



South Carolina Department of Social Services

Work Aid 601.1: Transition Planning **Supplemental to DSS Policy 601: Chapter 6**

A. Components Needed for a Successful Transition to Adulthood	For transition planning to lead to successful outcomes for adulthood: 1. Permanent connections are essential to youth/young adults successfully transitioning from care. The urgency of achieving permanency greatly intensifies as young people approach the age of majority and proceed to exit foster care. a. While resources and referrals are beneficial, it is the connections to a support network that contributes to stronger successful outcomes. b. Transition planning must include permanency as a goal which can be achieved by the youth/young adults and facilitating professional who should jointly search the youth's family of origin and the community for potential and existing relationships and then allow opportunities for these relationships to grow. 2. The youth/young adult must have real-life opportunities to develop skills in each of the transition domains including opportunities to make mistakes and face natural consequences. 3. For planning and preparedness, the care team shall ensure each youth/young adult: a. Utilizes opportunities to voice their goals; and b. Is plugged in to the individualized support and tailored services they need to succeed in school, work, and life. 4. Through teaming with our youth/young adults, instead of making decisions for them, the care team can more quickly identify barriers, goals, and overcome obstacles in the young adults' development and independence.
B. Transition Planning – DSS Roles and Responsibilities	1. Transition Planning begins when the youth turns 14. The Transition Plan becomes a part of the Family Permanency Plan (FPP). 2. The foster care or permanency case manager shall: a. Utilize the Child and Adolescent Needs and Strengths (CANS) Independent Living (IL) Module to determine a youth's strengths and needs to develop and use life skills. An extended discussion format is an opportunity for case managers or providers to: i. Obtain a glimpse into the youth's mental health status; and

	ii. Understand trauma factors that may affect the youth's engagement to include follow-through on activities or learning objectives. b. Review the youth's progress towards the transition planning goals at each monthly face-to-face contact; c. Assist the youth to identify and engage individuals in their support system (e.g., family members, fictive kin, foster parents, service providers, and any other individual(s) with whom the youth have a positive connection with); d. Encourage youth to use their voices by actively participating in the development of the plan as it is important for youth to understand the process that needs to take place as they prepare for adulthood; and e. Document all transition services as NYTD services in CAPSS according to the following: i. At least monthly, it is a federal requirement to record and update NYTD services in CAPSS under the "NYTD" tab; ii. A NYTD service requires action from the case manager or provider, specifically for preparing a youth for independence, education, housing, life skills, employment, etc.; and iii. At least once per month, the case manager shall communicate with youth and care providers utilizing DSS Form 30254, upload a copy to CAPSS linked files, and provide the care provider with access to the NYTD Services Booklet, DSS Booklet 30255, to understand the 14 NYTD categories. 3. The foster care or permanency team leader shall: a. Review the case manager's reports to assess compliance and quality in preparation for submission, including, but not limited to: i. Monthly face-to-face visits; ii. Timely submission of referrals and services; iii. Family Court at the next scheduled Permanency Planning Hearing; iv. Six-month Foster Care Review Board reviews (for youth under the age of 18); v. Six-month DSS administrative case reviews (for young adults age 18-21) vi. Child and Family Team Meetings; vii. Case consultations; viii. Acknowledge the completion in CAPSS dictation. b. Enhance knowledge and understanding in the following areas among case managers working with youth: i. Authentic Youth Engagement strategies; ii. Adolescent Brain Development; iii. Core competencies of an adolescent worker; iv. Positive youth development principles; and
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	v. Transition Services and Support (TSS) resources including, but not limited to, Chafee and Education and Training Voucher (ETV) funding. c. Train case managers to utilize the following: i. CANS IL Module; ii. DSS Form 30198: John H. Chafee Foster Care Program for Successful Transition to Adulthood Funding Request; iii. DSS Form 37166: ETV Application; and iv. DSS Form 30206: Transition Plan. d. Make sure all case managers complete or have completed the Adolescent Development training series, both instructor led and computer-based training, available on MySCLearning. 