

Oregon Independent Living Program

List of Services and Eligibility Requirements

ILP Skill Building

(Federally Funded)

Eligibility:

- Age ***16** or older and in substitute care (DHS or Tribal), OR
- A former foster child who left child welfare substitute care placement at age 16 or older, with at least 180 days (six months) of placement services after age 14.

Services: **Contracted** out to local non-profits, for-profits, or Tribes.

- Daily Living Skills such as: money management, household maintenance, transportation, legal issues, health, community resources, housing options, personal hygiene, employment readiness
- Educational Assistance such as: tutoring, homework/study groups, college tours, financial aid/scholarship applications



***Note:** While youth may not be referred to an ILP Contractor until age 16, this does not relieve DHS of the requirement to assist those youth ages 14 and 15 years old to craft a transition plan and gain the life skills necessary to prepare for adulthood and self-sufficiency. DHS should use community resources to assist youth with skills (e.g. foster parents, Boys & Girls clubs, 4-H, etc.)

Youth Transition Funds

(Federally Funded)

Eligibility:

- Age **14** or older and in substitute care (DHS or Tribal), OR
- A former foster child who left child welfare substitute care placement at age 16 or older, with at least 180 days (six months) of placement services after age 14.
- Access using the Youth Transition Funds Request form (CE 78).

Services: Provided directly by DHS caseworkers

- Funds to assist a youth obtain items or services needed to meet his or her goals for transition and to provide age or developmentally appropriate activities, including driver's education course fees.

Education and Training Vouchers (ETV)

(Federally and Other Funds)

Eligibility:

- Age 16 or older and is in child welfare substitute care (DHS or Tribal), OR
- A former foster child who left a child welfare substitute care placement at age 16 or older, with at least 180 days (six months) of foster care placement services after age 14, OR
- Youth with an adoption or guardianship finalized date of 9-1-2015 or after, and they were 13 years of age or older at the time of finalization.
- Youth may access the program for up to 5 years, or until the term prior to their 26th birthday, whichever comes first.
- Youth must complete and submit the Chafee ETG application
<http://www.oregonstudentaid.gov/chafeeetv.aspx>

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- Youth must be making satisfactory progress/be in good standing with the school to receive the ETV.

Services: Provided by DHS in collaboration with Office of Student Access & Completion (OSAC).

- Youth may receive **up to \$2,500** for the 2019-2020 academic year. Amount is **based on need and funds available**. At no time will awards exceed \$5,000 per academic year.
- Youth must be **accepted/enrolled** in a postsecondary education or training program in order to receive funds
 - Application is due March 1st each year and available at:
<http://www.oregonstudentaid.gov/chafeeetv.aspx>
- Youth must re-apply every year.

****Note:** Youth may not access both the ETV funds and Chafee Housing funds at the same time. However, if Room & Board is not included in a school's cost of attendance, then the youth may be able to simultaneously access both programs.*

IL Subsidy Program (ILSP)

(State General Funds, some Federal/Other)

Eligibility:

- Age 16 or older
- In DHS care and custody
- Have a DHS approved plan consisting of 36 hours of activity per week (work, education, volunteer activities, or combination of the three)
- Has at least one prior substitute care placement
- Has approval of the court to participate
- If youth has not completed high school, must be working to complete high school or obtain a GED.
- Youth must be enrolled for ILP skill building services.
- Youth cannot live with biological or legal parent(s).

Services: Provided directly by DHS

- Youth may receive up to \$795 per month for 12 months, after which the amount will gradually decrease for the next 18 months, for a total of 30 months support to transition to living independently.

Chafee Housing Program

(Federally Funded)

Eligibility:

- Age 18 or older, but not yet 21
- A former foster child who left a child welfare substitute care placement at age 18 or older, with at least 180 days (six months) of foster care placement services after age 14.
- Have a DHS approved plan consisting of 36 hours of activity per week (work, education, volunteer activities, or combination of the three – must include at least 4 hours of paid employment)
- If youth has not completed high school, must be actively working to complete high school or obtain a GED.



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- Youth must be enrolled for ILP skill building services.
- Youth cannot live with biological or legal parent(s).

Services: Provided directly by DHS

- Youth may receive up to \$795 per month to live independently, for a maximum of \$7,000 or age 21, whichever comes first.
- Please advise youth that Chafee Housing services vary from state to state. They should make certain to check with a state prior to moving.

ILP services are available to former foster youth that were discharged from care at age 16 or older with at least 180 days (six months) of foster care placement services after age 14. Youth can be returned home, in a guardianship, or living independently and still retain eligibility for some ILP services. The ILP Housing services are the only ILP services a former foster youth will lose if discharged after age 16 and prior to age 18 (with 180 days of care).

To access services as a former foster youth, the youth will need to contact the DHS child welfare Hot Line (855.503.7233) and request “voluntary ILP services.” The youth will then be contacted by the local branch and go through the intake process. If the youth is under the age of 18, the parent(s) will need to sign the Voluntary Services request (form CF 304). If a young adult (age 18 – 20), the youth can sign for themselves. All services end at age 21 – ETV may continue to age 26 (or until the youth accesses 5 years-worth of ETV awards).

