

Paid NYTD Services already in place for YYA: (list of all Chafee/ETV services)

Non-paid NYTD Services provided for Successful Transition in Adulthood: (list of all NYTD services entered)

Transition Goals:

I. Education

Document highest level of educational achievement and current level of education? Is the YYA on track completing high school/GED/college? Specify any special considerations related to post-secondary education or vocational trade school? Utilize career assessment to identify potential programs? Need assistance with completing application or financial aid (FASFA)? Make sure YYA is aware of the Education Training Voucher (ETV)* program? Any barriers from obtaining and maintaining academic good standards.*

- Enrolled, full-time Enrolled, part time/sporadic Not enrolled in school/program

If currently enrolled, please list School/Institution: _____ Current grade level: _____

- Unable to enroll in school/vocational program due to disability

Does YYA have an IEP? YES NO

Current Status:			
Goal:			
Action Steps	Person Responsible	Target Date	Achieved?
1.			
2.			
3.			
4.			
Target Goal Achieved Date:			

II. Employment

Provide brief job history. Does the current job provide adequate living wages? Describe any career exploration and planning. Has the YYA completed any career assessments? Has an updated resume? Any job skills? Need Interview skills? Describe any job training or vocational training. Any disabilities preventing from obtaining and maintaining employment? Any barriers from obtaining and maintaining employment?

- Employed, full-time Employed, part time/sporadic

If employed, please list employer: _____

- Unemployed, currently seeking employment Unemployed, not seeking employment
- Unemployed, due to being enrolled in school/program
- Unemployed, unable to obtain and/or maintain employment due to disability

Current Status:			
Goal:			
Action Steps	Person Responsible	Target Date	Achieved?
1.			
2.			
3.			
4.			
Target Goal Achieved Date:			

III. Budget and Financial Management

What is the current source of income? Is the YYA able to budget his/her money? Is the YYA capable of identifying “needs vs. wants” goods? Has the YYA opened and bank account (checking and/or savings)? Document completion of mandated Financial Literacy course for age 16 and older. Review any outstanding bills the YYA may have and develop a plan to meet financial responsibilities. For emancipating YYA, review budget to sustain identified living arrangements.*

Document the most recent credit check and list any discrepancies. If YYA is employed, review tax forms. Review government resources (SNAP and SSI) and document any access to trust fund or settlements that could be used as supplement income. Identify any barriers from obtaining financial security.

Current Status:			
Financial Literacy:			
<input type="checkbox"/> currently has checking and/or savings account <input type="checkbox"/> does not have checking and/or savings account <input type="checkbox"/> completed financial literacy course <input type="checkbox"/> did not complete financial literacy course			
Date of most recent Credit Check : _____			
<input type="checkbox"/> Youth has had credit check within one year of this meeting <input type="checkbox"/> Youth has not had credit check within one year of this meeting			
Goal:			
Action Steps	Person Responsible	Target Date	Achieved?
1.			
2.			
3.			
4.			
Target Goal Achieved Date:			

IV. Housing Education

What is the current living arrangement? Describe the plan to ensure the YYA will have reliable safe adequate housing prior to emancipation. Does YYA need assistance with locating housing, completing rental application and lease, understanding tenant’s rights and landlord’s responsibilities? Identify any housing referrals completed for the YYA.

If living independently, provide address, rent, and verify essential household items. Identify the supportive resources for maintaining housing, such as income to support housing expenses, roommate, or Supervised Independent Living. Does the YYA understand the effects of breaching a lease and eviction? Any risks of being homeless? Identify “back-up” plan? Any barriers from obtaining and maintaining housing?*

Current Placement: _____

How many placements since entered care: _____

Current Status:			
Goal:			
Action Steps	Person Responsible	Target Date	Achieved?
1.			
2.			
3.			
4.			
Target Goal Achieved Date:			

For YYA approaching age 18: Is it the YYA’s intent to remain in DSS Custody after turning the age 18?

