

Instructions:

- 1. Page one (1) should be completed at the first case planning meeting at age sixteen and a half (16.5) or when the youth enters foster care if after age 16.5; and updated at every Fostering Connection planning meeting thereafter.
- 2. An update shall be completed, at minimum, every six (6) months, and in accordance with the age indicated on the top of each section contained within this plan, until the young person is no longer in care or participating in the Fostering Connections program.
- 3. An additional update, using the Fostering Connections Transition Plan, shall be completed ninety (90) days prior to the young person's eighteenth (18) birthday.

Plan End Date (month, day, year):

		YOUTH INF	ORMATION						
First name and middle initial		Last name		FACTS Nui	mber:				
Date of birth (month, day, year)	Current age	SOGIE							
Permanency Plan: Reunification	on Adoption	n Guardianship wit	h relative	Guardianship with nor	n-relative PPLA				
ACKNOWLEDGEMENT OF YOUTH BILL OF RIGHTS AND RESPONSIBILITIES									
					document has been explained to me and				
Lunderstand my rights. Lunderstand	I understand my rights. I understand that nothing in this acknowledgement shall limit the duties or discretion of CYFD or the court to act in my best interests regarding my Fostering Connections Transition Plan.								
Signature			Date (month,	day, year)					
		ULD HAVE IN MY PO							
		Il documents must be in n	ny possession by		efore my eighteenth (18) birthday.				
Document / Critical Information				Date obtained by CYFD	Date document/information in youth's possession (initial and date)				
1. Photo ID				ву стго	youth's possession (initial and date)				
	Driver's license	State issued ID	Passport						
2. Birth Certificate									
County and State of birth:									
3. Social Security Card									
Certificate of Indian Blood Tribal affiliation:	(CIB) and Tribal e	4							
Medicaid or Medical Insura	ince Card								
6. Immigration Documentation		application if applicable	e N/A	Δ					
7. Medical records	m, meraamig 3313	аррисатот п аррисава		`					
Type: Mental health record	_	treatment plan, discharge unizations, dental, annual	•						
8. Education records									
High school diploma obtained GED/HiSET certificate obtained	l ☐ Yes ☐ I l ☐ Yes ☐ I								
Last school attended:		Last grade completed:							
Document Type: GED test : Updated	scores	Ttest scores	ia/certificate						
9. Crime Victims Reparation C	Commission (CVR	C) application submitte	ed 🗌 Yes 🔲 N	0					
10. Information regarding regis	stering to vote at	: 18							
11. Information regarding regis	stering for select	ive services at 18 (male	s only)						
12. Life Book, important pictur	es, etc.								
13. Foster Care Verification Let			care)						
14. Information on the NYTD s	urvey, if applicab	le 🗌 N/A							
15. Information on eligibility ar	nd services availa	ble through Fostering (Connections						
	DISABI	LITY INFORMATION -	- IF APPLICAI	BLE N/A					
Support/Service	213.1211			Date approved	Date information provided to youth (initial and date)				
Social Security Insurance/Disabili	ty Insurance	☐ Yes ☐ No			youth (initial and date)				
	Yes No								
DD Dlanning Council Office of C		□ Vos □ No							