For details about Youth Transitions and ILP services see the DHS Procedure Manual (Chapter 5) at:

Section 29: http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Child-Welfare-Procedure-Manual-2019-v8.pdf#page=947

Section 33: http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Child-Welfare-Procedure-Manual-2019-v8.pdf#page=1014

DHS Independent Living Program Website:
<https://www.oregon.gov/dhs/children/fostercare/ILP/Pages/Index.aspx>

Teen Policy Requirements List

Requirement	Form	Age Required	Annual Reviews	Six Month Updates	Additional Information
Life Skills Discussion Guide and Assessment Summary	CE69	14 and older		X	If referred to ILP at age 16+, Provider will assist with this requirement within 90 days of referral acceptance and every 6 months thereafter.
Youth Transition Plan (YTP)	CE69A	14 and older		X	If referred to ILP at age 16+, Provider will assist with this requirement within 90 days of referral acceptance and every 6 months thereafter.
Credit Report – obtain a copy, help youth understand report and resolve any inaccuracies.	CE88*	14 and older	X		*At age 18 or older the CE88 authorization form is required. The Department has a centralized electronic process for obtaining credit reports for youth ages 14 and older (in DHS custody).
Foster Children Bill of Rights - discuss and ensure children understand and obtain a copy of their rights.	DHS 9016*	All children upon entering care	X		* Beginning at age 14 and older, use DHS 9016 form to obtain the youth's signature. Scan and file in the OR-Kids file cabinet.
Foster Children Bill of Rights – ensure children receive the “Important Contact Information” sheet	DHS 9015	All children upon entering care	X		Provide children and youth form DHS 9015 as soon as the important members of their team and their contact information are known. The annual review is to ensure youth still have a copy of the form and the contact information is current.
Foster Children Bill of Rights - discuss and review the “How Do I Brochure”	DHS 9018	14 and older	X		Provide youth with DHS 9018 by age 14. The annual review is to ensure youth still have a copy of the form and understand how to obtain important documents or items for their transition to adulthood.
Promote ‘normalcy,’ healthy development and well-being through increased opportunities to engage in developmentally appropriate extracurricular, enrichment, social, and cultural activities		All children			See Chapter 4, Section 34 of the PM http://www.dhs.state.or.us/caf/safety_model/procedure_manual/ch04/ch4-section34.pdf The ILP Discretionary Funds may be used beginning at age 14 to assist youth with activities that promote normalcy and assist a youth with goals set in their Youth Transition Plan.
Refer to contracted Independent Living Program Provider	CE80	16 and older			Youth may decline services, as services are voluntary on the youth's behalf. Youth may be placed on a wait list if the ILP Provider is already fully utilized. However, DHS must still assist the youth to gain life skills and plan for their transition to adulthood.
National Youth in Transition Database (NYTD) Survey: Baseline	Survey	17	*		*Survey due within 45 days following the youth's 17 th Birthday. FosterClub is contracted to assist you reach out to youth in an effort to obtain the survey. Survey is available at: https://www.fosterclub.com/article/nytd

Teen Policy Requirements List

Requirement	Form	Age Required	Annual Reviews	Six Month Updates	Additional Information
National Youth in Transition Database (NYTD) Survey: Follow-Up	Survey	19 and 21	*		*DHS is required to obtain a follow-up survey for any youth who completed a survey at age 17. If the youth is still in foster care, DHS is required to assist with outreach. FosterClub will take the lead to contact former foster youth.
Social Security Income (SSI) Review		17 and older		*	* If you think the youth could qualify for SSI, please contact CBU. Send an email to: CW-Children'sBenefitUnit@state.or.us and ask for assistance. This is an important step prior to the youth's 18 th birthday, if possibly eligible for SSI.
Developmental Disabilities (ODDS) Review		17 and older			If you think the youth could qualify for services through Developmental Disabilities (ODDS) please email: ODDS.D&E@dhsosha.state.or.us for coordination.
Health Care Representative/Proxy		17.5			Inform youth of their right to identify a health care representative/proxy and the option to complete an Oregon Advance Directive (OAD) https://oregonhealthdecisions.org/
Individual Education Plan (IEP)		School age and at 17.5			If there are concerns about a youth on an IEP (post age 18), a surrogate parent needs to be assigned by the court or school district prior to the young person's 18 th birthday.
Benchmark Review (6 months prior to age 18)	CE69A	17.5			A meeting must be held to assist youth to determine if the youth is prepared for adult requirements/expectations as they approach adulthood, and who the person is with the decision-making authority regarding decisions about education, medical treatment, etc. once they become the legal age of 18.
Benchmark Review (90 days prior to dismissal)	CE69A	17.5* and older			*Once the dismissal date is known, DHS must arrange a meeting to assist youth to determine if the youth is prepared for adult requirements and expectations prior to dismissal. Ensure the youth has an appropriate plan for housing upon case dismissal.
Personal/Important Documents		Upon dismissal			Ensure the youth has state ID and all other essential documents: Birth Certificate, medical card, Social Security card, and Legal Permanent Resident (LPR) card if applicable. See Transition Tool Kit Check List for details.
Former Foster Care Youth Medical Program application	OHA 7210	18+ Upon dismissal			Youth who leave DHS care/custody at age 18 or older are eligible for OHP coverage until their 26 th birthday. Complete the application online (youth must renew annually) at: oregonhealthcare.gov or contact the following for free assistance: http://www.oregonhealthcare.gov/gethelp-2.html

Please see the ILP website and the Procedure Manual Chapter 4, Sections 29, 33, & 34 for more information:

http://www.oregon.gov/dhs/children/fostercare/pages/ind_living/ilp.aspx
http://www.dhs.state.or.us/cafsafety_model/procedure_manual/index.html

[illegible]