- Yes, continue to IVA and discuss Voluntary Placement Agreement (VPA)****
- No, continue to V Home Management and Life Skills***

IVA. Voluntary Placement

For youth on or after the 18th birthday: YYA is requesting to remain in DSS Custody after turning the age of 18. YYA understands to maintain employment and/or academic progress. YYA understands that even though age 18 or older, YYA must continue to follow DSS policy. Once YYA turns age 18, please have YYA sign the Voluntary Placement Agreement and link signed document to CAPSS. DSS case manager must update the Placement Authority in CAPSS.

- Check box verifying signed Voluntary Placement Agreement has been uploaded to CAPSS.***
- Check box verifying Placement Authority has been updated in CAPSS.***

V. Home Management and Life Skills

*Document most recent Casey Life Skills Assessment*and discuss results? Describe YYA’s abilities to sustain self-sufficiency (strengths) and areas of concerns. Does the YYA have basic life skills to sustain independence, such as food preparation/meal planning/grocery shopping, laundry, and housekeeping/chores? What life skills workshops are needed for YYA to sustain self-sufficiency? Any barriers from obtaining and maintaining self-sufficiency?*

Date of Life Skills Assessment: _____

Current Status:			
Goal:			
Action Steps	Person Responsible	Target Date	Achieved?
1.			
2.			
3.			
4.			
Target Goal Achieved Date:			

VI. Health Education

Does the YYA have any history and/or at risk of medical, mental, physical, and/or emotional illness? If so, briefly describe diagnosis, medication management, and current treatment plan? Identify the support system to assist with maintaining treatment plan and any adjustments needed to accommodate disabilities?

Does the YYA have an understanding the importance of good hygiene, nutrition, and exercise? Does the YYA have a healthy knowledge of reproductive health and sexuality? Does the YYA have a plan for family planning? Identify YYA’s Healthcare Proxy (person authorized to make medical decisions). Does the YYA have an understanding of the importance of maintaining routine wellness check appointments? Inform YYA of being able to receive Medicaid* till age 26 in South Carolina but YYA must annually update mailing address to renew benefits. Any barriers from obtaining and maintaining a healthy lifestyle?*

Current Status:			
Goal:			
Action Steps	Person Responsible	Target Date	Achieved?
1.			
2.			
3.			
4.			
Target Goal Achieved Date:			

VII. Healthy Permanent Support

Describe any positive support system and identify permanent connections? Describe all efforts to maintain birth family connections? If applicable, describe sibling visitation schedule (frequency, duration, location) and any other requirements to assist in maintenance of their relationship. Describe all efforts to locate extended family support members. Describe any extra-curriculum activities and engagement opportunities that promoted positive peer interaction and “normalcy”? How does the YYA prepare to become a productive member of his/her community (register to vote)? Describe the YYA’s abilities to communicate and manage conflict. Will the YYA benefit from a mentor? Any risk taking behaviors affect healthy connections? Any barriers from obtaining and maintaining healthy relationships?

Current Status:			
Goal:			
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2.			
3.			
4.			
Target Goal Achieved Date:			

Is the young adult pregnant and/or have any dependents?

- Yes, continue to VIIA and complete Parenting Education.*** ***No, continue to VIII Transportation***

VII A. Parenting Education

If pregnant, address prenatal care and preparations for after birth. Describe the current custody arrangement for dependents. For YYA’s children who are under the custody of DSS, list the court expectations in terms of visitation (frequency, duration, location) and any other requirements to assist in reunification or maintenance of their relationship. Does the parent need parenting workshops? Does the parent need assistance with custody disputes, receiving or providing child support, and/or child care? Does the parent need assistance with ensuring adequate essentials are provided for the care of the child(ren)? List any state assistance such as WIC and ABC child care voucher. What is the impact of parenting on completing transition goals?

Current Status:			
Goal:			
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1.			
2.			
3.			
4.			
Target Goal Achieved Date:			

VIII. Transportation

Does the YYA have a driver’s license? Know the bus route for accessible services? Utilizes a bike, shared rides, and/or resource parent for transportation? Car insurance? Savings for a vehicle? Income for vehicle expenses? Does the YYA have a basic knowledge of maintenance and car repairs to maintain a safe reliable vehicle? Any barriers from obtaining and maintaining reliable transportation?

