month, day, year)* | | |
| Successful Adulthood Learning Plan completed?  Yes  No | | Date Successful Adulthood Learning Plan completed *(month, day, year)* | | |
| Application completed for Bureau of Developmental Disability Services (BDDS)?  Yes  Not Yet  Not Applicable | | Date completed *(month, day, year)* | Application was:  Approved  Denied  Pending | |
| Youth eligible for CC?  Yes  No | Date youth transitioned to 3CM *(month, day, year) Not applicable ONLY IF youth will achieve permanency within the next three (3) to six (6) months.* | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MONEY MANAGEMENT** | | | | | | | | |
| Bank account open?  Yes  No | Savings account open?  Yes  No | | | Individual Development Account (IDA) or Nesting account?  Yes  No | | | Name of bank or other financial institution | |
| Savings goal for leaving foster care  $ | | | Current balance  $ | | | Sources of income and monthly amounts (employment, Social Security, financial aid etc.) *Use separate sheet if needed.* | | |
| Application completed for Social Security?  Yes  No  Not Applicable | | | | | Date completed *(month, day, year)* | | | Application was:  Approved  Denied  Pending |
| Credit reports obtained?  Yes  No | | From which agencies?  Experian (Date *(mm/dd/yy)*:      )  TransUnion (Date *(mm/dd/yy)*:      )  Equifax (Date *(mm/dd/yy)*:      ) | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | | | | | | | | |
| Current grade level | Current school attending | | | | | | | Expected graduation date *(month, day, year)* | | | | GPA |
| If youth has an IEP, did the youth attend the last IEP meeting?  Yes  No  Not Applicable | | Date of last IEP meeting *(month, day, year)* | | | | | | If youth has/had an IEP, is youth involved with Vocational Rehabilitation?  Yes  No  Not Applicable | | | | |
| Diploma / Certification track:  General Diploma  Core 40  Core 40, Academic Honors  Core 40, Technical Honors  High School Equivalency (HSE)  Certificate of Completion | | | | | | | | | | | | |
| Has youth received and signed the Acknowledgement of Receipt of Information about Various Education Programs (per policy 11.15)?  Yes  No  Not Applicable | | | | | | | | | | | | |
| Has youth applied for Twenty-First Century Scholars?  Yes  No | | | | | Date of application *(month, day, year)* | | | | | Application was:  Accepted  Denied | | |
| Information provided on Job for America’s Graduates (JAG)  *(if applicable)*  Yes  No | | | | | | Youth enrolled in JAG program?  Yes  No | | | Type of JAG program  In school  Out of school  Alternative Ed. | | | |
| Plan to attend college or vocational program?  Yes  No | | | If yes:  Full-time  Part-time | | | | Youth completed PSAT/SAT/ACT?  Yes  No | | | | Date completed *(month, day, year)* | |
| College or vocational program application submitted?  Yes  No | | | | Name of school or program | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT / VOLUNTEER** | | | |
| Youth referred to Work One?  Yes  No | Youth has working knowledge of how to complete an application for employment? *If no, this should be listed as a goal.*  Yes  No | Youth has an updated resume?  Yes  No | |
| Currently employed  Full-Time  Part-Time | Name and address of employer *(number and street, city, state, and ZIP code)* | | Hours per week |
| Previously employed  Full-Time  Part-Time | List previous employer(s), dates of employment and reasons for leaving employment. *Use separate sheet if needed.* | | |
| Current volunteer?  Yes  No | Volunteer locations / hours | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTING YOUTH** | | | |
| Does youth have a child?  Yes  No | If yes, has the youth’s child been removed?  Yes  No | | If no, has the youth been provided with information about parenting resources / community-based services?  Yes  No |
| If yes, list the resources/services of which the youth has been informed (e.g., Healthy Families, Child Care and Development Fund [CCDF], Temporary Assistance for Needy Families [TANF], and Women’s Infant and Children [WIC] Program). | | | |
| If yes, is the youth’s child placed with the youth?  Yes  No | | If the youth’s child is not placed with the youth, where is the child placed? | |
| If the child has been removed from the youth’s care, what services have been referred or offered for the youth to work toward reunification? | | | |

