

WV OLDER YOUTH TRANSITION PLAN

YOUTH & CAREGIVER INFORMATION			
Youth Name:	D/O/B:	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Actively Involved Parent/Guardian/Caregiver Name:		Relationship:	
Contact Route:	Phone:	Email:	
Address:			

CURRENT CUSTODY SOURCE INFORMATION		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Worker:	County:		
Phone/Extension:	Worker email:		
Check Youth's Current Custody Status:			
<input type="checkbox"/> DHHR Permanent Custody or <input type="checkbox"/> DHHR Temporary Custody &: <input type="checkbox"/> CPS or <input type="checkbox"/> Youth Services			
<input type="checkbox"/> DJS & <input type="checkbox"/> History of DHHR custody or <input type="checkbox"/> No history of DHHR custody <input type="checkbox"/> FC-18			

COURT INFORMATION			
Judge:	County:	Adjudication Status:	
Guardian Ad Litem:	Phone:	Email:	Address:
Attorney:	Phone:	Email:	Address:
Probation Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Monitoring	<input type="checkbox"/> History
Probation Officer:	County:	Phone:	Email:

CURRENT OUT-OF-HOME CARE LIVING ENVIRONMENT		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Family/Kinship:	Address:		
Out-of-Home Care:	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Residential Level I	<input type="checkbox"/> Shelter <input type="checkbox"/> PRTF <input type="checkbox"/> DJS
Provider Agency:	Address:		
Primary Staff Name:	Position/Credentials:		
Phone:	Email:		

MODIFY PARTICIPATION (youth ages 17+ pursuing post-secondary education)			
Current Modify Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending	<input type="checkbox"/> Applied & Denied <input type="checkbox"/> Not addressed
Modify Program Specialist Name:	Phone:	Email:	

DHHR Specific Status Checks			
Tribal Membership Eligible	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed	<input type="checkbox"/> Referred/Pending
NYTD Survey (at age 17 years)	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed	<input type="checkbox"/> Referred/Pending
Advanced Directives (17 yrs & 3 months)	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed	<input type="checkbox"/> Referred/Pending
Credit History Check (16 yrs & annual)	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed/Date:	<input type="checkbox"/> Referred/Pending
<input type="checkbox"/> <i>Negative Credit History Check Finding & Referred for further action</i>			

MISC.			
SSI Eligibility:	<input type="checkbox"/> N/A	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending <input type="checkbox"/> Not Addressed
Title 19 Waiver Eligibility:	<input type="checkbox"/> N/A	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending <input type="checkbox"/> Not Addressed
Adult Protective Services:	<input type="checkbox"/> N/A	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending <input type="checkbox"/> Not Addressed

Please attach Youth's current Readily At Hand Checklist

CURRENT ACADEMIC SETTING

☐ Not attending/not pursuing Academic Plan

■ **PRE-GRADE 12 LEVEL** or ☐ NA Youth is in Middle School

☐ Public High School

☐ Safe School Sentence

☐ Alternative Learning School

☐ On-Grounds School

☐ On-Grounds Other:

Youth's Verified Grade Level:

Anticipated completion date (mth/yr):

■ **ADULT HIGH SCHOOL EQUIVALENCY SETTING** or ☐ NA

Anticipated completion date (month/year):

■ **POST-SECONDARY SETTING** or ☐ NA

☐ University

☐ Community College

☐ Business College

☐ Vocational Program

☐ Other Certification Program

Anticipated completion date (mth/yr):

■ **CURRENTLY ACCESSING:** or ☐ NA

FAFSA

☐ Yes

☐ No

If No, Is application needed?

ETV Funds

☐ Yes

☐ No

If No, Is application needed?

■ **ACADEMIC STRENGTHS**

• On Track to Earn: ☐ Diploma ☐ High School Equivalency Option Program ☐ High School Equivalency

☐ Modified Diploma ☐ Certification ☐ Degree ☐ Other:

• Describe: Youth understands the value of & is invested in completing his/her academic plan:

• Youth's ability to access needed academic support, self-advocacy, etc.:

• Academic Achievements to Date: describe diploma, certification, etc.:

■ **ACADEMIC NEEDS**

☐ Credit Recovery

☐ Tutoring

☐ 504 Plan

☐ IEP (Individual Education Plan) Referral Needed and/or Modification of Existing Plan

☐ S.A.T (Student Assistance Team referral needed or active)