4. Youth shall: a. Be encouraged to use their voices by actively participating in the development of the plan; b. Be assisted in identifying their future goals and steps necessary to achieve those goals; c. Have the right to invite others to their transition planning meeting who are significant to them and will continue to support them as they prepare for independence and beyond; and d. Assume their responsibility in making the transition successful by relying heavily on their ability to make appropriate decisions and follow through on the objectives identified in the Transition Plan. 5. The TSS representative shall: a. Implement a youth centered approach to engage and partner with teens and older youth utilizing adolescent and emerging adult development, the impact of trauma, and methods/strategies to support the young adult's capacity to thrive and provide a continuum of care in the areas of life skills development, self-sufficiency, safety, permanency, and well-being; b. Broker new partnerships within the communities that serve and further connect young adults to available resources; c. Partner effectively with young people to support the development of strategies for developmentally appropriate and identity affirming youth engagement; d. Authentically engage with youth/young adults and provide ongoing assistance, training, and transition support to teens/young adults who are receiving continuum of care services; and e. Provide technical assistance, training, readiness workshops, webinars, and ongoing support to DSS internal and external stakeholders to enhance youth/young adults readiness in various life domains including, but not limited to,
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	life skills development, academic, vocational programs, employment, transportation, and housing stability. 6. The Bridge Navigator shall: - Collaborate with designated county foster care or permanency staff and regional TSS division consult on a monthly basis to make sure teens/young adults aged 14 until their 18th birthday receive access to all assessment tools, including CANS, Transition Planning, and CFTM Transitional Teaming, to collaboratively develop an individualized and strengths-based partnership with the young adult; - Provide training and technical assistance to county and regional staff, providers, resource parents, and youth/young adult on appropriate planning, documentation, and provision of services; - Utilize a teaming approach with staff, providers, and teens/young adults to ensure cross collaboration; - Attend a current foster youth's Transition Plan Meeting and support its facilitation prior to the youth's 17th and 18th birthday, support youth voice, encourage Extension of Foster Care enrollment, share Chafee, ETV, Youth Engagement Advocate (YEA!), and Extension of Foster Care benefits; - Support the case manager with transition age youth services including relational permanency, education success, career pathway supports, and other life domain goals to achieve self-sufficiency; and - Provide opportunities for life skills development and connections to TSS division staff. 7. Other identified team members for transition planning shall commit to the adolescent teaming approach to promote alignment in services, supports, and resources to serve transitional age youth.
C. Developing Successful Transition Goals	Refer to DSS Resource 30231: S.M.A.R.T. Goals for developing goals and what case managers shall do in addition to utilizing the S.M.A.R.T. framework.
D. Transition Planning	The case manager shall support ongoing transitional growth to include, but not be limited to, the following life domains: - Hygiene and self-care (information about body care, hair care, dental care, and reproductive health awareness/care) - Personal safety (assistance with identifying safe and supportive resources in the event of an emergency, internet safety, healthy dating relationships, intimacy, domestic violence, and human trafficking) - Legal (obtaining essential documents, birth certificate, social security card, voters' registration, obtaining a state ID, obtaining a driver's license, accessing legal representation, and selective service registration for males)

	4. Budgeting (creating a budget worksheet/expense diary, assistance with developing strategies for paying bills and creating a monthly spending plan, introduction to tools for saving money and planning for future expenses, practical instruction on setting up a bank account, online banking, and balance checking, and check writing/use of debit cards) 5. Building credit (understanding credit scores and how to read a credit report, how credit scores can impact the ability to make major purchases, and how to protect personal identity to reduce fraud) 6. Nutrition and food preparation (healthy food preparation methods and basic cooking, smart grocery shopping, and food expiration and meal planning) 7. Interpersonal relationships and communication (knowing and understanding the concept of self-esteem, understanding personal strengths and needs, and maintaining healthy relationships) 8. Time management and stress management/coping (developing techniques to effectively manage time, including making lists and prioritizing tasks, and relaxation techniques used to manage and cope with stress) 9. Extracurricular or recreational activities (identifying talents and interests and building on those and encouraging involvement with the community, sports, and clubs) 10. Problem solving and decision-making (developing strategies to make good decisions, identifying differences between impulsive and thoughtful decisions, and building internal and external assets which are important to growth) 11. Housing (locating safe and affordable housing options, roommate agreements, tenant rights and housing assistance, and communicating with landlords/leasing managers) 12. Education (assistance with developing an appropriate education plan, assuring identified accommodations are being offered, completing secondary education, and accessing resources for post-secondary or vocational programs) 13. Employment (development of good work habits and skills, self-confidence and presentation, resume writing, completion of job applications, and identifying job opportunities and use of local employment assistance) 14. Available assistance from DSS (Chafee and ETV funding as a resource to support transitional growth opportunities for eligible youth and young adults) 15. Health (resources related to obtaining health insurance and pertinent information related to health-related benefits,
