

# My Youth Transition Plan & Meeting Summary

Date of Meeting: \_\_\_\_\_

Youth's Name: \_\_\_\_\_ Youth's Legal Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Pregnant?  Yes  No  Unsure Parenting?  Yes  No

Caseworker: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## Agenda Items & Topics Discussed

- Agenda Item: \_\_\_\_\_
- Youth Transition Plan Domain: \_\_\_\_\_

## Strengths & Accomplishments

### STRENGTHS IDENTIFIED BY YOUTH

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### ASSETS, ACCOMPLISHMENTS, AND STRENGTHS FROM THE TEAM:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Youth's Dreams/Passions & Goals

EDUCATION: \_\_\_\_\_

EMPLOYMENT & CAREER: \_\_\_\_\_

TRANSPORTATION: \_\_\_\_\_

IDENTITY: \_\_\_\_\_

FINANCIAL & MONEY MANAGEMENT: \_\_\_\_\_

SAFE HOUSING: \_\_\_\_\_

COMMUNITY, CULTURE, & SOCIAL LIFE: \_\_\_\_\_

SELF-CARE & HEALTH: \_\_\_\_\_

LEGAL PERMANENCE AND NATURAL SUPPORTS: \_\_\_\_\_

# Transition Goals, Planning, and Action Steps

## EDUCATION & EMPLOYMENT

Education Goal: \_\_\_\_\_

### My Education Information and Resources

WHAT I HAVE	
Educational History	
Current Educational Status: <input type="checkbox"/> Attending Full Time <input type="checkbox"/> Attending Part Time <input type="checkbox"/> Not Attending <input type="checkbox"/> Other _____	Last grade level completed: <input type="checkbox"/> Other _____
Most Recent School Attended:	
On track to earn: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Non-traditional/Alternative Program (name program): _____ <input type="checkbox"/> Other _____	
Anticipated completion date:	

Service Learning Hours 75 Hours Required by Maryland Hours Currently Logged: _____	Grades/GPA: Progress for Other:
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IEP or 504 Plan Supports: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure ESOL/ ESL <input type="checkbox"/> Yes <input type="checkbox"/> No Best Interest Determination Meeting Date _____	IEP Transition Plan Post-Secondary Goals: _____ Transition Services Identified: _____
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Community Agencies to Aid Transition of Youth with Special Needs: <input type="checkbox"/> DDA <input type="checkbox"/> DORS <input type="checkbox"/> Other: _____
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Community Contacts to Aid Transition of Youth with Special Needs:		
Name	Contact #	Email

Graduation/Completion Date:	Education or Career-Based Incentive Payment Date:
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Attending More School After High School? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure
Attending a Vocational School or Apprenticeship? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure

Attending a Job Readiness Program?     No             Yes             Unsure

If Yes, I have applied for:

Scholarships    Internships    FAFSA    Education & Training Vouchers (ETV)    Fostering Employment Program  
 I know how to apply for these programs

Will supportive services be needed in post-secondary education?    No             Yes

Or in current use?    No             Yes

RESOURCES AVAILABLE TO ME		
What's Needed for Me to Meet My Goals?	What Will I Need?	Who Will Support?

**Notes:** (if needed to highlight, discussion bullets, brainstorming, resources identified, concerns, , future considerations)

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**Progress on Educational Goals:**

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**Education Action Items and To-Do List**

Start Date	Task	Assigned To	Date to be Completed	Updates/Progress/Notes

## EDUCATION & EMPLOYMENT

**Employment & Career Goal:** \_\_\_\_\_

### ***My Employment & Career Information and Resources***

WHAT I HAVE
Employment Experience
<input type="checkbox"/> Resume Completed <input type="checkbox"/> Sample Employment Application Completed <input type="checkbox"/> Career Assessment Completed
Employment Skills:

Special Certifications:
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Current Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (Hours per week: ____ )	Position: _____
Employer: _____ Address: _____ Phone Number: _____	Pay Rate: _____
Additional Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (Hours per week: ____ )	Position: _____
Employer: _____ Address: _____ Phone Number: _____	Pay Rate: _____

Past Employment, Summer Employment and Internships (add as necessary)	
Employer:	Address:
Position:	Dates of Employment:
Employer:	Address:
Position:	Dates of Employment:
Employer:	Address:
Position:	Dates of Employment:

**RESOURCES AVAILABLE TO ME**

What's Needed for Me to Meet My Goals?	What Will I Need?	Who will support?