Current Status:			
Goal:			
Action Steps	Person Responsible	Target Date	Achieved?
1.			
2.			
3.			
4.			
Target Goal Achieved Date:			

IX. Risk Prevention

Identify any threats to personal safety? Is YYA at risk for becoming a victim of Human Sex and Labor Trafficking? Any domestic violence history that needs to be addressed? Does the YYA identify as LGBTQ and request community support/resources? Does the YYA have information on Suicide Prevention community resources? Brief review of past and present substance use/abuse. Identify resources and safety plan. Any pending criminal charges, orders of protection, and/or court fines? Address any sex offender status and describe plans for supervision. Any risk taking behaviors that will hinder successful transition?*

Current Status:			
Goal:			
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2.			
3.			
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Target Goal Achieved Date:			

X. Transition Plan Summary

Describe plan for Successful Transition into Adulthood:

Describe Barriers preventing Successful Transition into Adulthood:

Services needed for Successful Transition in Adulthood: (drop down box of all Chafee/ETV services)

XI. Final Discharge of DSS Custody (within 90 days of discharge)

<i>Date of last DSS court hearing</i>	<i>Anticipated release date from guardianship of DSS</i>
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For YYA age 14 and older who are leaving DSS custody, please note Chafee services are available until 21st birthday. YYA can request to continue receiving Chafee/ETV services after foster care line is closed. DSS case manager will make monthly contact to assess transition. If no services are requested after 6 months, then the Chafee/ETV service line will close.

If YYA decides to seek Chafee/ETV services at a later date after the Chafee/ETV service line is closed, then the YYA will need to go in person to their county of residence DSS office and request "Chafee/ETV After-Care Service Line" services to continue receiving Chafee services.

For YYA who have reached age of majority (age 18) while in DSS custody: YYA has until turning age 21 to request to return to DSS custody. It is not a guarantee that placement will be provided in desired location. Does YYA understand that ETV funds will be available till age 26 (or 5 nonconsecutive years) to assist with post-secondary education? Does YYA understand that it is his/her responsibility to maintain current Medicaid active status?

Does youth understand that ETV funds will be available till age 26 (or 5 nonconsecutive years) to assist with post-secondary education and supportive services to achieve post-secondary education? YYA must apply each year for ETV funds. Does youth understand that it is his/her responsible to maintain current Medicaid active status?

<p>Describe plan to Successful Transition into Adulthood:</p> <ol style="list-style-type: none">1. Education-2. Employment-3. Housing-4. Transportation-5. Support System-6. Medical-
<p>Describe Barriers to Successful Emancipation:</p> <ol style="list-style-type: none">1.2.3.4.5.6.

The case manager should assist the youth in obtaining or compiling the following documents. Indicate status of each document:

<p>Legal documents include but not limited to: Identification card Social Security Card Driver’s License and/or State ID Certified copy of birth certificate Copy of Court Order for Case Closure U.S documentation of immigration, citizenship, or naturalization Death certificate (s) of parents or child (if deceased) Other: _____</p>	<p>Status of Progress/ Received</p>
<p>Medical records include, but not limited to: Medicaid card or other health eligibly documentation Health Passport Dental Records Immunization Records Contact information for Primary Care Physician Contact information for any Specialist working with youth Other: _____</p>	
<p>Educational records include, but not limited to: List of schools attended Transcripts High School diploma or GED Post-Secondary education supportive documents Vocational certification Other: _____</p>	
<p>Family/Community Connections include, but not limited to: Documents/Information on the youth’s religious background Life book or compilation of personal history and photographs Contact information of known relatives (with permission) List of previous placements (with permission) List of all Chafee/ETV services received Chafee and ETV booklet Other: _____</p>	

By signing below, I commit to these goals and action steps.

 YYA Date

 Case Manager Date

 Supervisor Date

 Transition Specialist Date

***Place signed copy of transition plan in case file and link file to CAPSS. Give copy of transition plan to youth and all parties involved in action steps.**

Check box verifying signed agreement has been uploaded to CAPSS.