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	provider navigation skills, making doctor appointments, and understanding of medication and treatment) 16. Advocacy (youth boards, self-advocacy, leadership skill development, offer youth opportunities for hands-on, action service, learning, taking a youth development approach to create opportunities for youth including such things as: opportunities for youth to contribute, create and lead initiatives, projects, and movements)
E. Adolescent Teaming Approach	1. DSS shall partner with young people utilizing an Adolescent Teaming Approach by moving away from transactional behavior to embracing transformational relationships. 2. The Adolescent Teaming Approach: a. Is centered around young people and young people are supported by staff and partners in achieving developmentally appropriate milestones and normalcy as they prepare for transition to adulthood; b. Emphasizes the importance of alignment, partnership, and integrated support for transition age youth; c. Emphasizes the importance of accurate assessments, timely referrals, and connection to resources; d. Demonstrates the continuum of care as it is everyone's responsibility including the community, care providers, and family of origin to prepare and support youth into young adulthood and their departure from foster care; and e. Emphasizes relational permanency and encourages young adults, who opt into a continued partnership with DSS, to do so because they believe DSS and the community will help them with their transition to adulthood (e.g., housing, education, career exploration, and community connections).
F. Supporting Transition Age Youth with the Core Competency Skills of an Adolescent Worker – Coach	1. In this first role, be a teacher, role model, and guide through the following five major functions: a. Listen: workers are there to listen, understand, and help youth with finding their “voice” to be heard. All of which are essential to relationship building. b. Plan: the worker assists the youth formally (using life skills and well-being assessment tools) and informally as it relates to achieving their personal hopes and dreams and focuses on wants and needs, not compliance. c. Provide Experience: workers help the youth experience “real life” through group and peer activities, experiential learning opportunities, and provide the youth space necessary to try something firsthand, succeed, fail, and try again. d. Practice: similar to “Provide Experience,” but the process may be more formal/planful, semi-independent living, career exploration, and leadership opportunities. e. Reflect: the worker assists the youth to reflect, review, adapt, and readjust based on their approach and decisions

	(i.e., their own Continuous Quality Improvement (CQI) process). 2. DSS staff shall: a. Listen, advise, and provide youth with opportunities to learn and practice new skills. b. Maximize “teachable moments” to provide life lessons. c. Discuss expectations for adult behavior and model such behavior. d. Empower youth to make decisions about their case and participate in court proceedings. e. Gradually decrease control and increase youth responsibilities. f. Establish quality communication and follow through. g. Recognize and celebrate success. h. Help youth participate in activities normally experienced by their peers such as dating and participating in after-school activities. i. Help youth identify safe, healthy, and easily accessible leisure activities. j. Encourage youth’s development of peer support networks through participation in group activities with youth having similar interest and experiences such as foster youth advocacy groups or social clubs. k. Be a facilitator of relationships. l. Help establish lifelong connections for youth. m. Ask youth to identify at least one reliable, caring, adult in their life who can also serve as a stable, ongoing, connection and can provide support as they transition to adulthood. n. Support youth, where appropriate, in exploring connections with their biological family members (e.g., siblings, parents, aunts/uncles, cousins, grandparents, etc.) and support maintaining healthy relationships with them. o. Talk with youth about their educational and career goals, how their goals fit with their talents and interests, possible barriers to achieve their goals, and next steps. p. Offer youth assistance in exploring various educational or vocational options by talking to school counselors, conducting campus visits, and determining which programs are available in the community. q. Support youth as they adjust to college life or a new program, help youth in identifying available services, and assist them in finding a place to stay over school breaks. r. Assist youth in exploring various career paths by encouraging and supporting them in conducting research, attending career fairs, speaking to a career counselor, or arranging a visit to a work site. s. Help youth understand and practice important processes for obtaining a job, such as developing a resume, completing applications, and interviewing.