☐ Other:

■ **TRANSITION NEEDS**

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

LIFE SKILLS ATTAINMENT

CASEY LIFE SKILLS (CLS) ASSESSMENT / CLS Report ***

- ☐ CLS Completed & Date of Last Assessment:
- ☐ CLS In Progress & Anticipated Date of completion:
- ☐ Needs CLS assessment
- ☐ CLS Learning Plan has been developed & is in process
- ☐ Needs CLS Learning Plan

DEMONSTRATED KNOWLEDGE IN CLSA

<i>Daily Living</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue	<i>Work/Study Life</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue
<i>Self Care</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue	<i>Career/Education Planning</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue
<i>Relationship/Communication</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue	<i>Looking Forward</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue
<i>Housing/Money Management</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue		

EXPERIENTIAL OPPORTUNITIES

Youth has participated in Life Skills Opportunities/Workshops in the following:

Food Handler's Card: ☐ completed ☐ needs

HANDS-ON SKILLS:

Laundry	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal
Meal Preparation	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal
Grocery Shopping	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal
Home Safety	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal
Kitchen Safety	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal
Other:	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

Attach: CLS & the CLS Learning Plan

CAREER/EMPLOYMENT

CURRENT EMPLOYMENT STATUS*** or ☐ NA

☐ Not employed ☐ Actively Job Searching ☐ Disabled/Unable to Work

☐ Full Time ☐ Part Time (hours per week:)

Start Date of current employment: Employment Site:

Position: Pay Rate:

EMPLOYMENT/EMPLOYMENT PREP NEEDS

Interest Inventory	<input type="checkbox"/> completed	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
Resume*	<input type="checkbox"/> completed	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
References	<input type="checkbox"/> completed	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
Job Shadowing	<input type="checkbox"/> completed	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
Mock Interview	<input type="checkbox"/> completed	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
Sample Job Applications	<input type="checkbox"/> completed	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
Job/Career Fair	<input type="checkbox"/> completed	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
Interviewing Outfit(s)	<input type="checkbox"/> has	<input type="checkbox"/> needs	<input type="checkbox"/> N/A

LINKAGES

HRDF	<input type="checkbox"/> connected	<input type="checkbox"/> needs connection	<input type="checkbox"/> N/A
DRS	<input type="checkbox"/> connected	<input type="checkbox"/> needs connection	<input type="checkbox"/> N/A
Employment Services	<input type="checkbox"/> connected	<input type="checkbox"/> needs connection	<input type="checkbox"/> N/A
Other: Disabled	<input type="checkbox"/> connected	<input type="checkbox"/> needs connection	<input type="checkbox"/> N/A
Other:			

EMPLOYMENT SKILLS:

SPECIAL CERTIFICATIONS:

TRANSPORTATION NEEDS:

SHORT TERM EMPLOYMENT GOAL(S):

LONG TERM EMPLOYMENT GOAL(S):

GOAL	STEPS/TIMELINE	RESONSIBLE PERSON	STATUS/UPDATE

*****Attach current Resume & Detailed Past Work History List including reason for leaving*****

FINANCE & MONEY MANAGEMENT

BANK ACCOUNT STATUS

Savings Account in own name*	<input type="checkbox"/> has	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
Checking account in own name*	<input type="checkbox"/> has	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
CD/Money Market account*	<input type="checkbox"/> has	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
ATM/Debit Card	<input type="checkbox"/> has	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
Direct Deposit	<input type="checkbox"/> has	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
Online Banking	<input type="checkbox"/> has	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
Other: IDA	<input type="checkbox"/> has	<input type="checkbox"/> needs	<input type="checkbox"/> N/A
Other:			

*Name(s) of Financial Institution(s):

REGULAR SOURCE OF INCOME

☐ Survivors Benefits (Amount)
☐ Other (List, Describe & Amount)

FINANCIAL LITERACY Youth has demonstrated money management skills:

<i>Saving/Investing</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i>Balancing/Reconciliation</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i>Lending/Financing</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i>Receives/Reviews Statements</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i>Bill Paying</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i>W-2</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i>Budgeting</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i>Paying/Filing Taxes</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i>Understanding Leases</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i>Finance Contract Terms</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i>Accessing Personal Credit History Check/Reports</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i>Understanding Insurance/Co-Pay</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue

RESOURCE LINKAGE (inform/educate as needed)