<ul style="list-style-type: none"> • All of the above, plus the following: • Child will now retain eligibility to age 21, for the following supports (if federal funding/policies and DHS policies remain the same – these are <u>not</u> entitlements): <ul style="list-style-type: none"> ➤ ILP Life Skills Training (basic life skills training any parent could provide) ➤ ILP Discretionary Funds (funding is limited and based on need) ➤ Chafee Education and Training Grant (amount is subject to change, currently \$5,000 per academic year – funding is withheld if student is placed on academic probation) ➤ Tuition and Fee Waiver (assuming youth was in custody of DHS or Tribal Child Welfare at age 16 or older – note: Waiver is of minimal to no assistance at a Community College, unless the student attends Summer Term as the Oregon Opportunity Grant does not cover Summer Term) • Adoption or Guardianship subsidy to age 21 if the youth, at age 18, is: <ul style="list-style-type: none"> ➤ Completing secondary education (or equivalent – GED) ➤ Enrolled in post-secondary education or vocational school at least half time ➤ Employed at least 80 hours a month ➤ In a program that promotes or removes barriers to employment or ➤ Has a documented medical condition, physical disability, or mental disability that prevents him or her from participating in the above activities. • The adoption or guardianship agreement can include language that provides for continued assistance when a child or young adult moves out of the home to attend college or live independently. 	<p>16 – 17</p>	<ul style="list-style-type: none"> • Monthly face to face meetings with paid staff who will end their relationships with the child once the case is closed. • Credit Reports (run annually by DHS) • IL Housing Subsidy (only available while a youth is in the care and custody of DHS Child Welfare) • Chafee Housing • OHP coverage through the Former Foster Care Youth Medical Program (up to his or her 26th birthday).
<ul style="list-style-type: none"> • Adult Adoption: Young adult will retain eligibility to all ILP services to age 21, including Chafee Housing to age 21 if the young adult: <ul style="list-style-type: none"> ➤ Is dismissed from DHS or Tribal care & custody at age 18 or older and had at least six months of substitute care placements services after age 14. ➤ Chafee Housing will also require the young adult: <ul style="list-style-type: none"> ➤ Maintains 36 hours of productive activity (hours may include paid employment, school, volunteerism or a combination of the three) ➤ Must have completed secondary education, or be actively working towards high school completion or obtaining a GED ➤ Must be enrolled and participating in contracted ILP skill building services ➤ May <u>not</u> reside with parent(s) • Youth will retain eligibility for OHP coverage through the Former Foster Care Youth Medical Program (up to his or her 26th birthday). 	<p>18+</p>	<ul style="list-style-type: none"> • DHS support and subsidies for entering into an adoption or guardianship end at age 18 (adult adoptions are not supported). • Monthly face to face meetings with paid staff who will end their relationships with the child once the case is closed. • IL Housing Subsidy (only available while a youth is in the care and custody of DHS Child Welfare)

Youth Assessment Summary (Step 2)

Youth name (*first/last*): _____ Case/person number: _____ Date: _____

Completed by: ☐ DHS/tribal caseworker ☐ ILP worker Name: _____

Use the chart below to estimate youth transition readiness by domain, based on overall knowledge gathered from assessment/discussion with youth and their transition team. Note that some domains and/or stages will be less relevant for some youth, depending on individual development or circumstances. The goal is to increase knowledge and experience in ways that better prepare that particular youth for future transitions. (*See next page for instructions.*)

	Stage 1 Awareness	Stage 2 Learning	Stage 3 Doing	Current priorities / additional information
Well-Being and Community				
Personal Growth & Social Development:	○ ○ ○	○ ○ ○	○ ○ ○	
Family Support & Healthy Relationships:	○ ○ ○	○ ○ ○	○ ○ ○	
Health Education & Risk Prevention:	○ ○ ○	○ ○ ○	○ ○ ○	
Education and Employment				
High School Skills/Supports:	○ ○ ○	○ ○ ○	○ ○ ○	
Post-Secondary Skills/Supports:	○ ○ ○	○ ○ ○	○ ○ ○	
Employment/Career Preparation:	○ ○ ○	○ ○ ○	○ ○ ○	
Daily Living				
Money Management:	○ ○ ○	○ ○ ○	○ ○ ○	
Housing & Home Management:	○ ○ ○	○ ○ ○	○ ○ ○	
Transportation & Other Living Skills:	○ ○ ○	○ ○ ○	○ ○ ○	

Youth name: _____

Instructions for using the Youth Assessment Summary

This summary is used to estimate overall youth skill development by domain, based on knowledge gathered from youth and their transition team members during the assessment and transition planning process. Completing the summary *may or may not* involve direct youth input.

In general, **Stage I** means there is some awareness, but skills in this area haven't been developed yet, **Stage II** reflects ongoing skill-building and exploration activities, and **Stage III** means skills have been applied to meet goals. The circles indicate progress within each stage, as follows:

	Stage I, Awareness	Stage II, Learning	Stage III, Doing
<i>First circle</i>	Has minimal information about this topic area	Has started gaining knowledge and developing new skills in this area	Has started applying some skills in real-life settings or activities, with support
<i>Second circle</i>	Has basic information about this topic area and some understanding of why it is important	Has basic knowledge and skills in this area, needs further opportunities to practice and strengthen most skills	Is regularly applying some skills in real-life settings and activities, with limited support
<i>Third circle</i>	Has solid information about this topic and understands why it is important, but has not started developing knowledge or skills	Has solid knowledge and skills in this area, but has not started applying these in real-life settings or activities	Is consistently applying many skills in real-life settings and activities, with limited support (<i>May stay in this stage for as long as provider monitors application of skills</i>)

Use the last column to note any relevant **Current priorities/additional information**:

- Indicate *current priorities (in a few domains)* the youth is going to work on in the next six months (*whether this will be on their own, with ILP help, and/or with help from caregiver, caseworker, etc.*). Because not every domain must be worked on within each six-month period, this is to narrow down focus areas for youth and transition team members.
- Note any relevant *additional information* that would help someone else reading the summary to understand why some domains may be more or less relevant for this youth at this time. For example, there may be developmental or circumstantial factors that would affect whether a youth was currently focused on developing home management skills for living independently (*or not*).

Update this readiness summary every six months to inform the Youth Transition Plan (Step 3) — consider progress the youth has made overall in increasing readiness, as indicated by goals accomplished, the Life Skills Checklist, monthly reports and other indicators. You may move youth to a higher (*or lower*) circle within a stage, or move on the next stage due to progress, or not move the status at all for some domains.