FOSTERING CONNECTIONS PROGRAM NOTIFICATION										
The Fostering Connections	program has been	reviewed w	ith the y	youth.	Yes	☐ No	Date of conve	ersation:		
SUPPORTIVE RELATIONSHIPS AND COMMUNITY CONNECTIONS (Note: use separate sheet if additional space is needed)										
Circle of Safety and Support	updated with vo		Yes	No	aitionai sp	ace is neede	Date complet	ted:		
Seneca Family Finding comp			Yes	☐ No	N	/A	Date complet			
Name of support person (all known family - including siblings, friends, and	Relationship to youth	Complet		ss, email, stact info		social medi	a Phone num	ber	Type of support this person provides (advice, emergency ousing, financial support,	
supportive adults)							, ,	a	place for holidays, etc.)	
							()			
							()			
							()			
							()			
							()			
							()			
Plan to maintain connection	ns with parent(s)	and sibling(s)) (includ	e other f	amily mo	embers, if a	pplicable):			
		. .			•		,			
				HOUSIN	IG					
Current Address (number and	d street, apartment,	/unit number,	city, stat	te, and ZIP	code)					
Type of Placement: Rela		tive Kin Home	∐ Noi	n-Relative	Foster H	ome L Tre	eatment Foster Care	Resid	dential Treatment Center	
How does the youth feel ab	out this placemer	nt?								
Is the youth thinking about	where they may	want to live a	after 18	? 🗌 Yes		lo				
Describe:										
			_							
Last and a semulated Co	rrent grade Cu			DUCATI	ON		Expected grad		oto Cumulativa CDA	
		rrent school					(month, year)		ate Cumulative GPA	
Does youth have an IEP? ☐ Yes ☐ No ☐ N/A	1	Date of last I	EP (mon	th, day, ye	ar)		d youth attend IEP Yes	•? □ N/A		
Yes No N/A Does the current IEP suppor	rt the vouth's nee	ds and educa	ational s	urress?	☐ Yes	L⊔ □ No	Yes No	∐ N/A		
Describe:	t the youth slice	as and cade	acionai s	decess.			□ N//\			
		CULTU	JRAL AI	ND PERS	ONAL II	DENTITY				
How does the youth describ	e AND express th	eir culture	Sı	upports/A	Activities	in place th	at affirm identity		Date began	
and identity?										
		FIN	IANCES	AND EN	/IPI OYN	/FNT				
Credit report pulled (require	d annually)			mpleted			Date reviewe	d with v	outh:	
How is the youth being enga						terest?		1		
What opportunities are in p	lace for the youth	n to earn mo	ney and	learn bu	dgeting	skills?				
Does youth need referral to Describe:	Dept. of Vocation	nal Rehab?	Yes	☐ No			Date	referred	l:	
Sources of income and mon	thly amounts (em	nployment, S	ocial Se	curity, et	c.):					
Bank account Yes	No I	Name of ban	k/finan	cial instit	ution:		Ту	pe: 🗌 (Checking Savings	
		DAILY LIVI								
Casey Life Skills Assessment					Yes		Date Complete			
Does youth have access to r Describe type of transportat	-	ation to part	ıcıpate i	n age-ap	propriat	e activities?	?	_l No		
	• D D									

			PHYSIC	AL AND N	MENTAL HEALT	ГН				
Has the CANS	Assessme	nt been completed? Yes	s No	Date	Completed:	Date result	s/recommendation	s revie	ewed with youth:	
Medical Insura	ance Infor	mation (name of carrier, type o	of insuranc	:e):	Medical Insura	ance Policy/r	nember Number:			
Name of Care	Coordinat	tor:	Cor	ntact infor	mation (phone/	email):				
		and contact information):	1 22		oointment (mont		Next Appointmen	nt (mo	nth, day, year):	
Current issues	being add	dressed:					· L			
Behavioral health provider (name and contact information): Last Appointment (month, day, year): Next Appointment (month, day, year):										
Types of service	ces/suppo	rts being provided:								
	ceive med No	lication management service	es?	Provide	r (name and conta	ct informatio	n):			
Does youth un Yes Describe:	_	purpose of ALL medication(s	s)?							
Dental provide	er (name a	nd contact information):		Last App	oointment (mont	h, day, year):	Next Appointmen	nt (mo	nth, day, year):	
Does the yout Describe:	h have aco	cess to sexual and reproduct	ive healtl	h resource	es, services, and	information	?	No		
How does the	youth fee	el about their physical and m	ental hea	alth?						
				PAREN'	THOOD					
Is the youth pr	regnant oi	r parenting? Yes	No	.,		Descri	be services and sup	ports:		
	_	to services and supports (in		nildcare)?	Yes N	0				
		tnership between the you eatest strengths?	ıth and t	heir supp	oort network:					
	, 6-									
		(cons			NTH GOALS leeds identified in	the CLSA)				
		,		<i>,</i>		,	Team member	r		
Life Domain		Goal		Steps	to achieve goal		committed to support/assist		Date completed (month, day, year)	
		SIGNATI	JRES OF	TEAM M	EMBERS IN AT	TENDANCE				
Team Mem	nber/									
Relationship t	•	Signatur	е			Printed na	me	i	Date/	
(Youth always si	igns first)							Co	ontact Number	
								İ		
								·		
Youth decli	-	orticipate in plan meeting.	☐ Youth	n declined	to sign plan. [Youth wa	s unable to participa	ate.	Supervisor Initial	