*To be completed by youth and team:*

|  |  |  |  |
| --- | --- | --- | --- |
| Youth’s strengths *(Include hobbies, interests, extracurricular, enrichment, cultural, and social activities.)* | | | |
| Goals: *Consider results from the most recent Successful Adulthood Learning Plan.* | | | |
| **Identified Goals** | **Steps to achieve goals** | **Team member assigned to help with this goal** | **Completed date**  ***(month, day, year)*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Team members present |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES OF TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD TEAM MEMBERS** | | | |
| Signature of youth | Printed name of youth | | Date *(month, day, year)* |
| Signature of DCS Family Case Manager (FCM) / Probation Officer | Printed name of DCS FCM / Probation Officer | | Date *(month, day, year)* |
| Signature of Child Representative / Advocate | Printed name of Child Representative / Advocate | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of Child Representative | Printed name of Child Representative | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Youth declined to participate in CFT Meeting  Youth declined to sign the plan | | | |
| Signature of FCM / Probation Officer | | Date *(month, day, year)* | |

***Update to be completed ninety (90) days before the youth’s eighteenth (18th) birthday.***

***Update must also be completed for those entering foster care after ninety (90) days before the youth’s eighteenth (18th) birthday.***

**TRANSITIONAL SERVICES PLAN FOR SUCCESSFUL ADULTHOOD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SUPPORTIVE RELATIONSHIPS**  ***If additional space is needed, use separate sheet of paper.*** | | | **Same as previous** | |
| If no supportive relationships can be identified, has referral been made to YCP?  Yes  No | | | If Yes, date of referral *(month, day, year)* | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSING AND TRANSPORTATION** | | | | |
| Current address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | |
| Type of Placement:  Foster Home  Group Home  Residential Facility  Relative Home  Other: | | | | |
| Where / with whom would you like to live after foster care? | | | | |
| Address after leaving foster care *(number and street, apartment or unit number, city, state, and ZIP code)*  Unknown at this time | | | | |
| Participated in visits to housing options?  Yes  No | | | | |
| Type of transportation *(Own vehicle, bicycle, or uses Public Transportation)* | | Attended Drivers Education?  Yes  No | | Obtained drivers license?  Yes  No |
| Has own mode of transportation?  Yes  No | Insurance coverage | | When are payments due? | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUCCESSFUL ADULTHOOD PREPARATION** | | | | |
| *All youth, regardless of placement, should be referred to an Older Youth Services provider.* | | | | |
| Youth is participating in Older Youth / Successful Adulthood Services?  Yes  No | | Level of Involvement | | Provider *(see above)* |
| Life Skills Assessment completed?  Yes  No | | Date Life Skills Assessment completed *(month, day, year)* | | |
| Successful Adulthood Learning Plan completed?  Yes  No | | Date Successful Adulthood Learning Plan completed *(month, day, year)* | | |
| Application completed for Bureau of Developmental Disability Services (BDDS)?  Yes  Not Yet  Not Applicable | | Date completed *(month, day, year)* | Application was:  Approved  Denied  Pending | |
| Youth eligible for CC?  Yes  No | Date youth transitioned to 3CM *(month, day, year) Not applicable ONLY IF youth will achieve permanency within the next three (3) to six (6) months.* | | | |