Transition Plan (Step 3)



☐ Youth Plan ☐ Comprehensive Plan

Youth name (*first/last*): _____

Date plan completed: _____

Case/person number: _____

ILP enrollment date: _____

DHS/tribal worker: _____

Last life skills assessment: _____

ILP agency/worker: _____

Next plan update due: _____

Projected dismissal date and age: _____

Benchmark review update: _____

Please describe how the youth was involved in developing this plan:

Please list and attach any additional plans for this youth:

- | | |
|---|---|
| <input type="checkbox"/> Individual Education Plan (IEP) | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF/JOBS) |
| <input type="checkbox"/> Treatment or Safety Plan (<i>mental health, D&A, etc.</i>) | <input type="checkbox"/> Workforce Innovation & Opportunities Act (WIOA) |
| <input type="checkbox"/> Vocational Rehab/Individual Plan for Employment (IPE) | <input type="checkbox"/> Casey Life Skills Plan (<i>optional</i>) |
| <input type="checkbox"/> Developmental Disabilities Individual Support Plan (DD ISP) | <input type="checkbox"/> Other (<i>please list</i>): |

Complete the rest of this plan based on youth input on status, priorities, and goals from the youth's perspective:

Personal Growth & Social Development

Describe what you would like people to know about your personal strengths, challenges and priorities. *This may include your personal interests and things that matter to you, important parts of your culture or self-identity, and areas you're working on for your own personal growth and social development.*

Short-term priorities/goals	Next steps	Who can help you?

Note: This section is an important part of the youth transition plan, but it is sometimes difficult to fill this part out first — you can always skip this section for now and come back to this page after identifying goals for the rest of the plan.

Youth name: _____

Family Support & Healthy Relationships

Relationships with peers and adults, reconnecting with family, permanency pacts, parenting/child care support

Readiness indicators: Who are some important people in your life who care about you and support you?

Name	Role (friend, relative, etc.)	How long have you known them?

Describe your personal “support network” and how they support you in various ways.

Long-term vision:

Short-term priorities/goals	Next steps	Who can help you?

Health Education & Risk Prevention

Healthy eating, exercise and recreation, physical and mental health, pregnancy prevention, sex education/STDs, risk avoidance, substance use

Readiness indicators

Health insurance provider:

Doctor/clinic:

Urgent/emergency care:

Dentist/clinic:

Mental health resource:

Other health resource:

Describe your current health, mental health and well-being priorities.

Long-term vision:

Short-term priorities/goals

Next steps

Who can help you?

Education

High school/GED attainment (study skills, tutoring, credit recovery, etc.)

Post-secondary college or career training (options, requirements, applying and enrolling, paying tuition, graduating)

Readiness indicators

Obtained: ☐ Regular high school diploma ☐ Modified diploma ☐ GED

Enrolled in school/college/training: ☐ Part-time ☐ Full-time

School/program/grade:

Describe your current education priorities.

Long-term education plan:

Short-term priorities/goals	Next steps	Who can help you?

Employment/Career Preparation

Identifying and preparing for employment/career goals, finding and applying for jobs, succeeding in the workplace

Readiness indicators

Has completed: ☐ Career aptitude assessment ☐ National Career Readiness Certificate

Has necessary documents for employment: ☐ Yes ☐ Needed

Currently working: ☐ Part-time ☐ Full-time ☐ Volunteering ☐ Internship

Work experience: ☐ 1 month or less ☐ 1–3 months ☐ 3–6 months ☐ more than 6 months

Describe your current employment status:

Long-term employment plan:

Short-term priorities/goals	Next steps	Who can help you?

Money Management, Transportation & Other Life Skills

Financial stability, reliable transportation, youth possesses important documents when they exit foster care

Readiness indicators

Money management: ☐ Maintains banking accounts ☐ Has copy of credit report
☐ Has sufficient income/savings for budgeted expenses

Transportation plan: ☐ Has a reliable plan in place ☐ Has an emergency plan in place
If driving: ☐ Driver's education ☐ Permit and/or license ☐ Insurance ☐ Registration/tags

Youth has **important documents** in their possession:

- ☐ Birth Certificate ☐ Social Security card ☐ Valid state ID/driver's license/passport
- ☐ Legal Permanent Resident Card, if needed
- ☐ Current Important Contact Information form (*DHS form 9015, attach to this plan*)
- ☐ Signed Oregon Foster Care Bill of Rights (*DHS form 9016, attach to this plan*)
- ☐ Bill of Rights "How Do I...?" brochure (*DHS form 9018*)
- ☐ Youth has a personal filing system for important documents
- ☐ Youth is registered to vote ☐ Youth is registered for selective service

Work experience: ☐ 1 month or less ☐ 1–3 months ☐ 3–6 months ☐ more than 6 months

Current status:

Long-term priorities:

Short-term priorities/goals	Next steps	Who can help you?

Youth name: _____

Housing & Home Management

Housing options, renting and utilities, clean and safe household, shopping and cooking

Readiness indicators

Describe current status:

☐ Currently in a safe and stable living arrangement

Describe emergency plan:

☐ Emergency housing plan in place

Long-term housing goals:

Housing plan after leaving foster care (*fill this out six months before dismissal*):

Short-term priorities/goals	Next steps	Who can help you?

Meeting participants or Youth Decision Meeting (YDM) team members*Youth/young adult, DHS or tribal caseworker, ILP provider, foster parent, CASA, attorney, mentor, etc.*

Initials	Date	Name	Role	Phone
			Youth/young adult	

Youth name: _____

IL Service Planning Checklist (Step 4)

