

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: _____

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:

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

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

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:	
Driver's license status: <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)

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

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

WHAT DOCUMENTS SHOULD I HAVE IN MY POSSESSION		
<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	

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	\$ _____
My money is in: <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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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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WELL-BEING & CIVIC ENGAGEMENT

Self-Care & Health Goal: _____

My Self Care & Health Information and Resources

WHAT I HAVE

Current HEALTH 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 VISION 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 BEHAVIORAL HEALTH 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 DENTAL 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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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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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: _____