



## 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:*
  - a. Fourteen (14) years of age,
  - b. Fourteen (14) years and six (6) months,
  - c. Fifteen (15) years of age,
  - d. Fifteen (15) years and six (6) months,
  - e. Sixteen (16) years of age,
  - f. Sixteen (16) years and six (6) months,
  - g. Seventeen (17) years of age,
  - h. Seventeen (17) years and six (6) months,
  - i. Ninety (90) days before eighteenth (18<sup>th</sup>) birthday, and
  - j. Eighteen (18) years of age and older.
3. *An additional update must be completed ninety (90) days prior to the youth's eighteenth (18<sup>th</sup>) 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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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			
<i>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.</i>			
Documents	Date Completed (month, day, year)	Date the document is in youth's possession <i>(Youth must initial and date.)</i>	
1. <input type="checkbox"/> Photo identification Type: <input type="checkbox"/> Learner's permit <input type="checkbox"/> Drivers license <input type="checkbox"/> State ID card			
2. <input type="checkbox"/> Birth Certificate County and State of birth: _____			
3. <input type="checkbox"/> Social Security Card			
4. <input type="checkbox"/> Registered to vote upon reaching eighteen (18) years of age			
5. <input type="checkbox"/> Selective Service registration upon reaching eighteen (18) years of age (males)			
6. <input type="checkbox"/> Successful Adulthood Life Book			
7. <input type="checkbox"/> Copy of latest Individualized Education Plan (IEP) and/or Individualized Transition Plan through the youth's school <i>(if applicable)</i>			
8. <input type="checkbox"/> Copy of Bureau of Developmental Disability Services (BDDS) Transitional Plan <i>(if applicable)</i>			
9. <input type="checkbox"/> Medical records (physical and mental health), copy of latest Case / Treatment / Discharge Plan			
10. <input type="checkbox"/> Medical Passport			
11. <input type="checkbox"/> Medicaid card			
12. <input type="checkbox"/> Foster Care Verification (SF 56571) to verify the youth was in foster care at eighteen (18) years of age <i>(if applicable)</i>			
13. <input type="checkbox"/> Personal filing system Type: <input type="checkbox"/> 3-ring binder <input type="checkbox"/> Full-size expandable envelope <input type="checkbox"/> File cabinet <input type="checkbox"/> Other: _____ Location of filing system: _____			
14. <input type="checkbox"/> Youth can navigate public transportation			
15. <input type="checkbox"/> Education: Certificate of Completion obtained <input type="checkbox"/> Yes <input type="checkbox"/> No Diploma obtained <input type="checkbox"/> Yes <input type="checkbox"/> No Last high school attended: _____ Type of degree: Core 40, Honors, etc.: _____ GPA: _____ High School Equivalency (HSE) Diploma obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of school / education center: _____ Type of HSE: <input type="checkbox"/> General <input type="checkbox"/> Honors Scores: _____		<i>Youth must initial when Certificate / Diploma is in youth's possession.</i>	
16. <input type="checkbox"/> Youth given information on eligibility and access to Voluntary Older Youth Services (OYS) <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. <input type="checkbox"/> Process to reenter Collaborative Care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

<b>SUPPORTIVE RELATIONSHIPS</b> <i>If additional space is needed, use separate sheet of paper.</i>		
If no supportive relationships can be identified, has referral been made to Youth Connections Program (YCP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Date of last IEP meeting (month, day, year)	If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Diploma / Certification track: <input type="checkbox"/> General Diploma <input type="checkbox"/> Core 40 <input type="checkbox"/> Core 40, Academic Honors <input type="checkbox"/> Core 40, Technical Honors <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Certificate of Completion			
Has youth applied for Twenty-First Century Scholars? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of application (month, day, year)	Application was:	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied

**VOLUNTEER / EMPLOYMENT**

Current volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer locations / hours	Youth has working knowledge of how to complete an application for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently employed <input type="checkbox"/> Full-Time <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the youth's child been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has the youth been provided with information about parenting resources / community-based services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

<b>SIGNATURES OF TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD TEAM MEMBERS</b>		
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 (        )	
<input type="checkbox"/> Youth declined to participate in CFT Meeting		<input type="checkbox"/> 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.**