Youth name (*first/last*): _____ Date completed: _____

Completed by: ☐ DHS/tribal caseworker ☐ ILP worker Name: _____

Well-Being and Community

Personal Growth & Social Development	Overall status: {Select one}	Stages
1. Self-esteem (<i>e.g., confidence, sense of self and self-worth, recognizes own strengths, proud of accomplishments</i>)		{Select one}
2. Recognizing needs (<i>identifying and exploring areas for personal growth and skill development</i>)		{Select one}
3. Self-determination (<i>setting personal goals and taking action, advocating for self, believing in capacity to succeed</i>)		{Select one}
4. Internal motivation (<i>consistent effort, working through challenges, learning from experience, growth mindset</i>)		{Select one}
5. Delayed gratification (<i>negotiating between short-term desires and long-term goals</i>)		{Select one}
6. Planning & problem-solving (<i>finding multiple solutions, considering pros/cons, making informed decisions, back-up plans</i>)		{Select one}
7. Emotional regulation (<i>identifying feelings, recognizing triggers, tolerating distress, using coping skills and self-care</i>)		{Select one}
8. Communication skills (<i>listening and asking questions, offering ideas, staying in touch</i>)		{Select one}
9. Interdependence skills (<i>responding to other's perspectives, feelings and needs, being cooperative, supporting others</i>)		{Select one}
10. Negotiation skills (<i>being willing to compromise, discussing expectations, how to "schmooze" to get along when needed</i>)		{Select one}
11. Help-seeking skills (<i>knowing who, when and how to ask for help</i>)		{Select one}
12. Social capital skills (<i>identifying and recruiting new sources of support or resources</i>)		{Select one}

Family Support & Health Relationships	Overall status: {Select one}	Stages
1. Permanency and the importance of maintaining close and supportive relationships over a lifetime		{Select one}
2. Identifying who is in their support system and how they can help them in the future		{Select one}
3. Healthy relationships and how to maintain them (<i>family, peers, romantic, sexual, etc.</i>)		{Select one}
4. Communicating and/or reconnecting with family of origin when desired		{Select one}
5. Resolving conflict and rebuilding relationships when desired		{Select one}
6. Recognizing unhealthy relationship patterns (<i>lack of trust, disrespect, unpredictable, unsafe, exploitive, etc.</i>)		{Select one}
7. Recognizing domestic/family violence , how to prevent it and how to seek help		{Select one}

Youth name: _____

8. Parenting/childcare skills (<i>as needed</i>)	{ Select one }
9. Responsible parenthood skills (<i>as needed</i>)	{ Select one }
10. Benefits and risks of social media and other sites (<i>sharing personal info, bullying, false identities, etc.</i>)	{ Select one }
11. OTHER identified knowledge/skill/activity:	{ Select one }
12. OTHER identified knowledge/skill/activity:	{ Select one }
Health Education & Risk Prevention	Overall status: { Select one }
1. Benefits of healthy eating (<i>nutrition, portions, variety, etc.</i>)	{ Select one }
2. Benefits of regular exercise and recreation	{ Select one }
3. Personal hygiene and how to maintain it	{ Select one }
4. Basic first aid and what to do in an emergency	{ Select one }
5. Medical and dental insurance (<i>coverage, benefits, records, Former FC Youth Medical Program, etc.</i>)	{ Select one }
6. Medication management (<i>understanding any medications that they take, getting prescriptions filled, over the counter meds, etc.</i>)	{ Select one }
7. Healthy sexuality (<i>respecting the gender identity/sexual orientation of self and others, healthy expression of love/intimacy, developing meaningful intimate relationships while avoiding exploitative or manipulative ones</i>)	{ Select one }
8. Preventing pregnancy and family planning	{ Select one }
9. Preventing exposure to STDs	{ Select one }
10. Avoiding risks , and understanding the legal and other consequences of risks	{ Select one }
11. Dimensions of mental health and how to recognize the need for support	{ Select one }
12. Risks related to substance use and how to recognize the need for support	{ Select one }
13. How and where to access resources to maintain physical and mental health	{ Select one }
14. Understanding healthy risk-taking and how it differs from unhealthy or unsafe risk-taking/activities	{ Select one }
15. Understanding the importance of preventative care to avoid physical illness or mental health crises	{ Select one }
Current priorities for skill-building activities	

Education and Employment

High School Skills/Support	Overall status: {Select one}	Stages
1. Getting homework help or tutoring when needed		{Select one}
2. Attending school regularly and on time		{Select one}
3. Maintaining grade point average		{Select one}
4. Study skills (<i>preparing for exams, turning work on time, etc.</i>)		{Select one}
5. Accessing academic counseling and informal support as needed (<i>school counselor, ASPIRE, DREAM Conf., etc.</i>)		{Select one}
6. Improving literacy and math skills, if needed		{Select one}
7. Participating in available extracurricular activities		{Select one}
8. Identifying and monitoring academic goals		{Select one}
9. Communicating with adults about academic successes, challenges and plans		{Select one}
10. Graduation requirements (<i>high school diploma, modified diploma or GED prep/support, dual enrollment in HS/college</i>)		{Select one}
11. OTHER identified academic skills or supports:		{Select one}
12. OTHER identified academic skills or supports:		{Select one}

Post-Secondary Skills/Support	Overall status: {Select one}	Stages
1. Post-secondary options (<i>various schools/ training paths</i>)		{Select one}
2. Personal and academic requirements for different kinds of school/training programs		{Select one}
3. SAT/PSAT/ACT and other placement test preparation		{Select one}
4. Costs of post-secondary education/training		{Select one}
5. Financial aid options/resources (<i>grants, scholarships, etc.</i>) and how to apply for them		{Select one}
6. Accessing various campus supports		{Select one}
7. Envisioning themselves as a successful college student		{Select one}
8. Exposure to campus life (e.g., campus tours, college fairs)		{Select one}
9. Maintaining academic requirements (<i>maintaining academic standing, etc.</i>)		{Select one}
10. Determining required classes/credits to complete program/degree		{Select one}
11. OTHER identified knowledge/skill/activity:		{Select one}
12. OTHER identified knowledge/skill/activity:		{Select one}

Youth name: _____

Employment/Career Preparation	Overall status: {Select one}	Stages
1. Exploring and identifying future career goals (<i>volunteer, job shadow, aptitude tests, etc.</i>)		{Select one}
2. Identifying steps and job skills needed to get to career goal		{Select one}
3. Writing a professional-looking resume and fully completing a job application		{Select one}
4. Participating in research/informational or mock interviews (<i>skill</i>) or actual job interviews (<i>applied</i>)		{Select one}
5. Searching and applying for a job they are qualified for		{Select one}
6. Networking and volunteering in ways that can lead to employment		{Select one}
7. Documents needed for employment (<i>state ID, SS#, W4, food handlers card, etc.</i>)		{Select one}
8. Workplace values (<i>customer relations, supervisor authority, time management, harassment, etc.</i>)		{Select one}
9. Demonstrating job qualifications (<i>e.g., National Career Readiness Certificate, job references</i>)		{Select one}
10. Accessing job training/placement services (<i>e.g., WIOA, Goodwill, Employment Office, service learning</i>)		{Select one}
11. OTHER identified knowledge/skill/activity:		{Select one}
Current priorities for skill-building activities		