☐ SNAP ☐ TANF ☐ WIC ☐ H.U.D

GOAL	STEPS/TIMELINE	RESONSIBLE PERSON	STATUS/UPDATE

WELL BEING ISSUES

COVERAGE:

Medical Card: ☐ Has ☐ Needs ☐ NA Extended Medical Card: ☐ Has ☐ Needs ☐ NA
 Private Insurance: ☐ Has ☐ Needs ☐ NA Student Health: ☐ Has ☐ Needs ☐ NA
 Dental Insurance: ☐ Has ☐ Needs ☐ NA Optical/Vision: ☐ Has ☐ Needs ☐ NA

ESTABLISHED PRIMARY HEALTH CARE PROFESSIONAL (name/location)

☐ Physician: ☐ Dentist: ☐ Other:

HEALTH: Condition(s) and/or Significant History

- ☐ Generally Healthy with no remarkable health impairments or history
☐ Health Condition that routinely impacts/impairs functioning
☐ Health Condition generally controlled with medical intervention:
☐ Significant Medical History – surgeries, etc. ☐ Allergies:
☐ Has Med Alert medallion ☐ Needs Med Alert medallion
☐ Knowledgeable about Sexual Health
☐ Living Will (DHHR)

MEDICATION COMPLIANCE

- ☐ Youth self-administers prescription medication responsibly
☐ Youth requires prompts/assistance with medication administration
☐ Youth has been educated on & can inform other regarding side effects of medication

MENTAL HEALTH

- ☐ Youth self regulates sufficiently & is not engaged in mental health interventions at this time
☐ Youth currently engaged in mental health intervention & Primary Focus Is:
☐ Youth declines recommended mental health intervention(s)
☐ Youth has history of PRTF, Acute or Sub-Acute In-Patient Hospitalization interventions that could impact future planning

PARENTING ISSUES: or ☐ NA

- ☐ Youth is currently pregnant ☐ Youth is custodial parenting (with child in residence)
☐ Youth is non-custodial parent ☐ With Approved Visitation Plan ☐ No Visitation

LINKAGES (Check all that are needed)

- ☐ Mental Health Counseling ☐ Medication Management ☐ AA/NA ☐ Medication titration*
☐ Medical ☐ Dental ☐ Vision ☐ Pregnancy Prevention
☐ Prevention STDs ☐ First Aide/CPR ☐ Extended Medical Card ☐ Immunization
☐ DHHR Advanced Directives ☐ Nutrition ☐ Pharmacy ☐ Cultural/Linguistic competence
☐ Other:

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

* Medication titration is the gradual increase or reduction in medication under the supervision of a doctor.

PERMANENCE/CONNECTIONS

SUPPORTIVE ADULTS

Name/Support Provided: Contact Route:
Name/Support Provided: Contact Route:
Name/Support Provided: Contact Route:

PERMANENCY PACT (attach)

Youth completed Permanency Pact on:

FAMILY RELATIONSHIP (Family as identified by youth) or ☐ NA

Name/Role: ☐ Active/Routine ☐ Infrequent
 Contact Route:
Name/Role: ☐ Active/Routine ☐ Infrequent
 Contact Route:
Name/Role: ☐ Active/Routine ☐ Infrequent
 Contact Route:

SIBLING RELATIONSHIP (approved without legal restriction) or ☐ NA

Name/Role: ☐ Active/Routine ☐ Infrequent
 Contact Route:
Name/Role: ☐ Active/Routine ☐ Infrequent
 Contact Route:
Name/Role: ☐ Active/Routine ☐ Infrequent
 Contact Route:

TRIBAL MEMBER or ☐ NA

Tribe:
Location:
Primary Tribal Member Contact (name/address/phone/email):

SUPPORT NEEDS

Type: Connection Plan:
Type: Connection Plan:
Type: Connection Plan:

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

COMMUNITY, CULTURE & SOCIAL LIFE

ACTIVE COMMUNITY CONNECTIONS (please choose & identify)

- ☐ Volunteerism:
- ☐ Spiritual Support:
- ☐ Activities:
- ☐ Social Groups:
- ☐ Extra-Curricular:
- ☐ Membership:

COMMUNITY OPPORTUNITIES

Youth has identified he/she wants to pursue:

- ☐ Volunteerism – identify:
- ☐ Spiritual Support – identify:
- ☐ Activities – identify:
- ☐ Social Groups – identify:
- ☐ Extra-Curricular – identify:
- ☐ Membership – identify:

CULTURAL CONNECTIONS

Youth has identified he/she wants to pursue:

- ☐ Ethnic Heritage

PEER CIRCLE

- ☐ Youth has established healthy friendships
- ☐ Youth has limited peer support

PEER CONTACT(S)

Name & Contact Route:

Name & Contact Route:

Name & Contact Route:

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

Casey Life Skills Learning Template

Your dreams can be a reality ...if you have a plan.