	FC	OSTERING CONNECTIO	NS PROGRA	AM NOTIFIC	ATION					
The Fostering Connections p	rogram has bee	en reviewed with the you	th. 🗌 Yes	☐ No	Date of conversat	ion:				
Youth's thoughts/feelings about the Fostering Connections program:										
SUPPORTIVE RELATIONSHIPS AND COMMUNITY CONNECTIONS										
		(Note: use separate shee	-	space is neede	•					
Circle of Safety and Support			No		Date completed:					
Seneca Family Finding compl	Seneca Family Finding completed.									
						T				
Name of support person (all known family - including siblings, friends, and supportive adults)	Relationship to youth	complete addition,	email, and/o		a Phone number	Type of support this person provides (advice, emergency housing, financial support, a place for holidays, etc.)				
					()					
					()					
					()					
					()					
					()					
					()					
					()					
					()					
Plan to maintain connection	s with parent(s) and sibling(s) (include o	ther family i	members, if a	pplicable):					
		нс	DUSING							
Current Address (number and street, apartment/unit number, city, state, and ZIP code)										
Type of Placement: Relative Home Fictive Kin Home Non-Relative Foster Home Treatment Foster Care Residential Treatment Center SIL Placement; describe: Other:										
How does the youth feel about this placement?										
Where does the youth want										
		EDU	JCATION							
Last grade completed Cur	rent grade C	Current school			Expected graduation (month, year)	on date				
Does youth have an IEP? Yes No N/A	,	Date of last IEP (month, o	day, year)		youth attend IEP? Yes No	N/A				
Does the current IEP support	t the youth's ne	eeds and educational succ	cess? 🔲 Ye		□ N/A	·				
Describe:										
		CULTURAL AND								
How does the youth describe identity?	e AND express t	their culture and	Supports/	Activities in p	lace that affirm identi	ty:				
FINANCES AND EMPLOYMENT										
Credit report pulled (required	annually)	Yes No Date comp			Date reviewed wi	th youth:				
How is the youth being enga				interest?		•				
What opportunities are in pl										
Does youth need referral to		<u>_</u>	□ No	Date referre	ed:					
Describe:				Dute referr						
Does youth need referral to Describe:	Dept. of Vocati	ional Rehab? Yes	No	Date referre	ed:					
Sources of income and mont	hly amounts (e	employment, Social Secur	ity, etc.):							
Bank account Yes	No	Name of bank/financial	institution:		Type:	☐ Checking ☐ Savings				

	DAILY LIVING	SKIL	LLS AND TRANSPOR	TATION						
Casey Life Skills Assessment (CLSA) completed? (complete every 18 months) Yes No Date Completed:										
Does youth have access to reliable transportation to participate in age-appropriate activities?										
Describe type of transportation:										
Does youth have a	driver's license? Yes No		Date issued:							
	PHYSIC	AL A	ND MENTAL HEALT	Ή						
Has the CANS Asse	ssment been completed? Yes No)	Date Completed:	Date results	/recommendations revi	ewed with youth:				
Medical Insurance Information (name of carrier, type of insurance): Medical Insurance Policy/member Number:										
Name of Care Coor	dinator:		Contact information	n (phone/em	ail):					
PCP Information (n	ame and contact information):	Las	t Appointment (mont	h, day, year):	Next Appointment (mo	nth, day, year):				
Current issues being addressed:										
Behavioral health p	havioral health provider (name and contact information): Last Appointment (month, day, year): Next Appointment (month, day, year):									
Types of services/s	upports being provided:									
Does youth receive ☐ Yes ☐ No	medication management services?	Pro	ovider (name and conta	ct information)	:					
Does youth understand purpose of ALL medication(s)? Yes No N/A Describe:										
Dental provider (na	rovider (name and contact information): Last Appointment (month, day, year): Next Appointment (month, day, year):									
Does the youth have access to sexual and reproductive health resources, services, and information? Yes No Describe:										
How does the youth feel about their physical and mental health?										
Does youth know how to schedule their own physical/behavioral health appointments? Yes No										
PARENTHOOD										
Is the youth pregna	ant or parenting? Yes No			Describ	e services and supports:	•				
	ccess to services and supports (including c	hildca	are)? Yes N		e services and supports.	•				
Does your nave at	teess to services and supports (meraamige		ey	<u> </u>						
To he completed in	n partnership between the youth and t	heir	sunnort network:							
•	n's greatest strengths?	e.	support network.							
what are the youth	13 greatest strengths:									
	CI	v (6)	MONTH GOALS							
	31.	λ (U)	WONTH GOALS		Team member					
Life Domain	Goal		Steps to achieve g	oal	committed to support/assist	Date completed (month, day, year)				
Housing										
Education				· ·						
Finances +										
Employment										
Daily Life Skills +										
Transportation										
Cultural +										
Personal Identity										
Supportive										
Relationships + Community										
Connections										
Physical +										
Mental Health										
Parenthood										
	l .				I .	I				

