

MARYLAND YOUTH TRANSITIONAL PLAN

The Maryland Youth Transitional Plan is an ongoing planning process to ensure youth's successful transition from foster care. The following form is designed to assist a youth in developing a personalized plan with their worker as they prepare for life after foster care. This plan must be driven by youth, and specific to the needs and goals of the youth.

To properly identify the needs of Maryland's youth and ensure youth obtain the resources and skills to be self sufficient, caseworkers will administer this form annually to all youth ages 14 to 16, and every 180 days thereafter for youth ages 16 to 21. It is required that this plan be **finalized 90 days before** a youth exits foster care.

Directions to Youth: Before you leave foster care, a plan must be developed to prepare you for life after care. This form will guide you and your caseworker in a discussion about key topics such as: how you will support yourself, where you will live, how you will take care of your health, and/or who you will call if you need help. Your participation during the development of this plan is very important. It will provide an opportunity to share your needs and goals and find out what options, programs, services and people are available to help you as you transition out of foster care. This plan is about your life; be sure to speak up and ask questions. ☺

Directions to Adults (e.g., caseworkers, caregivers, social workers, community partners): As an adult supporter, your role is to assist youth in the development of their transition plan by engaging and teaming with them in a discussion to identify needs and goals around education, employment, housing, health, money management, and supportive connections.

Name:		Date of Birth:	
Date Entered Foster Care:	Case #:	Permanency Plan Goal:	Case Worker Name:
Assessments Taken & Completion Date: (e.g., Ansell Casey Tool; completed 9/30/10)			
Date Transition Plan Completed: (e.g., 10/15/10)		Six Month Transition Plan Follow Up Date: (e.g., 3/15/11)	
Participants Involved in the Development of the Transition Plan: (List Name and Relationship)			

The following pages list topic areas identified to gather youth's thoughts and ideas on specific matters regarding their lives. The caseworker and youth will engage in a discussion to detail youth's identified strengths, issues, concerns, immediate needs, goals and action plans.

YOUTH'S STRENGTHS:

ISSUES/CONCERNS

SERVICE DELIEVERY & NEEDS *(Please list services youth currently uses and/or identifies as immediate needs)*

??DO YOU KNOW...??

On the following pages, key questions and facts are listed in the "Do You Know" section to give a heads up on things you should know, or highlight things you should seek out from your local department. For example, read the questions below, if you check "No" to any of the following, we encourage you to gather more information from your social worker.

The following questions are particularly important as you think about maintaining your health as an adult:

Do you know...?

- What information is needed for medical coverage after foster care? *(Coverage plans, etc.)* [] Y [] N
- Which clinics/doctor offices you can access with your insurance? [] Y [] N
- You must inform your caseworker of any address changes to receive health coverage after care. [] Y [] N
- The State of Maryland has a benchmark policy that outlines all the information & tools you should receive by age 14, 15, 16, 17 and 18? *(Ask your social worker for a copy of the Benchmark Policy)*

EDUCATION

Current Educational Status: *(In school? Grade? How are grades? IEP? Graduation date? GED? Other programs?)*

Future Goals or Plans for Education/Vocational Training: *(Attend College? Type of program? Vocational training? Military?)*

Short Term Goals/Next Steps

Short Term Goals/	Plan of Action	Responsible Parties	Projected completion date

Are you familiar with the education training voucher? Y N

Are you exploring other financial resources (e.g., scholarships & grants) to support your future educational and/or vocation programs? Y N If so, please list.

?? DO YOU KNOW...??

- About your High School Assessment (i.e. Algebra I)?
- Your educational requirements to graduate? Is your worker aware of what you need to graduate?
- Whether transportation is in place to remain in your same school if you change placements?
- When you need to take the SATs? Have you already registered?
- If your worker is aware of funding and resources for higher education (college and vocational)?
- Where to find assistance in applying for college and working through the admissions process
- About D.O.R.S (Division of Rehabilitation Services)?
- The education requirements needed to obtain a Drivers License?

****EMPLOYMENT****

Current Employment Status: *(Job Search? Skills needed? If employed, how do you maintain employment? If unemployed, how will you maintain employment?)*

Future goals or plans for employment/career: *(what career field do you want to pursue? How will you gain the skills necessary for your career goals? Who can help you obtain experience in this career area? Any plans for job shadowing or internship?)*

Short Term Goals/Next Steps:

Short Term Goals/ Next Steps	Plan of Action	Responsible Parties	Projected completion date

?? DO YOU KNOW...??

- How to find assistance with applying for summer youth employment?
- About Maryland RISE workforce development program?
- About the career assessment at your school? Have you developed a career development framework?
Be sure to share this information with your worker.
- Where to find help with interviewing skills, resume building, appropriate dressing, and proper behavior in the workplace?