Getting Started: Create your plan!

You are the expert on which behaviors, knowledge or skills are important to you. You can choose the skill areas and learning goals you want to work on. Your caregivers can help you in the planning process, too. The adults who care about your success can provide “real life” learning experiences so you can learn how to do different things. Be sure to update your plan from time to time. It’s important to chart your progress and move on to new goals.

Your Name:

Begin Date: **Progress Check Date:**

CLSA Primary Skills Areas (✓ the primary and secondary area(s) you will work on)

<input type="checkbox"/> Daily Living	<input type="checkbox"/> Self Care	<input type="checkbox"/> Relationships & Communications	<input type="checkbox"/> Housing & Money Management	<input type="checkbox"/> Work & Study Life	<input type="checkbox"/> Careers & Education	<input type="checkbox"/> Permanent Connections
Secondary Skills Areas						
<input type="checkbox"/> Food/Nutrition <input type="checkbox"/> Home Cleaning <input type="checkbox"/> Home Safety <input type="checkbox"/> Home Repairs <input type="checkbox"/> Computer Basics <input type="checkbox"/> Permanency	<input type="checkbox"/> Health <input type="checkbox"/> Personal Benefits <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Personal Safety <input type="checkbox"/> Sexuality	<input type="checkbox"/> Personal Development <input type="checkbox"/> Developing Relationships <input type="checkbox"/> Communication <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Legal Permanency	<input type="checkbox"/> Budgeting/Spending <input type="checkbox"/> Banking/Credit <input type="checkbox"/> Housing <input type="checkbox"/> Transportation	<input type="checkbox"/> Personal Development <input type="checkbox"/> Study Skills <input type="checkbox"/> Time Mgmt <input type="checkbox"/> Employment <input type="checkbox"/> Legal <input type="checkbox"/> Income Tax	<input type="checkbox"/> Education Plan <input type="checkbox"/> Career Plan	

Learning Goal #1:

Expectations: At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

Youth Action Plan = The actions you take to reach your goals should be clear so you know exactly what to do. Identify what will be done to reach your goals and who will do them: you, social worker, parent or other caregivers.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

Progress Check Date:

Learning Goal #2:

Expectations: At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

Progress Check Date:

Learning Goal #3:

Expectations: At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

(add additional goals and activities as needed)

Names and contact information of caring adults who would like to participate in your success: i.e., social worker, parent or guardian, teacher, uncle or aunt, grandparent, etc.

- 1.
- 2.
- 3.

Optional Signatures:

You _____ Life Skills Instructor _____ Caregiver _____

Completion Date: _____

GLOSSARY OF TERMS & Linkages

MODIFY = Formerly known as the WV Chafee Community Support Services

NYTD = National Youth Transitioning Data base Survey that is required to be administered by the WV DHHR BCF Staff person at designated intervals starting when the youth is 17+

Readily at Hand Checklist = A listing of critical documents for youth ages 16+. Access via: www.itsmymove.org

ETV = Educational Training Vouchers. In 2000, the West Virginia Legislature enacted a law called HB-4784. It allows eligible youth in foster care to receive free tuition if attending a West Virginia public college or university.

FAFSA = Free Application for Student Aide. Access via: www.fafsa.ed.gov/

504 Plan = The 504 Plan is a plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment. Access via: wvde.state.wv.us/

Casey Life Skills (CLS) = Free online life skills assessment. Access via: www.caseylifeskills.org

HRDF = Human Resource Development Foundation. HRDF offers innovative approaches to development in economic, education and social areas of service. Access via: <http://hrdfportal.org/web>

WV Division of Rehabilitation Services (DRS) = The West Virginia Division of Rehabilitation Services (DRS) helps people with disabilities establish and reach their vocational goals. Access via: www.wvdrs.org

PRTF = Psychiatric Residential Treatment Facility

Permanency PACT = For more information access via: www.fosterclub.org