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	t. Coach youth on how to keep a job and discuss employer expectations for issues such as arriving on time, appropriate dress, and positive work attitudes. u. Help youth explore and assess housing options including location, cost, utilities, and living with roommates, and help them conduct their search. v. Talk with youth about responsibilities related to housing such as providing a security deposit, paying rent on time, keeping the apartment clean, and tenant rights. w. Help youth develop a backup plan in case housing arrangements fall through. x. Help youth open and manage checking and savings accounts to develop a budget that will outline estimated living expenses and expected income, know how to maintain a good credit score, and understand loans and interest rates.
G. Supporting Transition Age Youth with the Core Competency Skills of an Adolescent Worker – Advocate	1. In this role, the worker acts as the youth’s advocate both within the child welfare system and the community at large. 2. DSS staff shall: a. Act as the youth’s “life-line” by going the distance, showing up when no one else does, and acting in a way that expresses unconditional acceptance and patience; b. Apply trauma informed training into trauma responsive practice; c. Advocate for the best interests of the youth; d. Be a facilitator of relationships; e. Help establish lifelong connections for youth; f. Ask youth to identify at least one reliable, caring, adult in their life who can also serve as a stable, ongoing, connection and can provide support as they transition to adulthood; and g. Support youth, where appropriate, in exploring connections with their biological family members (e.g., siblings, parents, aunts/uncles, cousins, grandparents, etc.) and support maintaining healthy relationships with them.
H. Supporting Transition Age Youth with the Core Competency Skills of an Adolescent Worker – Networker	1. In this final role, the worker acts as a resource or option broker. The worker knows where the resources (e.g., jobs, apartments, therapist, scholarships, etc.) and opportunities are. 2. DSS staff shall: a. Be a networker and help cultivate supports for the youth; b. Help youth connect to community support services; c. Guide and assist youth in becoming networkers themselves; d. Help youth understand when to seek medical attention and how to find affordable health and mental health services through community health centers, student health centers, or other resources; e. Discuss the importance of maintaining Medicaid health coverage, medical appointments, and prescriptions; and

	f. Help youth determine if they are eligible for other government assistance such as the Supplemental Nutrition Assistance Program (SNAP).