Daily Living

Money Management	Overall status: {Select one}	Stages
1. Budgeting skills (<i>making a budget and living within it, prioritizing needs over wants, enough for food and bills, etc.</i>)		{Select one}
2. Responsible consumerism (<i>smart shopping, consumer awareness, etc.</i>)		{Select one}
3. Bank accounts (<i>checking, savings, overdraft fees, deposit schedules, credit unions, etc.</i>)		{Select one}
4. Planning for a financial emergency		{Select one}
5. Saving money for planned and unplanned life events		{Select one}
6. Managing credit (<i>cards and loans, getting credit reports/rating, risks, etc.</i>)		{Select one}
7. When, why and how to file state and federal taxes		{Select one}
8. Reading a pay stub/wage statement (<i>the difference between gross and net pay, etc.</i>)		{Select one}
9. OTHER identified knowledge/skill/activity:		{Select one}
10. OTHER identified knowledge/skill/activity:		{Select one}

Housing & Home Management	Overall status: {Select one}	Stages
1. Housing options before and after leaving care (<i>subsidized, transitional, dorms, etc.</i>)		{Select one}
2. Renting a place to live (<i>search, application, walk-through inspections, security deposits, Rent Well classes, etc.</i>)		{Select one}
3. Considerations for choosing where to live (<i>safety, transportation, near family and friends, etc.</i>)		{Select one}
4. Why young adults may need to have a cosigner and/or rental reference (<i>and how to get one</i>)		{Select one}
5. Renter rights and responsibilities (<i>quiet hours, landlord complaints, etc.</i>)		{Select one}
6. Choosing and living with roommates (<i>roommate agreements, resolving conflict, etc.</i>)		{Select one}
7. Grocery shopping skills (<i>planning meals, keeping lists, considering cost and budget, etc.</i>)		{Select one}
8. Cooking meals for yourself (<i>preparation, recipes, safely handling food, etc.</i>)		{Select one}
9. Laundry and housekeeping (<i>e.g., clean floors and bathroom, washing clothes, towel, dishes, etc.</i>)		{Select one}
10. Setting up and paying for utilities		{Select one}
11. Basic maintenance and home safety (<i>locks, smoke detectors, etc.</i>)		{Select one}
12. Assessing the need for various furniture and household items (<i>e.g., kitchen items</i>)		{Select one}
13. Maintaining stable living arrangements (<i>using the Household Expectations and Guidelines, leases/rent/utilities assistance, etc.</i>)		{Select one}
14. Options for emergency housing if needed (<i>shelters, discuss with adult supporters, etc.</i>)		{Select one}
15. OTHER identified knowledge/skill/activity:		{Select one}

Youth name: _____

16. OTHER identified knowledge/skill/activity:	{ Select one }
Transportation/Other Daily Living Skills	Overall status: {Select one} Stages
1. Transportation options (<i>public transportation, car, etc.</i>)	{ Select one }
2. How to study for and get a driver's permit and license	{ Select one }
3. Driver safety and the rules of the road (<i>traffic violations, DUI, valid license, etc.</i>)	{ Select one }
4. Vehicle ownership (<i>how to buy a car, registration, insurance, etc.</i>)	{ Select one }
5. Basic car maintenance and repairs	{ Select one }
6. Using public transportation (<i>buying tickets or passes, rules and etiquette, citations, etc.</i>)	{ Select one }
7. Having an emergency transportation plan to get to school, work or appointments	{ Select one }
8. Maintaining a personal filing system in a safe place (<i>for birth certificate, social security card, etc.</i>)	{ Select one }
9. Understanding the role of the court , hearings, attorneys and CASAs related to their case and future emancipation	{ Select one }
10. Understanding the risks of sharing personal information online (<i>personal safety, identity theft, etc.</i>)	{ Select one }
11. Understanding the Oregon Foster Children's Bill of Rights , contacting the ombudsman, <i>Important Contact Information</i> form 9015	{ Select one }
12. Understanding extended foster care (<i>age 18–20</i>) and related rights and responsibilities	{ Select one }
13. Understanding foster care re-entry and expected requirements around accessing continued supports	{ Select one }
14. OTHER identified knowledge/skill/activity:	{ Select one }
15. OTHER identified knowledge/skill/activity:	{ Select one }
Current priorities for skill-building activities	

Transition Readiness Discussion Guide (Step 1)



Youth name (*first/last*): _____ Date completed: _____

Completed by: ☐ DHS/tribal caseworker ☐ ILP worker Name: _____

This worksheet is to guide initial discussion with youth before assessing skills and developing the Transition Plan. Not all questions are relevant for all youth, and answers do not need to be recorded or turned in — the purpose is to prompt discussion to assess youth readiness and prioritize skill-building activities.

Personal Growth & Social Development: *Strengths and challenges, self-awareness, internal motivation, problem-solving and planning, social skills*

Tell me about yourself — **who are you** as an individual **and what's important to you**?

- What are some of your personal interests, hobbies or things you really care about?
- What are some things that you like about yourself? How would a good friend describe you?
- Do you personally identify with any cultures or groups? Are there any that you'd like to learn more about? Are there activities in your community that you'd like to become more involved with?

What **motivates** you personally?

- Are you able to **set goals** for yourself, take action and finish what you start?
- What things do you consider before making an **important decision**? For example, how do you choose between something that you want right now versus something that could help you reach your goals for the future?