**MONEY MANAGEMENT **

Do you currently have a: Checking Account Savings Account?

If you checked yes, what is the name of your bank? _____

Have you received a free copy of your annual credit reports from the 3 credit reporting agencies? Y N

If there were any inaccuracies in your credit report, were you given any assistance in how to correct it? Y N

[add to Short Term Goals/ Next Steps]

What is your current source of income? _____ Monthly Amount? _____

Do you currently keep a monthly budget of your expenses? Y N

Are you saving money to support yourself after you leave foster care? Y N

Current amount saved: _____ Goal \$: _____

Short Term Goals/Next Steps:

Next Steps	Plan of Action	Responsible Parties	Projected completion date

?? DO YOU KNOW...??

- Your credit score? Why credit history is so important?
- The importance of having a bank account (i.e. savings/checking) and budgeting?

****HOUSING****

Current Living Situation:

Future Plans/Goals for Housing:

Plan for housing upon discharge:

(In the event you lose your housing or exit care, what is your emergency housing plan? where? with whom? Who will you ask for help?)

Short Term Goals/Next Steps:

Short Term Goals/ Next Steps	Plan of Action	Responsible Parties	Projected completion date

?? DO YOU KNOW...??

- All your housing options?
- How to secure funding for housing? How to apply for section 8 housing? Or, how to find information for low income housing in the area, if needed?
- About SILA (Semi-independent living program)?
- How to get on the HUD list?
- What's needed to get housing (i.e. criminal background, leasing agreement)?
- About the Family Reunification Program (FUP)?

****SUPPORTIVE RELATIONSHIPS AND COMMUNITY CONNECTIONS****

Who is currently your support system? Who do you feel closely connected to? How are they a support?
(Name, Contact information & Relationship)

Efforts to identify additional adult supports and mentors *(Please identify clubs, organizations, interest areas, social networks youth can develop)*

Are you currently involved in your community? [] Y [] N If yes, how?

Do you have a spiritual support/church organization? *(Name, Contact information)*

Short Term Goals/Next Steps:

Short Term Goals/ Next Steps	Plan of Action	Responsible Parties	Projected completion date

My long term goal to build or maintain strong relationships with supportive adults is ...

HEALTH

Current Health Status:

Goals to Obtain or Maintain Good Health:

Plans for Medical Coverage after Foster Care: *(Insurance? How will you access healthcare-doctors visits, medicines?)*

Specific Health Issues:

	Concerns/Needs	Date of Last Exam	Doctor Contact Information: <i>(name, office address, phone#)</i> therapist, dentist, optometrist
Physical Health			
Dental Health			
Vision/Eye Health			
Sexual Health			

Health Care Decisions:

It is important that you take time to think about and plan whom you would like to make major health care decisions for you if you were incapacitated. In the State of Maryland, this individual would be referred to as a Health Care Agent. Health Care Agents aren't chosen for you. It is your decision to appoint someone you trust to make these major decisions should you become unable. The key question in selecting a Health Care Agent is: **If you are unable to make a decision about your health or treatment, is there anyone you would like to make those decisions for you?**

Your caseworker will provide you with a copy of the *Advance Directive for Selecting a Health Care Agent*, to help you in the process of appointing a Health Care Agent should you choose to do so.

- Discussed the importance of designating a Health Care Agent
- Received copy of the Advance Directive for Selecting a Health Care Agent

Short Term Goals/Next Steps:

Next Steps	Plan of Action (include steps and services)	Responsible Parties	Projected completion date

?? DO YOU KNOW...?

- Regular exams and annual physicals are important to maintain good health.
- The purpose of each medication you've been prescribed?

DOCUMENTATION

Has the youth received the following documents*?

- | | |
|--|---|
| <input type="checkbox"/> Foster Care Verification Letter | <input type="checkbox"/> Green Card (if applicable) |
| <input type="checkbox"/> Education Records | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Maryland State Photo Identification Or Driver's license | |
| <input type="checkbox"/> Medical/Health Insurance Card | |
| <input type="checkbox"/> Instructions on how to request official replacement documents | |

* These documents should be official Maryland State documents (compliant with the REAL ID Act) as applicable.

What additional documents does the youth need/want? _____

Short Term Goals/Next Steps:

Short Term Goals/ Next Steps	Plan of Action	Responsible Parties	Projected completion date

Copies of this transition plan have been made for the following:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Youth | <input type="checkbox"/> Independent Living Provider |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Case File | |

The following signature indicates a commitment to help _____ reach his/her transition plan goals.

NAME

Youth Signature

Date

LDSS Representative Signature

Date

Other Participant(s) Signature

Date