I. Authentic Youth Engagement	1. Authentic Youth Engagement connects the case manager to young people through relationship development, person centered planning, and a focus on their futures. a. Young people are more likely to be motivated to engage in an assessment and planning process when the experience highlights their strengths. b. Provide a sense of rigor and challenge for youth so, with adequate support, they will complete a program and gain a sense of accomplishment. c. Assure youth and young adults have opportunities for real-life learning of skills relevant to their transition. d. Goals shall be constantly changing and evolving with completion and growth. 2. Authentic Youth Engagement values young people's meaningful contribution. a. Young people and adults lead together. b. Youth are actively involved and lead decision making on case planning, transition planning, and long-term needs, wants, and goals. c. To value one's personal experience of foster care includes acknowledging the grief and loss of entering the system. Upon entering foster care, young people may lose opportunities to make decisions about their lives, opportunities to take developmentally appropriate risks, and opportunities to experience typical adolescent events. 3. Authentic Youth Engagement recognizes opportunities for professional development. a. Young people are equal partners, build self-esteem, and practice problem-solving and leadership skills they will need in adulthood. Adults respect youth as having significant input. Young people make meaningful decisions. b. Young people gain access to information, develop new skills, and contribute to strategy development. Adults gain insights to experience and expertise from those most affected and can make better decisions. c. Youth are actively involved in their communities of interest and advocacy and leadership development. d. To build individual leadership and advocacy skills, authentic young engagement focuses on partnership with young people, prepares young people to be active partners, supports young people at all stages, and provides opportunities for individual growth and policy advocacy. 4. Partnership is: a. Doing with, not "for" or "to"; and b. Intentionally sharing power.

	5. Partnership looks like: a. Asking for, listening to, and incorporating feedback; b. Utilizing interpersonal skills for building trust and relationships; and c. Integrating youth voice into all organizational decisions. 6. Partnership requires: a. Self-reflection on personal beliefs and biases; and b. Interdependent relationships between adults and young people.
J. Preparing for the Transition Plan Meeting	1. The Transition Plan is drafted with the youth before the Transition Plan Meeting. The foster care or permanency case manager shall work with the youth on goals and objectives ahead of time and finalize the plan at the meeting with the remaining team members. This step will help prepare the youth to share their goals and voice their opinions or suggestions during the Transition Plan Meeting or planning meeting. 2. The purpose of the Transition Plan is to assist the youth/young adult with planning for their lives after they exit custody and identifying the services, resources, and supports needed to be successful. 3. The foster care or permanency case manager shall prepare the youth/young adult for the Transition Plan Meeting. a. The young/young adult plays a central role in planning for and participating in the meeting. b. The youth/young adult understands the meeting is an opportunity to advise their transition support team and provide input on which person or what agency they believe can best assist toward achieving their goals. c. Discuss with the youth/young adult the role and responsibilities required of a person with decision-making authority. d. The youth/young adult co-developed a draft of the Transition Plan and know of the youth's plans and goals in advance of the Transition Plan Meeting. e. Youth/young adult was provided clear expectations and received a clear explanation of the process. The youth/young adult is prepared for the meeting in terms of speaking for themselves with desires in various life domains: education, housing, employment, physical and mental health, community resources, supportive relationships, permanent connections, money management, transportation, personal growth and social development, and other life skills attainment. f. Help the youth/young adult identify and invite other supportive adults or peers who can and will support or help achieve the youth's goals. 4. The foster care or permanency case manager makes proper accommodations for the Transition Plan Meeting. a. The case manager invites essential participants as follows:

	i. Youth/young adult; ii. Individuals identified by the youth/young adult; iii. Other community partners or youth-serving agencies that play an essential role to the youth/young adult's successful transition into adulthood (Note: Also, determine and document what life skills are being taught in the provider's home setting.); and iv. Bridge Navigator and/or Transition Services and Support Representative. b. The meeting is scheduled at a convenient time to enhance full participation. i. Provide multiple platforms for participation to include, but not be limited to, in-person meeting, virtual platform (Microsoft Teams, Zoom, FaceTime), and conference telephone calls. ii. Accommodations are provided to address a youth's special needs including, but not limited to, a developmental or learning disability, mental health needs, sexual orientation, and gender identity and expression. c. Roles and Responsibilities are defined. i. Support the youth in articulating their goals in a safe manner and supportive atmosphere. ii. There is a lead person to facilitate the meeting. iii. Someone is identified to take responsibility to complete or add details to the Transition Plan. d. Meeting anticipated focus: i. The meeting is conducted using a positive youth development approach. ii. The Transition Plan must be personalized at the direction of the youth, be as detailed as they choose, and include specific action steps with timeframes.