**Notes:** (if needed to highlight, discussion bullets, brainstorming, resources identified, concerns, , future considerations)

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**Progress on Employment Goals:**

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*Employment & Career Action Items and To-Do List*

<b>Start Date</b>	<b>Task</b>	<b>Assigned To</b>	<b>Date to be Completed</b>	<b>Updates/Progress/Notes</b>

## EDUCATION & EMPLOYMENT

**Transportation Goal:** \_\_\_\_\_

### *My Transportation Information and Resources*

WHAT I HAVE	
My current mode(s) of transportation: <input type="checkbox"/> my vehicle <input type="checkbox"/> friend/family provides <input type="checkbox"/> public transportation <input type="checkbox"/> bicycle <input type="checkbox"/> walk <input type="checkbox"/> other: _____	
Transportation needed for (school, employment, recreation, etc.): Resources available to access reliable transportation:	
<b>Driver's license status:</b> <input type="checkbox"/> have license   Issuing State: _____   Date Obtained/Expiration Date: _____ <input type="checkbox"/> Real ID compliant <input type="checkbox"/> do not have <input type="checkbox"/> want to get (if yes, use track status below)	
<input type="checkbox"/> have permit   Permit Expiration Date: _____	
<input type="checkbox"/> Completed Driver's Education   Date Completed: _____ Supervised Driving Hours Logged: _____	
Auto insurance (company name):	Policy number:

RESOURCES AVAILABLE TO ME		
What's Needed for Me to Meet My Goals?	What Will I Need?	Who will support? (and how to apply)

<b>Notes:</b> (if needed to highlight, discussion bullets, brainstorming, resources identified, concerns, , future considerations)
<ul style="list-style-type: none"> <li> </li> </ul>
<b>Progress on Transportation Goal:</b>
<ul style="list-style-type: none"> <li> </li> </ul>



## Transportation Action Items and To-Do List

Start Date	Task	Assigned To	Date to be Completed	Updates/Progress/Notes

## EDUCATION & EMPLOYMENT

### ***My Documentation Information and Resources***

<b>WHAT DOCUMENTS SHOULD I HAVE IN MY POSSESSION</b>		
<i>All documents should be "official" documents provided to youth before they exit foster care. I can choose to store my documents in various places but have chosen to store them the safest place possible for me (see SSA policy 19-4)</i>		
Official Documents	Date given to youth	Where is it Stored?
<input type="checkbox"/> Birth certificate <input type="checkbox"/> I know how to get an official replacement		
<input type="checkbox"/> Driver's License or State Identification Card <input type="checkbox"/> I know how to get an official replacement		
<input type="checkbox"/> Social Security Card <input type="checkbox"/> I know how to get an official replacement		
<input type="checkbox"/> Passport <input type="checkbox"/> I know how to get an official replacement		
<input type="checkbox"/> Citizen/immigration documents (if applicable) <input type="checkbox"/> I know how to get an official replacement		
<input type="checkbox"/> Foster Care Verification Letter <input type="checkbox"/> I know how to get an official replacement		
<input type="checkbox"/> Advanced Health Directive <input type="checkbox"/> I know how to update or get an official replacement		
<input type="checkbox"/> Health Insurance Information <input type="checkbox"/> I know how to get an official replacement		
<input type="checkbox"/> Copy of Medical Records <input type="checkbox"/> I know how to get additional copies or replacements		
<input type="checkbox"/> Copy of Educational Records <input type="checkbox"/> I know how to get additional copies or replacements		
<input type="checkbox"/> Additional documents I want/need: _____		
<input type="checkbox"/> Safe personal filing system in place (describe) :	<input type="checkbox"/> I know I may request a copy of my foster care record and how to do so	

**RESOURCES AVAILABLE TO ME**

What's Needed for Me to Meet My Goals?	What Will I Need?	Who will support? (and how to apply)

**Notes:** (if needed to highlight, discussion bullets, brainstorming, resources identified, concerns, , future considerations)

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**Progress on Documentation Goals:**