How can other people **support you** in your goals? For example, how do you deal with compliments and/or constructive criticism?

Thinking about **your own growth and development**, are there any things you think you might like to work on? For example:

- Sometimes it's hard to manage stressful situations — what are some **ways people cope** when they are feeling stressed or upset? How do you usually deal with situations that make you upset? What kinds of situations might make you feel stressed or upset?
- It's not always easy to get the help you might need — do you feel comfortable **asking for support**? Do you usually know *who* and *how* to ask for help?

Sometimes it's hard to connect with new people — do you feel like you know how to talk to new people and make a good impression? What kind of **social situations** are you most comfortable in? Are you a good communicator? Do you get along with most people, or only a few?

NOTES:

Youth name: _____

Family Support & Healthy Relationships: *Healthy relationships, reconnecting with family, parenting/childcare, domestic violence*

Do you feel like you have enough **caring and supportive people** in your life?

- Who is in your support system? How do they support you? How satisfied are you with the support you get from others?
- Do you have at least one adult, other than a professional, to go to for advice or emotional support? What kind of things can the supportive adults in your life help you with? Have you ever completed a Permanency Pact with a supportive adult?
- Are there two people you would call in an emergency? Where could you go if you needed a place to stay? Who will you spend important occasions with (*holidays, birthdays, etc.*) when you are on your own?
- Is there at least one close friend you can go to for advice or emotional support?
- Do you have other supportive connections in the community? (*spiritual, sports, clubs, etc.*)
- Who do **you** provide support to? Do you feel responsible for anyone (*younger siblings, for example*)?

How are your relationships with members of your **family of origin** (*siblings, grandparents, etc.*)? Can you reach out to them if and when you want to?

What are some characteristics of a **healthy relationship** (*trust, respect, boundaries, safety, etc.*)? How can you tell if a relationship is **unhealthy**? What would you do if you had a friend who seemed to be in an unhealthy or unsafe relationship? What would you do if *you* felt unsafe in a relationship?

Are you currently **parenting and/or expecting** a child? If yes:

- Do you feel you have the **knowledge and skills** to be the parent you want to be? (*For example, you have coping skills to manage parenting stress, you have strategies to use if your child is upset, etc.*)
- Do you feel you have the **support** you need to be the parent you want to be? (*For example, you have someone who can babysit on short notice or someone to give you good parenting advice, etc.*)

NOTES:

Health Education & Risk Prevention: *Healthy eating, exercise/recreation, personal hygiene, first aid/emergency, health insurance, healthy sexuality, pregnancy prevention, sex education/STDs, risk avoidance, mental health, substance use*

Describe what people might mean by a **healthy lifestyle** — for example, what are some things you might suggest to a friend trying to eat healthier?

What do you do for fun? Do you have regular opportunities for extracurricular activities, community events and **recreation**? What about **exercise**?

Do you know how and where to get **health care**? (*making appointments, getting there, paying for services*)

- Do you have **health insurance**? (*You can stay on Medicaid until 26.*) Do you know how to find free/low-cost health care if you need it?
- Do you have a regular **doctor or medical clinic** you usually go to? What about a **dentist**? Do you know how to find a regular doctor or dentist?
- Where you would go for **urgent or emergency care**? What kinds of things would you go to urgent care for? When should you go to the ER?
- Where can you get your **prescriptions** filled? Do you understand any **medication** you're taking and why you're taking it? When you're living on your own, what *else* will you keep in your medicine cabinet?
- Where can you get **mental health services or support**? Can you explain the difference between physical and mental health? What activities could you suggest to a friend trying to improve their mental health? (*counseling, hotlines, medication, diet/exercise/sleep, etc.*)

In general, do you feel you have the knowledge and skills to avoid illegal or otherwise **risky behavior**? For example:

- What are the dangers and consequences of abusing drugs or alcohol, driving too fast, etc.?
- What are the consequences of getting in trouble with law enforcement?
- Have you or your friends had experiences where drugs or alcohol caused problems or got you in trouble? Who can you ask for help?

What do you consider to be healthy sexuality and sexually responsible behavior?

- How would you describe healthy sexuality? How can you tell the difference between a healthy intimate relationship and an exploitative or manipulative intimate relationship?
- What would you tell a friend to help protect them from sexually transmitted diseases or infections?

Do you have the knowledge and skills to **postpone parenthood**? (*For example, using birth control if you have sex, finding low-cost birth control, etc.*)

NOTES:

High School Skills/Support: *Study skills and homework/tutoring for high school diploma/GED*

Do you have your high school diploma or GED?

Do you feel you have an **achievable education plan** in place? What is your plan? (*get a GED, go to college, get a certificate, etc.*)

- Are you on track with your educational goals? (*attending regularly and doing well, making progress, etc.*)
- Do you feel you have the academic skills (*reading, writing, math*) you need to succeed? What about support (*tutoring, homework help, supplies, etc.*)?

Has someone discussed with you any accommodations you might want or need (*IEP, 504 plan, modified or regular diploma, college supports, etc.*)?

Post-Secondary Skills/Support: *Study skills and homework/tutoring for higher education/training, enrolling and completing college/training*

What are your plans for college or job/career training?

- Do you have your academic **transcripts**? Have you taken academic **placement tests** (*SAT/ACT, etc.*)?
- Have you ever **applied for** college enrollment or a training program? Have you ever applied for financial aid? Do you understand the personal and academic requirements for different kinds of schools or job training programs (*GPA, tests, recommendations, etc.*)?
- If you are in college, do you access **campus supports** (*tutoring, advising, mental health counseling*)? Where do you stay during school breaks?
- Do you know which **educational funds** you are eligible for as a youth with foster care experience? Do you know how to apply or reapply for funds (*scholarships, FAFSA, Chafee ETV, etc.*)?

Do you have a **back-up plan** if you run into obstacles with your current plan? What is it?

NOTES:

Employment & Career Preparation: *Identifying and preparing for employment/career, getting a job, succeeding at work*

Are you **currently working**? If not, have you ever applied for a job? Have you ever worked somewhere for at least three months?