SIGNATURES OF TEAM MEMBERS IN ATTENDANCE									
Team Member/ Relationship to youth (Youth always signs first)	Signatur	e		Printed name	С	Date/ ontact Number			
Youth declined to pa	articipate in plan meeting.	Youth declined t	o sign plan.	Youth was unable to partici	pate.	Supervisor Initial			
Effort made to engage:									

FOSTERING CONNECTIONS PROGRAM NOTIFICATION										
The Fostering Connections p					☐ No	Da	te of conve	ersation:		
Youth has had an opportunit			rvices Ag	reement (VSS		Yes	☐ No			
What questions does the youth have about the program? Currently, does the youth plan to opt into the										
What is the plan to get any r	emaining question	ons answered?				_			upon turning	
					18 y	ears o	ld? Ye	s No	undecided	
SUPPORTIVE RELATIONSHIPS AND COMMUNITY CONNECTIONS										
(Note: use separate sheet if additional space is needed) Circle of Safety and Support updated with youth.										
Seneca Family Finding comp			No [] N/A			mpleted:			
concer canny amang comp				, ,,						
Name of support person (all known family - including siblings, friends, and supportive adults)	Relationship to youth	Complete address, en contact i	ia	Phone number person pr (advice, em housing, finance			support this n provides emergency nancial support, holidays, etc.)			
						()			
						()			
						()			
						()			
						()			
Plan to maintain connection	s with parent(s) a	and sibling(s) (include oth	er family	members, if a	applica	able):				
		HOL	JSING							
Current Address (number and street, apartment/unit number, city, state, and ZIP code)										
Type of Placement: Relative Home Fictive Kin Home Non-Relative Foster Home Treatment Foster Care Residential Treatment Center Other:										
How does the youth feel about this placement?										
Where does the youth want to live after 18?										
		EDUC	ATION							
Last grade completed Cui	rrent grade Cu	rrent school				pected onth, ye	l graduatio ear)	n date Cu	mulative GPA	
Does youth have an IEP?		Date of last IEP (month, da	y, year)	Die		outh attend IEP?				
Ves No N/A Does the current IEP support	t the vouth's nee	ds and educational succe	ss? □ v	es No	Yes	N/A	No 📙 I	N/A		
Describe:	, , , , , , , , , , , , , , , , , , , ,		' ك			,				
		CHITHDALAND	EDCONA	I IDENITITY						
How does the youth doesn't	o AND overses th	CULTURAL AND P			n nla-	0 +6-0+	offirms id	+i+		
How does the youth describe	e AIND EXPLESS EN	en culture and identity?	Suppor	ts/Activities i	ii piac	e uidt i	annin ider	iuty.		
				VA 45						
Cup dis upper sustantial ()	I ammunall X	FINANCES AND		YIVIENT	1 -	\a_+= ···	ulaurad · · ·	المارية المارية		
Credit report pulled (required				interest?	0	ate re	viewed wit	ın youtn:		
How is the youth being enga What opportunities are in pl										
Does youth need referral to			No	Date referre	ed:					
Describe: Does youth need referral to			No	Date referre	ed:					
Describe:					· 					
Sources of income and mont List all previous employment				e senarate choo	at if nea	ded).				
List an previous employment	e, aates of elliplo	ment, and reasons for it	Lavilig (US	c sebarate silee	.c ii iiee	ucuj.				
					\top					
Bank account Yes	No I	Name of bank/financial ir	stitution		•		Type:	Checking	Savings	