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**Documentation Action Items and To-Do List**

Start Date	Task	Assigned To	Date to be Completed	Updates/Progress/Notes

## FINANCIAL EMPOWERMENT

**Financial & Money Management Goal:** \_\_\_\_\_

### ***My Financial and Money Management Information and Resources***

WHAT I HAVE	
Regular Sources of Income	Amount: _____ Weekly/Monthly?
Allowance	\$ _____
Part/Full Time Job	\$ _____
Benefits: SSI, SSDI, SNAP, etc	\$ _____
SILA	\$ _____
Death Benefit, Inheritance	\$ _____
Other	\$ _____
<b>My money is in:</b> <input type="checkbox"/> ABLÉ account <input type="checkbox"/> With Caregiver <input type="checkbox"/> At Home <input type="checkbox"/> Bank <input type="checkbox"/> Special Need Trust (SNT)	
Banking Account Status: <input type="checkbox"/> Checking Account Open <input type="checkbox"/> Savings Account Open <input type="checkbox"/> Debit Card <input type="checkbox"/> Other: _____	Bank Name: _____
Savings for exiting foster care: Goal: \$ _____ Amount Currently Saved: \$ _____ Anticipated Foster Youth Savings Program: \$ _____	<input type="checkbox"/> Monthly Budget Created
<input type="checkbox"/> Credit Reviewed      Date Reviewed: _____ <input type="checkbox"/> Debt Owed \$ _____	

RESOURCES AVAILABLE TO ME		
What's Needed for Me to Meet My Goals?	What Will I Need?	Who will support? (and how to apply)

**Notes:** (if needed to highlight, discussion bullets, brainstorming, resources identified, concerns, , future considerations)

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**Progress on Financial Goals:**

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**Financial & Money Management Action Items and To-Do List**

Start Date	Task	Assigned To	Date to be Completed	Updates/Progress/Notes

## SAFE & STABLE HOUSING

**Safe Housing Goal:** \_\_\_\_\_

### ***My Housing Information and Resources***

WHAT I HAVE	
Where I live now:	Planned End Date:
Is the Family Unification Program (FUP) an option for me? <input type="checkbox"/> yes or <input type="checkbox"/> no	Date Application Submitted:
Is the Foster Youth to Independence Program (FYI) an option for me? <input type="checkbox"/> yes or <input type="checkbox"/> no	Date Application Submitted:
Post-secondary Temporary Housing Plan (Job Corps, college, etc):	Planned End Date:
Housing plan for after I exit foster care:	Date Sample Rental Application Completed:
Lessor/Property Owner Name: <input type="checkbox"/> reference or <input type="checkbox"/> co-signer	Phone and/or email:
Back Up Plan: (in case of an emergency, this is where I'll go or who I'll ask for help):	

RESOURCES AVAILABLE TO ME		
What's Needed for Me to Meet My Goals?	What Will I Need?	Who will support?

**Notes:** (if needed to highlight, discussion bullets, brainstorming, resources identified, concerns, , future considerations)

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**Progress on Housing Goals:**

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***Housing Action Items and To-Do List***

Start Date	Task	Assigned To	Date to be Completed	Updates/Progress/Notes



## WELL-BEING & CIVIC ENGAGEMENT

**Community, Culture, & Social Life Goal:** \_\_\_\_\_

### ***My Community, Culture, & Social Life Information and Resources***

WHAT I HAVE		
Community Connections: <small>(social groups, activities, volunteerism)</small>	Contact person:	Phone:
Spiritual support /church:	Phone	
Peer Circle (Names):	Length of time known	Phone
My ethnic heritage: <input type="checkbox"/> Not sure List:	<input type="checkbox"/> Registered to vote <input type="checkbox"/> Registered for draft (if male)	

RESOURCES AVAILABLE TO ME		
What's Needed for Me to Meet My Goals?	What Will I Need?	Who will support?