<b>SUPPORTIVE RELATIONSHIPS</b> <i>If additional space is needed, use separate sheet of paper.</i>			<input type="checkbox"/> Same as previous
If no supportive relationships can be identified, has referral been made to YCP?		<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Relative Home <input type="checkbox"/> 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)			<input type="checkbox"/> 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: <input type="checkbox"/> Successful Adulthood Services identified – Date (month, day, year): _____			
For youth placed in a residential facility, group home, LCPA foster home: <input type="checkbox"/> The facility/agency is responsible for providing Successful Adulthood Services.			
Youth is participating in Successful Adulthood Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level of Involvement		Provider (see above)
Casey Life Skills Assessment (CLSA) completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date last CLSA completed (month, day, year)		
Application completed for Bureau of Developmental Disability Services (BDDS)? <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet <input type="checkbox"/> Not Applicable	Date completed (month, day, year)	Application was:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending

#### **MONEY MANAGEMENT**

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

<b>EDUCATION</b>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date of last IEP meeting (month, day, year) If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Diploma / Certification track: <input type="checkbox"/> General Diploma <input type="checkbox"/> Core 40 <input type="checkbox"/> Core 40, Academic Honors <input type="checkbox"/> Core 40, Technical Honors <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Certificate of Completion			
Has youth applied for Twenty-First Century Scholars? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of application (month, day, year)	Application was: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied

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

<b>PARENTING YOUTH</b>			
Does youth have a child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the youth's child been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has the youth been provided with information about parenting resources / community-based services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (        )	
<input type="checkbox"/> Youth declined to participate in CFT Meeting <input type="checkbox"/> 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.**

<b>SUPPORTIVE RELATIONSHIPS</b> <i>If additional space is needed, use separate sheet of paper.</i>			<input type="checkbox"/> Same as previous
If no supportive relationships can be identified, has referral been made to YCP?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)			

<b>HOUSING AND TRANSPORTATION</b>		
Current address (number and street, apartment or unit number, city, state, and ZIP code)		
Type of Placement: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Relative Home <input type="checkbox"/> 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)		<input type="checkbox"/> Unknown at this time
Type of transportation (bicycle or uses Public Transportation)		Attended Drivers Education? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<b>EDUCATION</b>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date of last IEP meeting (month, day, year) If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Diploma / Certification track: <input type="checkbox"/> General Diploma <input type="checkbox"/> Core 40 <input type="checkbox"/> Core 40, Academic Honors <input type="checkbox"/> Core 40, Technical Honors <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Certificate of Completion			
Has youth applied for Twenty-First Century Scholars? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of application (month, day, year)	Application was: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied

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

<b>PARENTING YOUTH</b>			
Does youth have a child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the youth's child been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has the youth been provided with information about parenting resources / community-based services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (        )	
<input type="checkbox"/> Youth declined to participate in CFT Meeting <input type="checkbox"/> 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.**

<b>SUPPORTIVE RELATIONSHIPS</b> <i>If additional space is needed, use separate sheet of paper.</i>			<input type="checkbox"/> Same as previous
If no supportive relationships can be identified, has referral been made to YCP?		<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level of Involvement	Provider (see above)
Casey Life Skills Assessment (CLSA) completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date last CLSA completed (month, day, year)	
Application completed for Bureau of Developmental Disability Services (BDDS)? <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet <input type="checkbox"/> Not Applicable	Date completed (month, day, year)	Application was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending

**MONEY MANAGEMENT**

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

<b>EDUCATION</b>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date of last IEP meeting (month, day, year) If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Diploma / Certification track: <input type="checkbox"/> General Diploma <input type="checkbox"/> Core 40 <input type="checkbox"/> Core 40, Academic Honors <input type="checkbox"/> Core 40, Technical Honors <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Certificate of Completion			
Has youth applied for Twenty-First Century Scholars? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of application (month, day, year)	Application was: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied

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

<b>PARENTING YOUTH</b>			
Does youth have a child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the youth's child been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has the youth been provided with information about parenting resources / community-based services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (        )	
<input type="checkbox"/> Youth declined to participate in CFT Meeting <input type="checkbox"/> 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.**

<b>SUPPORTIVE RELATIONSHIPS</b> <i>If additional space is needed, use separate sheet of paper.</i>			<input type="checkbox"/> Same as previous
If no supportive relationships can be identified, has referral been made to YCP?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)			

