

TRANSITION PLAN

Name: Case Number:

Birth date: Age: Phone number:

Address:

E-mail address:

MySpace or FaceBook address:

My OCS Permanency Goal:

My Strengths, interests, and accomplishments:

Completion dates of the Ansell-Casey Life Skill Assessment:

Would you like more information about setting up a conservator? Yes No

Would you like more information about obtaining approval to drive while in OCS custody?
 Yes No

Academic Goal:

Please list all of the High Schools you have attended:

What is your current grade level and High School you attend?

What is your current GPA?

How many high school credits have you earned?

High School Qualifying Exams:

- Have you passed the Math exam? Yes No
- Have you passed the Writing exam? Yes No
- Have you passed the Reading exam? Yes No

Do you have an IEP or attend resource classes? Yes No

How do you feel you are doing in school?

Is there anything in school that you feel you currently need help with?

What is my long term goal for education or training?

Steps required to accomplish goal	Projected date to complete goal	Progress	Date Completed

What is my short term goal for education or training?

Steps required to accomplish goal	Projected date to complete goal	Progress	Date Completed

Any additional thoughts, comments or questions regarding my education:

Employment Goal:

What is my long term goal for employment?

Steps required to accomplish goal	Projected date to complete goal	Progress	Date Completed

What is my short term goal for employment?

Steps required to accomplish goal	Projected date to complete goal	Progress	Date Completed

Any additional thoughts, comments or questions regarding my employment:

Independent Living Services Scheduled and Received

Date Scheduled	IL Service Type	Date Completed	Service Provider	Comments

Community Resources and Supports Available

Date	Type of Service/Support	Agency	Contact Person	Phone Number

Supportive Adults/Mentors

Who is the #1 person I can always count on for help when I need it?

How long have I known this person?

How often do I keep in touch with this person?

How do I contact this person?

Other people who are supportive of me, and their contact information:

- 1.
- 2.
- 3.
- 4.
- 5.

Any additional thoughts, comments or questions regarding my support system:

Do you want a mentor?

Date of Referral:

Any additional goals for myself:

My 1st goal is:

My 2nd goal is:

Progress:

Credit Reporting

I understand what a consumer report is and that I can request that a report not be obtained by OCS if I am age 18 or older. Yes No

To be updated 90 days prior to case closure:

Housing

My current living situation is:

When I leave custody:

- Where will I live?
- Will I be paying a monthly rent? Yes No
 - If yes, about how much will my monthly rent cost me?
- Steps I need to take to set up my housing:
- If my first choice of housing does not work out, my back up plan is:

Describe what it would take to be a successful adult in the community you will choose to live after leaving custody:

What skills, training or education would you need to be successful in this community?

Any additional thoughts, comments or questions regarding my housing plans:

Personal Finances

How will I manage my money?

Do I currently have a checking account? Yes No

Do I currently have a savings account? Yes No

If I do not have an account set up, what do I need to do to set one up?

What will I need to pay for once I'm out on my own?

What is my plan for money released to me from my PFD trust or Native Corp. dividends?

Would you like more information about setting up a conservator to help you budget your money once you are released from custody? Yes No

Any additional thoughts, comments or questions regarding my personal finances:

Health Care

Who is my current: Doctor:
 Dentist:
 Eye Doctor:

What medications do I currently take?

Do I plan to continue to take these medications after my release from care?

Yes No

Health History (past & present issues):

- Physical:
- Dental:
- Vision:
- Therapy:
- Mental Health (depression, abuse issues or diagnoses):

Identify your plan for how the above medical and mental health issues and needs will be taken care of in adulthood:

What medical insurance do I have now?

What type of medical insurance will I have when I am released from custody?

Do I need to do anything to see that my medical insurance coverage continues?

Where will I go for services:

If I am sick:

If it is an emergency:

For help with substance/alcohol/tobacco abuse:

For Family Planning or STD Health:

For Mental Health Services:

What are things that I do to take care of my health?

I understand the importance of designating another individual to make health care treatment decisions; and understand how to execute a health care power of attorney or health care proxy:

Yes No

Any additional thoughts, comments or questions regarding my health care:

Transportation

How will I get to and from home, work, and school?

Do you have a driver's permit? Yes No

Do you have a driver's license? Yes No

If you do have a driving permit or license, have you completed the OCS packet to receive CSM approval to drive? Yes No

If you do not have a driving permit or license, are you interested in getting one? Yes No

Are you interested in taking driver's education? Yes No

Do you know how to catch the city bus? Yes No

Any additional thoughts, comments or questions regarding my plans for transportation:

What can OCS do for you now to help you with your transition to adulthood?

Do you have any concerns, fears or questions about living on your own?

Any additional thoughts, comments or questions regarding my Transition Plan:

Other supports needed prior to discharge:

Important Documents

Items	Got it	Need it	Don't want it	N/A
Birth Certificate				
Social Security Card				
Tribal Enrollment Documentation				
Certification of Indian Blood				
Shareholder Documentation				
Death Certificate(s) of parents, if one or both are deceased				
List of all residential placements including address and contact #'s				
High School Diploma or GED				
List of all schools attended and transcripts if applicable				
Medicaid or other health insurance eligibility documentation				
Personal or family medical record, list of doctors, clinics and hospitals				
Driver's License or State ID				
Automobile Insurance				
Resume				
Reference letters for work and housing				
List of known relatives, addresses and phone numbers				

E-mail address				
Emancipation Papers				
Release of Custody court order				
Custody Letter				

Plan Completion Information:

Date Plan Completed	TYPE - Initial, 6 Month Update, 90 Days Prior to Case Closure

Signature of Youth			
Transition Team Members			
Signature	Name	Role	Phone Number

Date Plan Completed	TYPE - 6 Month Update, 90 Days Prior to Case Closure

Signature of Youth			
Transition Team Members			
Signature	Name	Role	Phone Number

Date Plan Completed	TYPE - 6 Month Update, 90 Days Prior to Case Closure

Signature of Youth

Transition Team Members			
Signature	Name	Role	Phone Number

Date Plan Completed	TYPE - 6 Month Update, 90 Days Prior to Case Closure

Signature of Youth

Transition Team Members			
Signature	Name	Role	Phone Number