

Transition Plan for Youth Exiting Care

This form is to be used to develop a transition plan for youth during the 17.5 year old shared planning staffing. The transition plan is meant to ensure the youth has a viable plan and has the help the youth needs to prepare for life once he or she leaves foster care. The plan should include the different elements indicated below.

- The staffing should be youth-driven and the youth should identify the participants to be invited.
- Youth will sign that he / she agrees with the plan and has received the documents indicated.
- This form is to be retained by the social worker and a copy given to the youth and participants (as appropriate). It is to be updated as changes occur in the planning.
- If a youth is involved with an Independent Living (IL) Program, social worker should also check with the IL program for any documents or information identified below that may be on file for the youth and also invite the IL provider to participate in the shared planning staffing.

Youth's Information

YOUTH'S NAME	PERSON ID	DATE OF BIRTH
YOUTH'S ADDRESS		PHONE NUMBER
YOUTH E-MAIL	CAREGIVER'S NAME	
<input type="checkbox"/> I am currently involved with the Independent Living Program. INDEPENDENT LIVING PROVIDER'S NAME		

17.5 Shared Planning Meeting

PERSON CONDUCTING STAFFING	DATE OF STAFFING
PERSONS ATTENDING STAFFING	ANTICIPATED DATE EXITING FROM CARE

Hopes and Dreams for Future

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Fears and Concerns about Leaving Foster Care

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Education Goals

SCHOOL NAME		ANTICIPATED GRADUATION DATE
CURRENT GRADE	SCHOOL YEAR	PROGRAM TYPE
My education plan for when I leave foster care is:		
WE HAVE DISCUSSED		
<input type="checkbox"/> How I can participate in the Extended Foster Care (EFC) program to complete my high school education and earn a diploma or GED, or attend college or a vocational program.		
<input type="checkbox"/> How to obtain/complete application for college, vocational training program, or other education/employment program.		

TASKS	SUPPORT PERSON(S)	TARGET END DATE

Scholarships and Financial Aid

YES	NO	N/A		DATE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have applied for financial assistance for my education (www.FAFSA.ed.gov)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have applied for the Education and Training Voucher (ETV) program (www.independence.wa.gov)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have applied for the Governors Scholarship (www.collegesuccessfoundation.org)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have submitted a consent form for Passport to College Promise Scholarship to the Washington Student Achievement Council (WSAC) at 917 Lakeridge Way SW, PO Box 43430, Olympia WA 98504 (information and form can be located online at http://www.wsac.wa.gov/passport)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have applied for other scholarship opportunities.	_____

Employment / Source of Income (including workforce supports and employment services)

I AM CURRENTLY WORKING	<input type="checkbox"/> I have a current resume.
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My employment / source of income plan for when I leave foster care is:

TASKS	SUPPORT PERSON(S)	TARGET END DATE

Housing (including supports and services)

My current living situation is:

My housing plan for when I leave foster care is:

WE HAVE DISCUSSED

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My plan for housing if I live in a dorm and the dorms close during breaks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How to apply for Section 8 housing vouchers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How to apply to the Independent Youth Housing Program (if applicable) and/or other housing resources available.

TASKS	SUPPORT PERSON(S)	TARGET END DATE

Health Insurance

My plan for health insurance after I leave foster care is:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I qualify for MEDICAID TO 26 coverage and know that I will need to call the Foster Care MEDS TEAM at 1-800-562-3022, ext. 15480 to provide a mailing address and/or address changes. This will ensure I receive my medical (Provider One) card.
<input type="checkbox"/>	<input type="checkbox"/>	I know who my primary medical doctor is and how to contact their office for an appointment.
<input type="checkbox"/>	<input type="checkbox"/>	I know who my primary dentist is and how to contact their office for an appointment.
<input type="checkbox"/>	<input type="checkbox"/>	I know my medical history or how to access my records.

TASKS	SUPPORT PERSON(S)	TARGET END DATE

Other Health Needs (Mental Health, Substance Abuse, etc.)

My plan to address my health needs after I leave foster care is:

YES NO

- I know who my mental health provider is and how to contact their office for an appointment.
- I know how to access public mental health if the need arises.
- I know how to access substance abuse services if the need arises.

TASKS	SUPPORT PERSON(S)	TARGET END DATE

Local Opportunity for Mentors and Continuing Support

My plan for support after I leave foster care is:

TASKS	SUPPORT PERSON(S)	TARGET END DATE

Casey Life Skills Assessment (CLSA)

DATE OF LAST CLSA	DATE REFUSED CLSA	LEVEL COMPLETED	DATE OF LAST LEARNING PLAN

The following documents (if applicable) have been provided to me:

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Official Photo ID |
| <input type="checkbox"/> Death Certificate of Deceased Parent | <input type="checkbox"/> Other Court Documents |
| <input type="checkbox"/> Dependency Orders | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Selective Service Registration (for males only) |
| <input type="checkbox"/> Education Records | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> SSI / SSA Benefits Documentation |
| <input type="checkbox"/> IEP or 504 | <input type="checkbox"/> State ID |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Tribal Enrollment Documents |
| <input type="checkbox"/> Juvenile Delinquency Documents | <input type="checkbox"/> Tribal ID |
| <input type="checkbox"/> Legal Name Changes | <input type="checkbox"/> US Citizenship, Immigration and/or Naturalization Status Documents |
| <input type="checkbox"/> Letter Verifying Dependency Status (for financial aid) | <input type="checkbox"/> Voter Registration Card |
| <input type="checkbox"/> Medical / Provider One Card | |

General Overall Comments

Important Person(s) in My Life (People I Keep in Contact With)

NAME	TELEPHONE NUMBER	E-MAIL	RELATIONSHIP

Agreements and Signatures

I, _____, have participated in the development of this transition plan and I have been provided with the documents checked above.

We have discussed:

- Transitional Living Services
- Information regarding Trust Funds and financial assets
- SSI / SSA Benefits (if applicable)
- Voter Registration
- How I can participate in the Extended Foster Care (EFC) program to complete my high school education and earn a diploma or GED, or attend college or a vocational program.
- The importance of my participation in the new federal National Youth in Transition Database (NYTD) requirement which tracks Independent Living services and outcomes for foster youth including participation in any NYTD surveys administered at age 17, 19 and 21. For more information go to: www.facebook.com/WaStateNYTD.
- The importance of having a Durable Power of Attorney for Health Care, which would designate another person to make health care treatment decisions on my behalf in case I become incapacitated and unable to participate in such decisions and I do not have or want a relative who would otherwise be authorized to make such decisions, including where to find the document and how to execute it. <http://www.uslivingwillregistry.com>.
- The importance of maintaining a secure mailing address for important documents or DSHS assistance.
- The importance of submitting a change of address to SSA (if applicable).
- How to access my CA files / records, and how long my files / records are kept.
- Any additional transition planning needs I may have if I am receiving special education services or developmental disability (DDD) services.
- How to access services such as TANF, Food Stamps, etc. through the local Community Services Office.
- Other:

The above resources can also be found at www.independence.wa.gov.

SIGNATURE OF YOUTH

DATE

SIGNATURE OF SOCIAL SERVICE SPECIALIST

DATE