<b>HOUSING AND TRANSPORTATION</b>		
Current address (number and street, apartment or unit number, city, state, and ZIP code)		
Type of Placement: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Relative Home <input type="checkbox"/> 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)		<input type="checkbox"/> Unknown at this time
Type of transportation (Own vehicle, bicycle, or uses Public Transportation)		Attended Drivers Education? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>MONEY MANAGEMENT</b>			
Bank account open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Development Account (IDA) or Nesting account? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date completed (month, day, year) Application was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Credit reports obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		From which agencies? <input type="checkbox"/> Experian (Date (mm/dd/yy): _____) <input type="checkbox"/> TransUnion (Date (mm/dd/yy): _____) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date of last IEP meeting (month, day, year)		If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Diploma / Certification track: <input type="checkbox"/> General Diploma <input type="checkbox"/> Core 40 <input type="checkbox"/> Core 40, Academic Honors <input type="checkbox"/> Core 40, Technical Honors <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Certificate of Completion				
Has youth applied for Twenty-First Century Scholars? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of application (month, day, year)		Application was: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Information provided on Job for America's Graduates (JAG) (if applicable)		Youth enrolled in JAG program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of JAG program <input type="checkbox"/> In-school <input type="checkbox"/> Out-of-school <input type="checkbox"/> Alternative Ed.	

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

PARENTING YOUTH				
Does youth have a child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the youth's child been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has the youth been provided with information about parenting resources / community-based services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (        )	
<input type="checkbox"/> Youth declined to participate in CFT Meeting <input type="checkbox"/> 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.**

<b>SUPPORTIVE RELATIONSHIPS</b> <i>If additional space is needed, use separate sheet of paper.</i>			<input type="checkbox"/> Same as previous
If no supportive relationships can be identified, has referral been made to Youth Connections Program (YCP)?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?	Obtained drivers license?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level of Involvement	Provider (see above)
Life Skills Assessment completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Life Skills Assessment completed (month, day, year)	
Successful Adulthood Learning Plan completed?	Date Successful Adulthood Learning Plan completed (month, day, year)		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Application completed for Bureau of Developmental Disability Services (BDDS)? <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet <input type="checkbox"/> Not Applicable	Date completed (month, day, year)	Application was:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending

**MONEY MANAGEMENT**

Bank account open?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account open?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Development Account (IDA) or Nesting account?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?		Date completed (month, day, year)			Application was:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Credit reports obtained?		From which agency? <input type="checkbox"/> Experian (Date (mm/dd/yy): _____) <input type="checkbox"/> TransUnion (Date (mm/dd/yy): _____) <input type="checkbox"/> Equifax (Date (mm/dd/yy): _____)				

<b>EDUCATION</b>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date of last IEP meeting (month, day, year) If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Diploma / Certification track: <input type="checkbox"/> General Diploma <input type="checkbox"/> Core 40 <input type="checkbox"/> Core 40, Academic Honors <input type="checkbox"/> Core 40, Technical Honors <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Certificate of Completion			
Plan to attend college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has youth applied for Twenty-First Century Scholars? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of application (month, day, year)	Application was: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Information provided on Job for America's Graduates (JAG) <i>(if applicable)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth enrolled in JAG program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of JAG program <input type="checkbox"/> In school <input type="checkbox"/> Out of school <input type="checkbox"/> Alternative Ed.

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

<b>PARENTING YOUTH</b>			
Does youth have a child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the youth's child been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has the youth been provided with information about parenting resources / community-based services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (        )	
<input type="checkbox"/> Youth declined to participate in CFT Meeting		<input type="checkbox"/> 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.**

<b>SUPPORTIVE RELATIONSHIPS</b> <i>If additional space is needed, use separate sheet of paper.</i>			<input type="checkbox"/> Same as previous
If no supportive relationships can be identified, has referral been made to YCP?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)			

<b>HOUSING AND TRANSPORTATION</b>			
Current address (number and street, apartment or unit number, city, state, and ZIP code)			
Type of Placement: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Relative Home <input type="checkbox"/> 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)		<input type="checkbox"/> Unknown at this time	
Type of transportation (Own vehicle, bicycle, or uses Public Transportation)		Attended Drivers Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	Obtained drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>MONEY MANAGEMENT</b>			
Bank account open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Development Account (IDA) or Nesting account? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date completed (month, day, year)	
Credit reports obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		From which agencies? <input type="checkbox"/> Experian (Date (mm/dd/yy): _____) <input type="checkbox"/> TransUnion (Date (mm/dd/yy): _____) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date of last IEP meeting (month, day, year)		If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Diploma / Certification track: <input type="checkbox"/> General Diploma <input type="checkbox"/> Core 40 <input type="checkbox"/> Core 40, Academic Honors <input type="checkbox"/> Core 40, Technical Honors <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Certificate of Completion					
Has youth received and signed the Acknowledgement of Receipt of Information about Various Education Programs (per policy 11.15)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
Has youth applied for Twenty-First Century Scholars? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of application (month, day, year)		Application was: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
Information provided on Job for America's Graduates (JAG) <i>(if applicable)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth enrolled in JAG program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of JAG program <input type="checkbox"/> In school <input type="checkbox"/> Out of school <input type="checkbox"/> Alternative Ed.	
Plan to attend college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Youth completed PSAT/SAT/ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or vocational program application submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school or program			