	DAILY LIVING	S SKILLS A	IND TRANSPOR	TATION					
Casey Life Skills Assessment (CLSA) completed? (complete every 18 months) Yes No Date Completed:									
Does youth have access to reliable transportation to participate in age-appropriate activities? Yes No									
Describe type of tra	ansportation:								
Does youth have a	driver's license? ☐ Yes ☐ No		Date issued:						
PHYSICAL AND MENTAL HEALTH									
Has the CANS Asse	ssment been completed? Yes N		Completed:		/recommendations revi	ewed with youth:			
	ionicine accompleted in the internal in		compressed.		,,	,			
Medical Insurance	Information (name of carrier, type of insuran	ce):	Medical Insura	nce Policy/m	ember Number:				
Name of Care Coor	dinator:		Contact inform	nation (nhone	/omail):				
	ame and contact information):	Lact An	pointment (mont		Next Appointment (mo	anth day yearly			
rer illioilliation (ill	anie and contact information).	Last App	pointinent (mont	ii, uay, yeai j.	Next Appointment (inc	illi, uay, year).			
Current issues being addressed:									
Behavioral health provider (name and contact information): Last Appointment (month, day, year): Next Appointment (month, day, year):									
		Last App	Jointinent (mont	ii, uay, yeai j.	Next Appointment (inc	min, day, year).			
	upports being provided:	T							
Does youth receive Yes No	medication management services?	Provide	r (name and conta	ct information):				
Does youth unders	tand purpose of ALL medication(s)?								
Yes No	□ N/A								
Describe: Dental provider (na	ime and contact information):	Last Apı	pointment (mont	h, day, year):	Next Appointment (mo	onth, day, year):			
<u> </u>									
Does the youth have access to sexual and reproductive health resources, services, and information? Yes No Describe:									
How does the youth feel about their physical and mental health?									
Youth knows how to make own appointments Yes No Youth makes own medical/behavioral health appointments									
If no, describe:									
		PAREN	THOOD						
Is the youth pregna	ant or parenting? Yes No			Describ	e services and supports	:			
Does youth have a	ccess to services and supports (including c	hildcare)?	Yes N	0					
To be completed in	- mayte a walin hat was the wayth and	*h o i u o							
	partnership between the youth and	tneir supp	oort network:						
what are the youth	n's greatest strengths?								
	SI	X (6) MO	NTH GOALS						
Life Domain	Goal	St	teps to achieve g	oal	Team member committed to	Date completed			
					support/assist	(month, day, year)			
Housing									
Education									
Finances +									
Employment									
Daily Life Skills +									
Transportation Cultural +						1			
Personal Identity Supportive									
Relationships +									
Community									
Connections									
Physical +									
Mental Health									
Parenthood									
c	j				1	1			

SIGNATURES OF TEAM MEMBERS IN ATTENDANCE									
Team Member/									
Relationship to youth	Signature	Printed name	Date/						
(Youth always signs first)			Contact Number						
Youth declined to pa	articipate in plan meeting. Youth declined t	o sign plan. Youth was unable to particip	ate. Supervisor Initial						
Effort made to engage:	· · · · ·	· ·							