K. During the Transition Plan Meeting	1. During the Transition Plan Meeting, the foster care or permanency case manager establishes group agreements with the participants at the meeting to promote genuine partnership among the youth/young adult, their support network, and DSS. 2. The Transition Plan must be personalized at the direction of the youth, be as detailed as they choose, and include specific action steps with timeframes. 3. The Transition Plan is guided by the recent CANS IL Module strengths and needs categories associated with the FPP. The following areas are addressed in DSS Form 30206: Transition Plan: a. Life Skills; b. Social Skills; c. Healthy and Supportive Relationships; d. Education; e. Post-Secondary Education; f. Employment; g. Housing;

	h. Finances and Money Management; i. Transportation; j. Permanency; k. Credit Check; l. Home Management Skills; m. Essential Documents including, but not limited to, including annual credit reports, and unless the youth or young adult has been in foster care less than 6 months, prior to leaving foster care, a certified copy of his or her U.S. birth certificate, his or her social security card, health insurance information, medical records, driver's license or identification card issued in accordance with the requirements of Section 202 of the REAL ID Act of 2005, and any official documentation necessary to prove that the youth or young adult was previously in foster care; n. Physical and mental health including information about the importance of designating a person to make health care treatment decisions if the young adult becomes unable to participate in such decisions. 4. During the Transition Plan Meeting, the discussion topics shall include, but are not limited to: a. What the young adult's views are regarding the Transition Plan and the opportunities to engage in age or developmentally appropriate activities; b. The extent of progress with the Transition Plan and goals and how supportive adults are helping to move those goals forward; c. Determine if the necessary referrals have been identified and/or completed; d. Follow-up with action commitments, outlined in previous meetings, to verify whether they were completed; e. The extent of progress made for relational permanency and how supportive adults are building and strengthening relationships; f. Determine if the youth/young adult's housing setting (e.g., licensed foster family home, group care placement, or a Supervised Independent Living (SIL) setting) is safe and supportive of their transitional growth; g. Opportunities to experience normalcy, exercise autonomy in setting life goals and direction, and achieve self-sufficiency; and h. Verify the young adult is receiving available funding for Chafee/ETV resources timely, efficiently, and effectively. 5. All team members hold responsibility and accountability for the development and implementation of the Transition Plan. The case manager and all team members will support the young adult in sharing their voice, needs, and progress in the meeting.
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	6. The Bridge Navigator and/or TSS Representative shall keep the meeting focused on strengths-based and solution-focused conversation. 7. The Transition Plan is signed by all parties and copies are provided to the youth/young adult and other individuals involved in the development of the plan. The case manager's copy shall be scanned and filed in the youth's case file in the "Narratives/Assessment" section and documented in CAPSS. As a reminder, all identified youth services shall be included in the youth's case plan. The Transition Plan is filed in accordance with filing requirements for the custodial FPP. 8. A completed Transition Plan is required to access Chafee and/or ETV funded services.