**Notes:** (if needed to highlight, discussion bullets, brainstorming, resources identified, concerns, , future considerations)

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**Progress on Community, Culture, and Social Life Goals:**

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**Community, Culture & Social Life Action Items and To-Do List**

<b>Start Date</b>	<b>Task</b>	<b>Assigned To</b>	<b>Date to be Completed</b>	<b>Updates/Progress/Notes</b>

## WELL-BEING & CIVIC ENGAGEMENT

**Self-Care & Health Goal:** \_\_\_\_\_

### ***My Self Care & Health Information and Resources***

WHAT I HAVE		
Current <b>HEALTH</b> insurance coverage (name of company/plan):		Policy #:
Does current plan continue after leaving foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Anticipated end date of coverage
Current Primary Doctor:	Clinic or Office Address:	Phone
Other Medical Providers:		Address:
Health Needs:		Prescriptions:
Known Allergies:		Allergy Specialist:
Immunizations Up to Date: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I don't know		<input type="checkbox"/> Have copy of Immunization Schedule
Date of last appointment:		

Current <b>VISION</b> insurance coverage (name of company/plan):		Policy #:
Does current plan continue after leaving foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Anticipated end date of coverage:
Current Eye Doctor:	Vision Center:	Phone #
Glasses? Contacts? Other Needs:		Eye Medicine?
Date of last appointment:		

Current <b>BEHAVIORAL HEALTH</b> insurance coverage (name of company/plan):		Policy #:
Does current plan continue after leaving foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Anticipated end date of coverage:
Current Counselor or Therapist:	Office Address:	Phone:
Behavioral Health Needs		Prescriptions:

Current <b>DENTAL</b> insurance coverage (name of company/plan):		Policy #:
Does current plan continue after leaving foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Anticipated end date of coverage:
Current Primary Dentist:	Office Address:	Phone #
Dental Needs:		
Date of last appointment:		

**RESOURCES AVAILABLE TO ME**

What's Needed for Me to Meet My Goals?	What Will I Need?	Who will support?

**Notes:** (if needed to highlight, discussion bullets, brainstorming, resources identified, concerns, , future considerations)

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**Progress on Self Care and Health Goals:**

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**Self-Care and Health Action Items and To-Do List**

Start Date	Task	Assigned To	Date to be Completed	Updates/Progress/Notes

## PERMANENT & SUPPORTIVE CONNECTIONS

**Legal Permanence and Natural Supports Goal:** \_\_\_\_\_

### *My Legal Permanence Goals and Natural Supports Information and Resources*

**WHAT I HAVE**

My legal permanency plan:  
 Reunification     Adoption     Guardianship     Another Planned Permanent Living Arrangement: \_\_\_\_\_  
 Concurrent Permanency Plan: \_\_\_\_\_

**Relationship with Family**

Name of siblings, child(ren) and others	Relationship (biological or chosen family; sibling, child, parent, aunt, etc.)	Availability	Contact Method

**Supportive People (natural supports) in My Life:**

Name:	Phone	
Address:		
City, State, Zip:	Email:	
Relationship & Supports Provided:		
Name:	Phone	
Address:		
City, State, Zip:	Email:	
Relationship & Supports Provided:		

Name:	Phone	
Address:		
City, State, Zip:	Email:	
Relationship & Supports Provided:		

**Notes:** (if needed to highlight, discussion bullets, brainstorming, resources identified, concerns, , future considerations)

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**Progress on Legal Permanence and Supportive Connections Goals:**

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### Goal Action Items and To-Do List

Start Date	Task	Assigned To	Date to be Completed	Updates/Progress/Notes



## YTP Meeting Parking Lot

Parking Lot Item	Plan for Follow-Up and by Who

## YTP Meeting Information Details

Was next YTP Meeting Scheduled? \_\_\_\_\_ Date, Time, & Location of Next YTP Meeting \_\_\_\_\_

YTP Meeting Facilitated By: \_\_\_\_\_

YTP Meeting Notes Completed By: \_\_\_\_\_

YTP Meeting Participants (See YTP Meeting Sign-In Sheet for signatures indicating participating in planning)


*Copies of this transition plan were provided to the youth and Team Members listed with above, two days of the meeting. In addition, copies of this transition plan have been provided to the following:*

- Team Member/other: \_\_\_\_\_ Date: \_\_\_\_\_
- Team Member/Other: \_\_\_\_\_ Date: \_\_\_\_\_
- Team Member/Other: \_\_\_\_\_ Date: \_\_\_\_\_
- Team Member/Other: \_\_\_\_\_ Date: \_\_\_\_\_