

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:

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

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?

Youth name: _____

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?

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?

Youth name: _____

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: _____