L. After the Transition Plan Meeting	1. After the team meeting, the foster care or permanency case manager conducts a brief check-in/debrief with the youth/young adult and youth/young adult's team members who were at the meeting. The conversation shall include, but is not limited to: a. Sharing strengths the youth/young adult and youth/young adult's team members demonstrated during the meeting (e.g., sharing aspirations and concerns clearly, managing complicated relationships well, taking accountability, etc.); b. Asking for the youth/young adult and youth/young adult's team members thoughts, opinions, and feelings related to the process, facilitation of the discussion and next steps, and recommendations and goals; c. Offering encouragement and support to follow the plan created and troubleshoot changes or barriers [what is the backup plan and how to communicate the need]; d. Thanking the youth/young adult for partnering/teaming to plan for their future, emphasizing the importance of youth/young adult voice in the process; e. Thanking the youth/young adult's team for teaming to plan for their future to support the youth/young adult in establishing relationships and accessing services, supports, and resources; f. Reminding the youth/young adult's team how important their partnership is and acknowledge that planning could not have been developed if it were not for their voice; g. Asking the youth/young adult and youth/young adult's team to complete the Continuous Quality Improvement (CQI) survey to help improve future Transition Planning meetings; and h. Reminding the youth/young adult about any upcoming court date and preparation plan for their voice to be in the room. 2. The foster care and permanency case manager shall document outcomes of all meetings and case consultations in

	CAPSS. DSS Form 30209 will be shared with the youth/young adult and all participants in the meeting within three (3) business days by the foster care or permanency case manager. 3. The foster care or permanency case manager dictation code, "Transition Plan," is selected in CAPSS to capture completion of required tasks. 4. After the team meeting, the Bridge Navigator conducts a brief check-in/debrief with the youth/young adult. The conversation shall include, but is not limited to: a. Sharing strengths the youth/young adult demonstrated during the meeting (e.g., sharing aspirations and concerns clearly, managing complicated relationships well, taking accountability, etc.); b. Asking for the youth/young adult and youth/young adult's team members thoughts, opinions, and feelings related to the process, facilitation of the discussion and next steps, and recommendations and goals c. Offering encouragement and support to follow the plan created d. Thanking the youth/young adult for partnering/teaming to plan for their future, emphasizing the importance of youth/young adult voice; and e. Outcomes of all interactions shall be documented in CAPSS.
M. Special Populations – Impairments	1. If a young person's physical, intellectual, or psychiatric impairment prevents participation in their own transition planning and/or Transition Plan Meeting, the case manager shall obtain the following documentation from professionals to substantiate the impairment(s): a. Treatment records to include objective documentation of the impairment from therapists (e.g., mental health, physical, occupational, speech, etc.); and b. Educational records encompassing the most recent, one or more of the following: i. Psychoeducational Evaluation to include the Full-Scale Intelligence Quotient (FSIQ); or ii. Individualized Education Plan (IEP) to include the FSIQ; or iii. 504 plan. 2. The case manager shall: a. Identify professionals essential to the current health and well-being needs of the youth; b. Complete DSS Form 1493 to include identified professionals above in Section M(2)(a); and c. Forward it to the DSS Interagency Staffing (IAS) Coordinator. 3. The DSS IAS Coordinator, upon receipt of the completed DSS Form 1493, shall contact the identified professionals in Section

	M(2)(a) and schedule an IAS within five business days. In the event the IAS Coordinator is out of office, the completed DSS Form 1493 shall be forwarded to the DSS Lead Clinical Specialist for processing. 4. Transition Planning still occurs to kas follows: a. All appropriate members of the youth's IAS team are present; b. Proper assessment of level of care and needs are being met; and c. A court order will be secured prior to the youth's 18th birthday stating, "Due to a physical, intellectual, emotional, or psychiatric impairment, shall remain in foster care beyond the child's eighteenth birthday and until the department has coordinated appropriate services for a successful transition to adulthood." 5. If not already completed, the case manager or team leader shall submit referrals to the Department of Behavioral Health and Developmental Disabilities (BHDD), Office of Intellectual and Developmental Disabilities (OIDD), or the Social Security Administration (SSA) for Supplemental Security Income (SSI) assistance within 72 business hours after recommendations have been made in a clinical consultation or by the IAS team.
N. Special Populations – Non-Citizens	1. The case manager shall contact the Statewide Education and Non-Citizen Advocate to verify the individual in care has attempted to file for lawful presence in the United States prior to the youth or young adult's 18th birthday. 2. The case manager shall continue supporting the youth or young adult with their transitional growth regardless of their lawful presence status. 3. If the individual in care cannot demonstrate lawful presence in the United States before their 18th birthday, that individual is not eligible for Chafee/ETV funds or to participate in and receive services from Extension of Foster Care. 4. The case manager shall refer to Policy 1645 and Work Aid 16.3 for specific practice guidance regarding non-citizens in DSS custody.