### EMPLOYMENT / VOLUNTEER

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

### PARENTING YOUTH

Does youth have a child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the youth's child been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has the youth been provided with information about parenting resources / community-based services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (        )	
<input type="checkbox"/> Youth declined to participate in CFT Meeting		<input type="checkbox"/> 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.**

<b>SUPPORTIVE RELATIONSHIPS</b> <i>If additional space is needed, use separate sheet of paper.</i>			<input type="checkbox"/> Same as previous
If no supportive relationships can be identified, has referral been made to YCP?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)			

<b>HOUSING AND TRANSPORTATION</b>				
Current address (number and street, apartment or unit number, city, state, and ZIP code)				
Type of Placement: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Relative Home <input type="checkbox"/> 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)				<input type="checkbox"/> Unknown at this time
Participated in visits to housing options? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of transportation (Own vehicle, bicycle, or uses Public Transportation)		Attended Drivers Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>SUCCESSFUL ADULTHOOD PREPARATION</b>				
All youth, regardless of placement, should be referred to an Older Youth Services provider.				
Youth is participating in Older Youth / Successful Adulthood Services?		Level of Involvement		Provider (see above)
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Life Skills Assessment completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No      Date Life Skills Assessment completed (month, day, year)		
Successful Adulthood Learning Plan completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No      Date Successful Adulthood Learning Plan completed (month, day, year)		
Application completed for Bureau of Developmental Disability Services (BDDS)? <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet <input type="checkbox"/> Not Applicable		Date completed (month, day, year)		Application was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending
Youth eligible for CC? <input type="checkbox"/> Yes <input type="checkbox"/> 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.		

<b>MONEY MANAGEMENT</b>				
Bank account open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Development Account (IDA) or Nesting account? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date completed (month, day, year)		Application was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending
Credit reports obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		From which agencies? <input type="checkbox"/> Experian (Date (mm/dd/yy): _____) <input type="checkbox"/> TransUnion (Date (mm/dd/yy): _____) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date of last IEP meeting (month, day, year)		If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Diploma / Certification track: <input type="checkbox"/> General Diploma <input type="checkbox"/> Core 40 <input type="checkbox"/> Core 40, Academic Honors <input type="checkbox"/> Core 40, Technical Honors <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Certificate of Completion					
Has youth received and signed the Acknowledgement of Receipt of Information about Various Education Programs (per policy 11.15)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
Has youth applied for Twenty-First Century Scholars? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of application (month, day, year)		Application was: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
Information provided on Job for America's Graduates (JAG) <i>(if applicable)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth enrolled in JAG program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of JAG program <input type="checkbox"/> In school <input type="checkbox"/> Out of school <input type="checkbox"/> Alternative Ed.	
Plan to attend college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Youth completed PSAT/SAT/ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or vocational program application submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school or program			

### EMPLOYMENT / VOLUNTEER

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

### PARENTING YOUTH

Does youth have a child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the youth's child been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has the youth been provided with information about parenting resources / community-based services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (        )	
<input type="checkbox"/> Youth declined to participate in CFT Meeting		<input type="checkbox"/> 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 (18<sup>th</sup>) birthday.

Update must also be completed for those entering foster care after ninety (90) days before the youth's eighteenth (18<sup>th</sup>) birthday.