|  |
| --- |
| **VITAL RECORDS** |
| Review page 1 of this document to ensure the youth has received a copy of his/her vital records. **All documents should be in the youth’s possession by the youth’s eighteenth (18th) birthday or ninety (90) days prior to case dismissal.** Vital records should include: state identification, birth certificate, Social Security card, Medical Passport, medical records, etc. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MONEY MANAGEMENT** | | | | | | | | |
| Bank account open?  Yes  No | Savings account open?  Yes  No | | | Individual Development Account (IDA) or Nesting account?  Yes  No | | | Name of bank or other financial institution | |
| Savings goal for leaving foster care  $ | | | Current balance  $ | | | Sources of income and monthly amounts (employment, Social Security, financial aid etc.) *Use separate sheet if needed.* | | |
| Application completed for Social Security?  Yes  No  Not Applicable | | | | | Date completed *(month, day, year)* | | | Application was:  Approved  Denied  Pending |
| Credit reports obtained?  Yes  No | | From which agencies?  Experian (Date *(mm/dd/yy)*:      )  TransUnion (Date *(mm/dd/yy)*:      )  Equifax (Date *(mm/dd/yy)*:      ) | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | | | | | | | | | |
| Current grade level | Current school attending | | | | | | | Expected graduation date *(month, day, year)* | | | | | GPA |
| If youth has an IEP, did the youth attend the last IEP meeting?  Yes  No  Not Applicable | | Date of last IEP meeting *(month, day, year)* | | | | | | If youth has/had an IEP, is youth involved with Vocational Rehabilitation?  Yes  No  Not Applicable | | | | | |
| Diploma / Certification track:  General Diploma  Core 40  Core 40, Academic Honors  Core 40, Technical Honors  High School Equivalency (HSE)  Certificate of Completion | | | | | | | | | | | | | |
| Has youth received and signed the Acknowledgement of Receipt of Information about Various Education Programs (per policy 11.15)?  Yes  No  Not Applicable | | | | | | | | | | | | | |
| Has youth applied for Twenty-First Century Scholars?  Yes  No | | | | | Date of application *(month, day, year)* | | | | | | Application was:  Accepted  Denied | | |
| Information provided on Job for America’s Graduates (JAG)  *(if applicable)*  Yes  No | | | | | | Youth enrolled in JAG program?  Yes  No | | | Type of JAG program  In school  Out of school  Alternative Ed. | | | | |
| Plan to attend college or vocational program?  Yes  No | | | If yes:  Full-time  Part-time | | | | Youth completed PSAT/SAT/ACT?  Yes  No | | | | | Date completed *(month, day, year)* | |
| College or vocational program application submitted?  Yes  No | | | | Name of school or program | | | | | | | | | |
| Enrolled in college or vocational program?  Yes  No | | | If yes:  Full-time  Part-time | | | | Name of school or program | | | | | | |
| Area of study | | | | | Expected graduation date *(month, day, year)* | | | | | Attached:  Schedule  Transcripts | | | GPA |
| Educational goal  Certification / Certificate / License  Associate Degree  Bachelors Degree  Other *(specify)*: | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT / VOLUNTEER** | | | |
| Youth referred to Work One?  Yes  No | Youth has working knowledge of how to complete an application for employment? *If no, this should be listed as a goal.*  Yes  No | Youth has an updated resume?  Yes  No | |
| Currently employed  Full Time  Part Time | Name and address of employer *(number and street, city, state, and ZIP code)* | | Hours per week |
| Previously employed  Full Time  Part Time | List previous employer(s), dates of employment and reasons for leaving employment. *Use separate sheet if needed.* | | |
| Current volunteer?  Yes  No | Volunteer locations / hours | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTING YOUTH** | | | |
| Does youth have a child?  Yes  No | If yes, has the youth’s child been removed?  Yes  No | | If no, has the youth been provided with information about parenting resources / community-based services?  Yes  No |
| If yes, list the resources/services of which the youth has been informed (e.g., Healthy Families, Child Care and Development Fund [CCDF], Temporary Assistance for Needy Families [TANF], and Women’s Infant and Children [WIC] Program). | | | |
| If yes, is the youth’s child placed with the youth?  Yes  No | | If the youth’s child is not placed with the youth, where is the child placed? | |
| If the child has been removed from the youth’s care, what services have been referred or offered for the youth to work toward reunification? | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SELF CARE** | | | | |
| HEALTH INSURANCE OPTIONS: If employed, talk to employer about health insurance options provided. If youth turns eighteen (18) in a foster care setting (see Federal definition) youth is eligible for Medicaid, category MA14, until his/her twenty-first (21st) birthday or category MA15 until his/her twenty-sixth (26th) birthday. | | | | |
| Current medical coverage | Applied for Medicaid one (1) month prior to eighteenth (18th) birthday?  Yes  No  Not yet due to age | | | Type of Medicaid applied for |
| **REQUIRED:**  Received Advance Directives packet on importance of designating a health representative to make health decisions, how to execute health care power of attorney, health care proxy, or other similar document recognized by State law?  Yes  No  Youth was given opportunity to watch video explaining Advance Directives information packet?  Yes  No  Youth watched video explaining Advance Directives information packet?  Yes  No | | | | |
| Name of doctor | | | Telephone number  (     ) | |
| Address *(number and street, city, state, and ZIP code)* | | | | |
| Name of dentist | | | Telephone number  (     ) | |
| Address *(number and street, city, state, and ZIP code)* | | | | |
| Name of emergency provider | | | Telephone number  (     ) | |
| Address *(number and street, city, state, and ZIP code)* | | | | |
| Name of mental health provider | | | Telephone number  (     ) | |
| Address *(number and street, city, state, and ZIP code)* | | | | |
| Currently on probation?  Yes  No | | If yes, date probation ends *(month, day, year)* | Parent?  Yes  No | |
| Age and gender of children | | | | |
| Any/all children that live with youth | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DAILY LIVING SKILLS** | | | | |
| **Skill** | ***Check mastery level of each skill.*** | | | ***Identify who is assisting youth with this skill.***  ***Can be foster parent, OYS provider, facility staff, or relative.*** |
|  | Mastered | Needs work | Currently working on |
| Personal hygiene |  |  |  |  |
| Laundry |  |  |  |  |
| Preparing meals and clean up |  |  |  |  |
| Nutrition |  |  |  |  |
| Shopping for meals |  |  |  |  |
| Housework / vacuuming / dusting, etc. |  |  |  |  |
| Health and Safety |  |  |  |  |
| Money Management |  |  |  |  |
| Problem Solving Skills |  |  |  |  |
| Others *(specify)*: |  |  |  |  |

