This form is for you to develop a plan when you are within 6-months of leaving foster care. This plan will focus on activities that you will complete during this time. This is as an agreement between you and those supporting you to work toward completing your transition plan. This should be developed with you in a transition conference setting, or group meeting, with those you want involved and who are helping you to successfully transition out of foster care.

**During the 6-month period prior to aging out of care:**

This plan is to be completed within the 6-month period before you turn 18, or exit foster care after age 18. If you emancipate from care before age 18, this plan should be completed within 6-months

before your target emancipation date.

The sections on the next page must be completed to include your plan for education, employment,

housing, mentoring, family connections, continuing support services and health insurance. The plan

must be personal to you and as detailed as you can get. The plan must contain specific actions that

you and others will take to help you prepare for leaving care.

**\*Note:** The last page of this form has an example grid that can give you ideas to help make your

planning very concrete.

**Instructions to Youth:** During the 6-month period before you leave foster care, you will make a

transition plan that shows where you plan to live, receive additional support, work and/or go to school after you leave care and help keep family connections. The purpose of this plan is to help you take steps to successfully live on your own.

**Instructions to Caregiver/other adults:** If asked by the youth, you are also agreeing to assist the youth in the development of a 6-month transition plan that will help him/her to successfully transition out of foster care.

**Instructions to Social Worker/Probation Officer:** During the 6-month period prior to the youth

exiting foster care, you are agreeing to assist the youth in developing a transition plan that will

address his/her needs for housing, employment, education, mentors, continuing support services

and health insurance.

**Instructions for Family, Service Providers, CASA and others connected to and supporting**

**the youth:** If asked by the youth, you are also agreeing to assist the youth in the development of a 6-month transition plan that will help him/her to successfully transition out of foster care.

|  |  |  |  |
| --- | --- | --- | --- |
| YOUTH:Click or tap here to enter text. | DOB: Click or tap here to enter text. | AGE: Click or tap here to enter text. | ETHNICITY: Click or tap here to enter text. |
| CASE WORKER NAME:Click or tap here to enter text. | CASE WORKER PHONE:Click or tap here to enter text. |

**6-MONTH TRANSITION PLAN**

Additional boxes can be inserted if needed

|  |  |  |
| --- | --- | --- |
| **Wraparound Services**:Click or tap here to enter text. | To prepare, I or a supportingadult (name) will:Click or tap here to enter text. | Recommended documentsthe youth will needClick or tap here to enter text. |
| **Community College or Vocational Training**:Click or tap here to enter text. | To prepare, I or a supportingadult (name) will:Click or tap here to enter text. | Recommended documentsthe youth will needClick or tap here to enter text. |
| **Career Pathway to Workforce Link**:Click or tap here to enter text. | To prepare, I or a supportingadult (name) will:Click or tap here to enter text. | Recommended documentsthe youth will needClick or tap here to enter text. |
| **Housing Services or FUP Voucher Plan**:Click or tap here to enter text. | To prepare, I or a supportingadult (name) will:Click or tap here to enter text. | Recommended documentsthe youth will needClick or tap here to enter text. |
| **Public Benefits Assistance:** Click or tap here to enter text. | To prepare, I or a supportingadult (name) will:Click or tap here to enter text. | Recommended documentsthe youth will needClick or tap here to enter text. |
| **Data tracking to follow up after discharge**:Click or tap here to enter text. | To prepare, I plan on staying connected with my CSW to report my living whereabouts:Click or tap here to enter text. | Recommended documentsthe youth will needClick or tap here to enter text. |

**ACKNOWLEDGEMENTS:**

I know that I must sign verification paperwork to continue my Medi-Cal health insurance benefits when I exit from foster care and again each year to receive Medi-Cal until my 26th birthday or until I have secured a different type of health insurance. I am also aware that when I move I must resubmit a verification form with my new address. \_\_\_\_\_\_ youth’s initials

I have been told that when I am 18, I can choose a “power of attorney for health care” that can make

medical choices for me if I am not able. When I turn 18, I will receive directions and a form that I can fill out if I want to choose a power of attorney for health care. \_\_\_\_\_\_ youth’s initials

I know that 30 days prior to leaving foster care, I am eligible to apply for food stamps. \_\_\_\_\_ youth’s

Initials I agree to meet with my caregiver and social worker/probation officer as needed to ensure sufficient progress towards my goals.

Target date for exiting foster care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, this means we will all work to complete the steps necessary to help the youth complete his/her transition plan.**

­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

*Youth’s signature Date*

­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

*Caregiver’s Signature Date*

­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

*Social Worker/Probation Officer Signature Date*

­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

*Family Member Signature Date*

­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

*Service Provider/Therapist Signature Date*

­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

*CASA/Other Youth Advocate Signature Date*

A Transition Plan must be developed at the direction of the youth during the 6-month period prior to the youth aging out. The plan must contain specific options on housing opportunities, wraparound services, health insurance, community college or vocational training, support services and career workforce support/employment services. P.L. 111-148 requires providing foster youth with the information about a Power of Attorney for Health Care.

**6-MONTH TRANSITION PLAN EXAMPLES**

|  |  |  |
| --- | --- | --- |
| **Education Goals (community college or vocational education)**:I plan to attend….Click or tap here to enter text. | **TimeLine**FAFSA due: 01/01/2009School application: 01/15/2009Scholarship app: 02/01/2009Housing app: 06/01/2009(Due dates of all document andapplication deadlines) | **Recommended documents the****youth will need**• Copy of School application• Copy of FAFSA application• Copy of Chafee grant application• Copy of Guardian Scholar application• Copy of High School transcripts |
| **Employment Plan:**I plan to get/have a job at….1.Click or tap here to enter text.2.Click or tap here to enter text.3.Click or tap here to enter text. Click or tap here to enter text.4.Click or tap here to enter text. | **I have Prepared by:**• Completing ILP ProficiencyCertificate checklist• Completing job applicationsat: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_• Having Social Security card available• Identifying people to provide reference | **Recommended documents the****youth will need**• Copy of resume• Copy of Permanent Residencycard (if applicable)• List of people willing to provide reference |
| **Housing Plan:**I plan to live with/in...Click or tap here to enter text. | **I have prepared by:**• Touring the facilities• Confirming deposit andmove-in arrangements• Checking resources provided by housing facility | **Recommended documents the****youth will need**• Copy of housing application• Housing deposit verification• Completed cost of living budget |
| **Wraparound Services:**Family member who was offered services ...Click or tap here to enter text. | **Adult family member I plan to live with:**• Making a plan to stay with …during college dorm breaks• Having email addresses for… | **Recommended documents the****youth will need** • Contact list for family members |