Fostering Connections Transition Plan

HOPES AND DREAMS FOR FUTURE					FEARS AND CONCERNS ABOUT TURNING 18					
					<u> </u>					
	FOS	TERING CONNE	ECTIONS	PROGR	AM NOTIFICA	TION	1			
The Fostering Connections p questions have been answer			ail with t	he youth	and all remain	ing		outh is el	ligible for Fostering ns ☐ Yes ☐ No	
Youth has signed 'Intent to S Yes No	Sign' VSSA to ente	er Fostering Conn	ections p	orogram	on 18 th birthda	У	Da	ite signe	ed:	
Review qualifying activities		G ACTIVITIES FO							oirthday. Mark all that apply	
Completing secondary e Being enrolled in an inst Participating in a progra Being employed for at le Being unable to particip	itution that prov m or activity des east 80 hours per	ides postseconda igned to promoto month	ary or vo e or elim	cational inate ba	education rriers to emplo			ition th	at limits my par ticipation.	
	SUPPOR	TIVE RELATIONS (Note: use separa				_	TION	S		
Circle of Safety and Support	•	uth Yes	☐ No		Date comp	leted:			Date of final review with	
Seneca Family Finding comp		☐ Yes	☐ No	N/A					youth:	
Identified person(s) youth w	ould like support	(re)connecting w	vith:	Plan to	support (re)co	nnect	ion:			
Name of support person (all known family - including siblings, friends, and supportive adults)	Relationship to youth	-	mplete address, email, and/or social media contact information				Phon	one number Type of support this person provides (advice, emergency housing, financial support, a place for holidays, etc.)		
							()		
							()		
							()		
							()		
How will youth maintain cor	nnections with pa	rent(s) and siblin	g(s) afte	r the age	of 18 (include of	ther fa	ımily n	nembers,	, if applicable):	
			HOU	SING						
Current Address (number and	street, apartment/	unit number, city,	state, and	ZIP code)						
ı " =	tive Home Fict lacement; describe:	=	Non-Rela Other:	tive Foste	r Home 🔲 Trea	atmen	t Fost	er Care	Residential Treatment Center	
How does youth feel about t	•									
Where/with whom does you	uth plan to live wi	th upon turning	18?							
	POST-18 HOUSIN	IG SUPPORTS EXF	PLORED \	NITH YO	UTH				DATE COMPLETED	
TLP Programs										
Voucher Programs CYF	FD Supportive Hou	using 🗌 FUP Vo	oucher	FYI Vo	oucher 🗌 Sec	tion 8	}			
Other										
Address for youth after 18 th	birthday (number	and street, apartm	ent/unit i	number, c	ity, state, and ZIP	code)):			
How does youth feel about their identified post-18 housing plan?										
POST 1	8 HOUSING ACTI	ON ITEM(S)			TEAM MEMB	ER TC	SUP	PORT	TARGET COMPLETION DATE	

ED	UCATION									
Current school Anticipated graduation date (month, year)										
Program type	La	Last grade completed								
Does youth have an IEP? Yes No Date of last IEP (month	, day, year)		Did youth attend	IEP? Yes No N/A						
Does the current IEP support the youth's needs and educational sur Describe:	ccess? \[\] Y	es No [N/A							
Plan for education post 18th birthday is:										
We have discussed: How the Fostering Connections program can support me in completing my high school education and earn my diploma or GED. How the Fostering Connections program can support me in enrolling in and attending college or vocational program. How to obtain/complete applications for college, vocational programs, or other education programs I may be interested in.										
POST 18 EDUCATION ACTION ITEM(S)		TEAM MEN	IBER TO SUPPORT	TARGET COMPLETION DATE						
		7 = 7 11 11 11 11 11 11								
CULTURAL ANI										
How does the youth describe and express their culture and identity	/? Suppor	ts/Activities	in place that affirm	identity:						
Does youth feel their cultural and personal identity was supported	while in care	e? Yes] No							
Describe										
POST 18 CULTURE AND PERSONAL IDENTITY SUPPORT REQUE	:STED	TEAM MEN	IBER TO SUPPORT	TARGET COMPLETION DATE						
FINANCES A		YMENT	T =							
Credit report pulled (required annually) Yes No Date compoper tunities to earn income and strengthen budgeting skills while		eer/civic eng	Date reviewed agement opportunit	•						
in care:				nes wine in care.						
Youth referred to Dept. of Vocational Rehab? Important inform Yes No N/A	ation about	DVR participa	tion:							
Youth referred to Dept. of Workforce Solutions? Important info	ormation abo	out Dept. of V	Vorkforce Solutions	participation:						
Currently employed Part time Full time Not employed Hours per week	Current en	nployer (name	, complete address)							
List all previous employment, dates of employment, and reasons fo	or leaving (us	e separate shee	et if needed):							
		12 D V								
Is youth participating in program to promote or remove barriers to Describe:		t? Yes	」No							
Sources of income and monthly amounts (employment, Social Secu Bank account Yes No Name of bank/financial instituti			Trees	Charling Cavings						
<u></u>		see and stabili	Typ							
Does youth feel they have the employment and financial skills need Describe:	Jeu IOF SUCCE	ess anu Stabili	ty upon turning 18:	? Yes No						
POST 18 FINANCE AND EMPLOYMENT ACTION ITEM(S)		TEAM MEN	IBER TO SUPPORT	TARGET COMPLETION DATE						
1 001 101 INARCE AND LINE EOTHERN ACTION TIEM(5)		I EAIVI IVILIV	IDEN TO SOLFON	MIGET COMITECTION DATE						