## TRANSITIONAL SERVICES PLAN FOR SUCCESSFUL ADULTHOOD

SUPPORTIVE RELATIONSHIPS <i>If additional space is needed, use separate sheet of paper.</i>			<input type="checkbox"/> Same as previous
If no supportive relationships can be identified, has referral been made to YCP?		<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Relative Home <input type="checkbox"/> 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)		<input type="checkbox"/> Unknown at this time	
Participated in visits to housing options? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of transportation (Own vehicle, bicycle, or uses Public Transportation)	Attended Drivers Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	Obtained drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has own mode of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Level of Involvement	Provider (see above)
Life Skills Assessment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Life Skills Assessment completed (month, day, year)	
Successful Adulthood Learning Plan completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Successful Adulthood Learning Plan completed (month, day, year)	
Application completed for Bureau of Developmental Disability Services (BDDS)? <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet <input type="checkbox"/> Not Applicable		Date completed (month, day, year)	Application was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending
Youth eligible for CC? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (18 <sup>th</sup> ) 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Development Account (IDA) or Nesting account? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <i>Use separate sheet if needed.</i>
Application completed for Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date completed (month, day, year)	Application was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending
Credit reports obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	From which agencies? <input type="checkbox"/> Experian (Date (mm/dd/yy): _____) <input type="checkbox"/> TransUnion (Date (mm/dd/yy): _____) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Date of last IEP meeting (month, day, year)		If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Diploma / Certification track: <input type="checkbox"/> General Diploma <input type="checkbox"/> Core 40 <input type="checkbox"/> Core 40, Academic Honors <input type="checkbox"/> Core 40, Technical Honors <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Certificate of Completion				
Has youth received and signed the Acknowledgement of Receipt of Information about Various Education Programs (per policy 11.15)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
Has youth applied for Twenty-First Century Scholars? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of application (month, day, year)		Application was: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
Information provided on Job for America's Graduates (JAG) <i>(if applicable)</i>	Youth enrolled in JAG program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of JAG program <input type="checkbox"/> In school <input type="checkbox"/> Out of school <input type="checkbox"/> Alternative Ed.	
Plan to attend college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Youth completed PSAT/SAT/ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date completed (month, day, year)
College or vocational program application submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school or program			
Enrolled in college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Name of school or program		
Area of study	Expected graduation date (month, day, year)		Attached: <input type="checkbox"/> Schedule <input type="checkbox"/> Transcripts	GPA
Educational goal <input type="checkbox"/> Certification / Certificate / License <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Other (specify): _____				

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

#### PARENTING YOUTH

Does youth have a child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the youth's child been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has the youth been provided with information about parenting resources / community-based services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (21<sup>st</sup>) birthday or category MA15 until his/her twenty-sixth (26<sup>th</sup>) birthday.

Current medical coverage	Applied for Medicaid one (1) month prior to eighteenth (18 <sup>th</sup> ) birthday? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date probation ends (month, day, year)	Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

Age and gender of children

Any/all children that live with youth

### DAILY LIVING SKILLS

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

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 (      )	
<input type="checkbox"/> Youth declined to participate in CFT Meeting	<input type="checkbox"/> 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.**

<b>SUPPORTIVE RELATIONSHIPS</b> <i>If additional space is needed, use separate sheet of paper.</i>			<input type="checkbox"/> Same as previous
If no supportive relationships can be identified, has referral been made to YCP?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)			

<b>HOUSING AND TRANSPORTATION</b>			
Current address (number and street, apartment or unit number, city, state, and ZIP code)			
Type of Placement: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Relative Home <input type="checkbox"/> 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)			<input type="checkbox"/> Unknown at this time
Participated in visits to housing options? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of transportation (Own vehicle, bicycle, or uses Public Transportation)		Attended Drivers Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	Obtained drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has own mode of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance coverage	When are payments due?

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

<b>MONEY MANAGEMENT</b>			
Bank account open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Development Account (IDA) or Nesting account? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <i>Use separate sheet if needed.</i>
Application completed for Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date completed (month, day, year)	Application was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending
Credit reports obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		From which agencies? <input type="checkbox"/> Experian (Date (mm/dd/yy): _____) <input type="checkbox"/> TransUnion (Date (mm/dd/yy): _____) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Date of last IEP meeting (month, day, year)		If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Diploma / Certification track: <input type="checkbox"/> General Diploma <input type="checkbox"/> Core 40 <input type="checkbox"/> Core 40, Academic Honors <input type="checkbox"/> Core 40, Technical Honors <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Certificate of Completion					
Has youth received and signed the Acknowledgement of Receipt of Information about Various Education Programs (per policy 11.15)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
Has youth applied for Twenty-First Century Scholars? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of application (month, day, year)		Application was: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
Information provided on Job for America's Graduates (JAG) <i>(if applicable)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth enrolled in JAG program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of JAG program <input type="checkbox"/> In school <input type="checkbox"/> Out of school <input type="checkbox"/> Alternative Ed.	
Plan to attend college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Youth completed PSAT/SAT/ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or vocational program application submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school or program			
Enrolled in college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Name of school or program	
Area of study		Expected graduation date (month, day, year)		Attached: <input type="checkbox"/> Schedule <input type="checkbox"/> Transcripts	GPA
Educational goal <input type="checkbox"/> Certification / Certificate / License <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Other (specify): _____					

### EMPLOYMENT / VOLUNTEER

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

### PARENTING YOUTH

Does youth have a child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the youth's child been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has the youth been provided with information about parenting resources / community-based services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (      )	
<input type="checkbox"/> Youth declined to participate in CFT Meeting		<input type="checkbox"/> Youth declined to sign the plan
Signature of FCM / Probation Officer		Date (month, day, year)