- Where can you find out about **job openings**?
- What do you do after you turn in an **application**? How can you make a good impression *before, during, and after* an interview? Do you have a **professional email address**, profile picture and voicemail? What do employers look for in a **background check** (*arrest record, social media, references, etc.*)?
- Why is it important to have steady employment? What are three **good work habits** that help you keep a job?
- Can you explain what **work ethics** mean to you? What kind of job behaviors can someone be fired for?
- What are two ways you can **build job skills** without being employed?

Do you feel you have an **employment plan** in place? (*stay at current job, finish job skills training, etc.*)

- Are you confident that you know how to find, apply and interview for a job? Do you have a resume?
- Do you have the documents you might need to be hired at the job you want? For example, a job readiness certificate, a food handler's card, valid ID, social security or permanent resident card, etc.?

What's your back-up plan if you run into obstacles in this job (*for example, if you're laid off*)?

Do you know what you want to do as **your long-term career**? (*Example: be a mechanic, nurse, teacher, etc.*)

- Does this career plan require specific **education or training**?
- How do your strengths and abilities fit with your career goal? Have you taken a **career aptitude test**?

NOTES:

Money Management: *Budgeting and consumerism, banking, bills, credit, taxes*

How do you pay for things?

- Do you have a **checking and/or savings** account? How can you prevent overdraft fees on your account?
- How do/would you **pay your bills**? How do you keep track of the money you've spent and how much money you have left?
- Can you describe how debit cards work? What's the difference between **debit cards and credit cards**?
- How do **money orders** work? What other ways can you pay for things without a bank account?
- Describe how credit cards work. What are the benefits and risks of **credit cards and loans**? What about payday loans and pre-paid cards?
- What is **identity theft**, and how can you prevent it? What happens if someone makes charges under your name?

Do you currently have **sufficient financial resources** to support yourself?

- How comfortable are you with money management? Do you have a **budget**?
- What are your **sources of income**? (*wages, SSI, food stamps, TANF, child support, etc.*)
- Do you have enough **money saved** for upcoming transitions or other financial needs?
- Do you know which **ILP funds** (*or other foster care-related funds*) you are eligible for?

How much will you need to move out on your own? How much will you need to stay in an apartment? What will you include in a monthly budget?

What if you need **financial help in an emergency**? Who can you ask for help? What if someone asks *you* for money? Are you comfortable saying no?

Do you have a recent **credit report** for yourself? Why is it important to establish good credit? What could damage your credit report (*collections, etc.*)?

Describe how **income taxes** work. When and how do you file taxes? What are the W2 and W4 forms for?

NOTES:

Housing & Home Management: *Renting and utilities, clean and safe household, shopping and cooking*

Do you have a solid **housing plan in place** for the next year? (*Example: if you'll be exiting foster care, you know where you are going to be living, or you are staying somewhere stable and you don't expect to move, etc.*)

Do you currently have a **safe and stable place to live**? (*a place you can call home, a bed to sleep in every night, living with people you get along with, etc.*)

Do you know how to **find a place to rent**, apply and get approved?

- Describe how you would go about renting or leasing a place to live. What will affect your decision when choosing where to live? What are some signs that it's a safe place to live?
- What do landlords look for on an application? What if the landlord requires a cosigner? What's the difference between a rental or lease agreement? What happens if you break a lease?
- Describe some qualities of a good tenant. Name at least two things that can lead to being evicted.
- Name two things that can lead to losing your security deposit. What's the purpose of the walk-through inspection and why is it important? How can simple repairs help you keep your deposit?

What are some potential problems that can cause conflict when **living with others** (*cleanliness, hygiene, guests, etc.*)? What's a roommate agreement?

Are you prepared to do your own **shopping, cooking, laundry and cleaning**? Describe how to do these things safely, regularly and appropriately when you're on your own. What are some ways to save money when shopping? Describe a healthy meal you will make for yourself.

Do you know where to go if you need **rental or utilities assistance**? If you are out of food or money, what community resources could you access for help?

Do you have a plan for where to stay **in an emergency**? Who can you ask for help if you don't have a place to sleep? What kind of services are available?

NOTES:

Transportation and Other Living Skills

Do you have **reliable transportation** to get around on your own (*bus, car, bike, etc.*)? What's your **back-up plan**? (*car trouble, missed your bus, etc.*)

Do you have a **driver's permit/license** (*if you want one*)? Have you taken driver's education? What are the benefits of taking a driver's education course?

Do you understand all the costs and requirements of **having a car** (*insurance, registration, maintenance, etc.*)?

- What is involved in maintaining your car registration? What happens if you don't?
- How do you get car insurance? What happens if you don't have it? How can you lower your rate?
- Do you know basic car maintenance? Can you list three main things to check?

Do you have a **personal filing system** where you can safely keep important documents?

- Do you have a copy of your birth certificate (*or do you know how to access it if needed*)?
- Do you have your Social Security card?
- If you are over 18, are you registered to vote? If you are male, have you also registered for selective service (*and do you know what that is*)?
- Do you have a valid state ID?
- Do you have your Oregon Health Plan (OHP) card or other health insurance documentation? What about your vaccination record?
- Do you have your ward of the court documentation, if needed?

Do you have an **attorney** that you know how to contact? Do you know what kinds of situations an attorney can help you with, now or in the future?

Do you attend **court hearings** or CRB meetings about your case? Do you know when they are, what they cover and why you are encouraged to attend?

How do you use **social media**? What are safety and financial risks of having personal information available on the internet? How can you protect yourself?

NOTES:

We have created a [basic level](#) Computer Based Training (CBT) for Transition Planning and are in the process of finalizing a basic level CBT for ILP Services. The new Youth Transition Planning training is approximately 45 minutes long, including knowledge questions. You and your staff can use the following iLearn link to complete the training:
[DHS – CW – Comprehensive Transition Plan](#)