	DAILY LIVING	SKILLS A	ND TRA	NSPOF	RTATION			
Access to reliable transportation?				ation? Obtained Driver's License?				
Has own vehicle? Yes No Insurance coverage					Payment due dates			
Does youth feel their access to transportation will meet their needs upon turning 18? Yes No								
Date of last CLSA: Areas of strength:				Areas of needed development (include in action items):				
POST 18 DAILY LIVING SKILLS AND	D TRANSPORTATION AC	TION ITEM	1(S)	TEAM MEMBER TO SUPPORT TARGET		TARGET COMPLETION DATE		
PHYSICAL AND MENTAL HEALTH								
Medical Insurance Information (name					ance Policy/n	nember Nu	mber:	
Name of Care Coordinator: Contact information (phone/email):								
PCP Information (name and contact info	Last Appointment (month, day, year): Next Appointment (month, day, year):					pointment (month, day, year):		
Current issues being addressed:								
Behavioral health provider (name and	contact information):	Last Appo	ointment	(month	, day, year):	Next Ap	oointment (month, day, year):	
Types of services/supports being provided:								
Does youth receive medication management services?								
Does youth understand purpose of ALL medication(s)?								
Yes No N/A Describe:								
Dental provider (name and contact info	Last Appointment (month, day, year): Next Appointment (month, day, year):					oointment (month, day, year):		
Does the youth have access to sexual and reproductive health resources, services, and information? Yes No Describe:								
We have discussed:								
 Ongoing medical coverage after 18th birthday, including steps to ensure continued coverage. Medical and dental history and how to contact offices for appointments. 								
☐ Mental and behavioral health history and recommendations for continued support, including how to contact offices for appointments. ☐ How to access emergency services if the need arises.								
How does youth feel about their current physical and mental health?								
What is the youth's plan for maintaining physical, mental, and behavioral health upon turning 18?								
DOCT 40 DUVCICAL AND ME	ENTAL LIFALTH ACTION I	TERA(C)		TEAR	A AFRADED TO	CHEDOR	TARCET COMPLETION DATE	
POST 18 PHYSICAL AND MENTAL HEALTH ACTION IT			TEIVI(3)		TEAM MEMBER TO SUPPO		TARGET COMPLETION DATE	
PARENTING								
Is the youth pregnant or parenting? Yes No					Descri	be:		
Does youth have access to resources, services, and supports?								
POST 18 PARENTH	HOOD ACTION ITEM(S)			TEAN	1 MEMBER TO	SUPPORT	TARGET COMPLETION DATE	

What are the youth's greatest strengths moving into adulthood?							
	ACKNOWLEDGEMEN'	TS AND SIGNATURES					
I, , have participate	ed in the development of this transition plan and	have been provided with the documents lis	ted on page one.				
the Fostering Connect of the federal National the importance of ha on my behalf in case the importance of up the importance of up	nning meeting, we discussed: ctions program and services/supports available to ble should I chose not to opt into the Fostering C Youth in Transition Database (NYTD) survey and living an Advanced Health Care Directive, which v I become incapacitated and unable to participate living and keeping a secure mailing address for in living my mailing address, should it change, wit les I may be eligible for to support my transition t	onnections program upon turning 18. the importance of participating in the survey vould designate another person to make hea e in such decisions. My Youth Attorney will h portant documents. h benefits (SSI/SSA, SNAP, Housing) provide	Ilth care treatment decision nelp me set this up. rs.				
	SIGNATURES OF TEAM M	EMBERS IN ATTENDANCE					
Team Member/ Relationship to youth	Signature	Printed name	Date/ Contact Number				
	- J						

☐ Youth declined to participate in plan meeting. ☐ Youth declined to sign plan. ☐ Youth was unable to participate. Active efforts made to engage:

Supervisor Initial