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| State_Seal3DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **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 case 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, case 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 | | | |
| 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** | | | | | |
|  | | | | | |
| **Fears and Concerns about Leaving Foster Care** | | | | |
|  | | | | |
| **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  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.  How to obtain/complete application for college, vocational training program, or other education/employment program. | | | | |
| TASKS | | SUPPORT PERSON(S) | | TARGET END DATE |
|  | |  | |  |

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| **Scholarships and Financial Aid** | | | | | | | |
| YES | NO | N/A |  | | | | DATE |
|  |  |  | I have applied for financial assistance for my education ([www.FAFSA.ed.gov](http://www.FAFSA.ed.gov)) | | | |  |
|  |  |  | I have applied for the Education and Training Voucher (ETV) program ([www.independence.wa.gov](http://www.independence.wa.gov)) | | | |  |
|  |  |  | I have applied for the Governors Scholarship ([www.collegesuccessfoundation.org](http://www.collegesuccessfoundation.org)) | | | |  |
|  |  |  | I have applied for the Governors Scholarship ([www.collegesuccessfoundation.org](http://www.collegesuccessfoundation.org)) | | | |  |
|  |  |  | 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>). | | | |  |
|  |  |  | I have applied for other scholarship opportunities. | | | |  |
| **Employment / Source of Income (including workforce supports and employment services)** | | | | | | | |
| I AM CURRENTLY WORKING | | | | | | I have a current resume. | |
| 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 |  | | | | |
|  |  |  | My plan for housing if I live in a dorm and the dorms close during breaks | | | | |
|  |  |  | How to apply for Section 8 housing vouchers | | | | |
|  |  |  | 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  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.  I know who my primary medical doctor is and how to contact their office for an appointment.  I know who my primary dentist is and how to contact their office for an appointment.  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:** | | | | | | | |
| Birth Certificate  Death Certificate of Deceased Parent  Dependency Orders  Driver’s License  Education Records  Health Records  IEP or 504  Immunization Records  Juvenile Delinquency Documents  Legal Name Changes  Letter Verifying Dependency Status (for financial aid)  Medical / Provider One Card | | | | Official Photo ID  Other Court Documents  Passport  Selective Service Registration (for males only)  Social Security Card  SSI / SSA Benefits Documentation  State ID  Tribal Enrollment Documents  Tribal ID  US Citizenship, Immigration and/or Naturalization Status Documents  Voter Registration Card | | | |
| **General Overall Comments** | | | | | | | |
|  | | | | | | | |
| **Important Person(s) in My Life (People I Keep in Contact With)** | | | | | | | |
| NAME | | | TELEPHONE NUMBER | E-MAIL | | RELATIONSHIP | |
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| **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](file:///\\dshsfloly3001\FolderRedirect$\jollisa\Desktop\Files%20From%20Millie%2002.09.2019\(15%20Service)\15-417\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 DCYF 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: | | | | | | | |
|  | | | | | | | |
| SIGNATURE OF YOUTH | | | | | | DATE | |
| SIGNATURE OF SOCIAL SERVICE SPECIALIST | | | | | | DATE | |

**The above resources can also be found at** [www.independence.wa.gov](http://www.independence.wa.gov)