*To be completed by youth and team:*

|  |  |  |  |
| --- | --- | --- | --- |
| Youth’s strengths *(Include hobbies, interests, extracurricular, enrichment, cultural, and social activities.)* | | | |
| Goals: *Consider results from the most recent Successful Adulthood Learning Plan.* | | | |
| **Identified Goals** | **Steps to achieve goals** | **Team member assigned to help with this goal** | **Completed date**  ***(month, day, year)*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Team members present |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES OF TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD TEAM MEMBERS** | | | |
| Signature of youth | Printed name of youth | | Date *(month, day, year)* |
| Signature of DCS Family Case Manager (FCM) / Probation Officer | Printed name of DCS FCM / Probation Officer | | Date *(month, day, year)* |
| Signature of Child Representative / Advocate | Printed name of Child Representative / Advocate | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of Child Representative | Printed name of Child Representative | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Youth declined to participate in CFT Meeting  Youth declined to sign the plan | | | |
| Signature of FCM / Probation Officer | | Date *(month, day, year)* | |

***Six (6) month update to be completed at eighteen (18) years of age or older.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SUPPORTIVE RELATIONSHIPS**  ***If additional space is needed, use separate sheet of paper.*** | | | **Same as previous** | |
| If no supportive relationships can be identified, has referral been made to YCP?  Yes  No | | | If Yes, date of referral *(month, day, year)* | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |
| Name | | Relationship to youth | | | Telephone number  (     ) |
| Address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | | |
| Supports offered *(advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.)* | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSING AND TRANSPORTATION** | | | | |
| Current address *(number and street, apartment or unit number, city, state, and ZIP code)* | | | | |
| Type of Placement:  Foster Home  Group Home  Residential Facility  Relative Home  Other: | | | | |
| Where / with whom would you like to live after foster care? | | | | |
| Address after leaving foster care *(number and street, apartment or unit number, city, state, and ZIP code)*  Unknown at this time | | | | |
| Participated in visits to housing options?  Yes  No | | | | |
| Type of transportation *(Own vehicle, bicycle, or uses Public Transportation)* | | Attended Drivers Education?  Yes  No | | Obtained drivers license?  Yes  No |
| Has own mode of transportation?  Yes  No | Insurance coverage | | When are payments due? | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUCCESSFUL ADULTHOOD PREPARATION** | | | | |
| *All youth, regardless of placement, should be referred to an Older Youth Services provider.* | | | | |
| Youth is participating in Older Youth / Successful Adulthood Services?  Yes  No | | Level of Involvement | | Provider *(see above)* |
| Life Skills Assessment completed?  Yes  No | | Date Life Skills Assessment completed *(month, day, year)* | | |
| Successful Adulthood Learning Plan completed?  Yes  No | | Date Successful Adulthood Learning Plan completed *(month, day, year)* | | |
| Application completed for Bureau of Developmental Disability Services (BDDS)?  Yes  Not Yet  Not Applicable | | Date completed *(month, day, year)* | Application was:  Approved  Denied  Pending | |
| Youth eligible for CC?  Yes  No | Date youth transitioned to 3CM *(month, day, year) Not applicable ONLY IF youth will achieve permanency within the next three (3) to six (6) months.* | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MONEY MANAGEMENT** | | | | | | | | |
| Bank account open?  Yes  No | Savings account open?  Yes  No | | | Individual Development Account (IDA) or Nesting account?  Yes  No | | | Name of bank or other financial institution | |
| Savings goal for leaving foster care  $ | | | Current balance  $ | | | Sources of income and monthly amounts (employment, Social Security, financial aid etc.) *Use separate sheet if needed.* | | |
| Application completed for Social Security?  Yes  No  Not Applicable | | | | | Date completed *(month, day, year)* | | | Application was:  Approved  Denied  Pending |
| Credit reports obtained?  Yes  No | | From which agencies?  Experian (Date *(mm/dd/yy)*:      )  TransUnion (Date *(mm/dd/yy)*:      )  Equifax (Date *(mm/dd/yy)*:      ) | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | | | | | | | | | |
| Current grade level | Current school attending | | | | | | | Expected graduation date *(month, day, year)* | | | | | GPA |
| If youth has an IEP, did the youth attend the last IEP meeting?  Yes  No  Not Applicable | | Date of last IEP meeting *(month, day, year)* | | | | | | If youth has/had an IEP, is youth involved with Vocational Rehabilitation?  Yes  No  Not Applicable | | | | | |
| Diploma / Certification track:  General Diploma  Core 40  Core 40, Academic Honors  Core 40, Technical Honors  High School Equivalency (HSE)  Certificate of Completion | | | | | | | | | | | | | |
| Has youth received and signed the Acknowledgement of Receipt of Information about Various Education Programs (per policy 11.15)?  Yes  No  Not Applicable | | | | | | | | | | | | | |
| Has youth applied for Twenty-First Century Scholars?  Yes  No | | | | | Date of application *(month, day, year)* | | | | | | Application was:  Accepted  Denied | | |
| Information provided on Job for America’s Graduates (JAG)  *(if applicable)*  Yes  No | | | | | | Youth enrolled in JAG program?  Yes  No | | | Type of JAG program  In school  Out of school  Alternative Ed. | | | | |
| Plan to attend college or vocational program?  Yes  No | | | If yes:  Full-time  Part-time | | | | Youth completed PSAT/SAT/ACT?  Yes  No | | | | | Date completed *(month, day, year)* | |
| College or vocational program application submitted?  Yes  No | | | | Name of school or program | | | | | | | | | |
| Enrolled in college or vocational program?  Yes  No | | | If yes:  Full-time  Part-time | | | | Name of school or program | | | | | | |
| Area of study | | | | | Expected graduation date *(month, day, year)* | | | | | Attached:  Schedule  Transcripts | | | GPA |
| Educational goal  Certification / Certificate / License  Associate Degree  Bachelors Degree  Other *(specify)*: | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT / VOLUNTEER** | | | |
| Youth referred to Work One?  Yes  No | Youth has working knowledge of how to complete an application for employment? *If no, this should be listed as a goal.*  Yes  No | Youth has an updated resume?  Yes  No | |
| Currently employed  Full Time  Part Time | Name and address of employer *(number and street, city, state, and ZIP code)* | | Hours per week |
| Previously employed  Full Time  Part Time | List previous employer(s), dates of employment and reasons for leaving employment. *Use separate sheet if needed.* | | |
| Current volunteer?  Yes  No | Volunteer locations / hours | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTING YOUTH** | | | |
| Does youth have a child?  Yes  No | If yes, has the youth’s child been removed?  Yes  No | | If no, has the youth been provided with information about parenting resources / community-based services?  Yes  No |
| If yes, list the resources/services of which the youth has been informed (e.g., Healthy Families, Child Care and Development Fund [CCDF], Temporary Assistance for Needy Families [TANF], and Women’s Infant and Children [WIC] Program). | | | |
| If yes, is the youth’s child placed with the youth?  Yes  No | | If the youth’s child is not placed with the youth, where is the child placed? | |
| If the child has been removed from the youth’s care, what services have been referred or offered for the youth to work toward reunification? | | | |

*To be completed by youth and team:*

|  |
| --- |
| Youth’s strengths *(Include hobbies, interests, extracurricular, enrichment, cultural, and social activities.)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Goals: *Consider results from the most recent Successful Adulthood Learning Plan.* | | | |
| **Identified Goals** | **Steps to achieve goals** | **Team member assigned to help with this goal** | **Completed date**  ***(month, day, year)*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Team members present |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES OF TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD TEAM MEMBERS** | | | |
| Signature of youth | Printed name of youth | | Date *(month, day, year)* |
| Signature of DCS Family Case Manager (FCM) / Probation Officer | Printed name of DCS FCM / Probation Officer | | Date *(month, day, year)* |
| Signature of Child Representative / Advocate | Printed name of Child Representative / Advocate | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of Child Representative | Printed name of Child Representative | | Date *(month, day, year)* |
| Telephone number  (     ) | | | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Signature of team member | Printed name of team member | | Date *(month, day, year)* |
| Role | | Telephone number  (     ) | |
| Youth declined to participate in CFT Meeting  Youth declined to sign the plan | | | |
| Signature of FCM / Probation Officer | | Date *(month, day, year)* | |