TRANSITION/DISCHARGE PLAN

Name of Youth:		Youth's Date of Birth:
Case Number:	Anticipated Discharge Date:	Court Review Date:

Is the youth leaving care before the age of 21? ☐ YES ☐ NO
If yes, was the youth informed of his/her right to request to remain in placement and care until age 21 if he/she is in a course of treatment and/or instruction? ☐ YES ☐ NO Date notified: _____
If youth did not request to remain in care until age 21, what reason(s) did he/she provide?

IDENTIFICATION/KEY DOCUMENTS:

Youth has:	
☐ Social Security Card	Date received:
☐ Birth Certificate	Date received:
☐ State issued photo ID/Driver's License	Date received:
☐ Passport	Date received:
☐ Immunization/pertinent medical records	Date received:
☐ Health insurance card	Date received:
☐ Pertinent education records	Date received:
☐ Immigration documents (if applicable)	Date received:
☐ Registered to vote	Date registered:
☐ Registered for selective service (if male)	Date registered:

ANTICIPATED BUDGET

Before a youth is discharged from care, he or she should have a projected income that is adequate to meet his or her basic expenses. *See Appendix A for a Budgeting Worksheet.*

Projected Monthly Income	$
Projected Monthly Expenses	$
Total Monthly Surplus/Monthly Shortfall	$

Check One:
☐ Monthly Surplus
☐ Monthly Shortfall

HOUSING

Preferred Plan: Where does youth plan to live upon leaving care?
Address:

Type of housing:

- ☐ Home of relative (specify relative: _____)
- ☐ Supervised Independent Living (specify agency: _____)
- ☐ School-provided housing/dorm
- ☐ Group home (specify agency: _____)
- ☐ Housing provided by job/military (specify: _____)
- ☐ Public housing
- ☐ Domiciliary care home
- ☐ Transitional Living Program/Supportive Housing Program for homeless individuals (specify agency: _____)
- ☐ Supportive Housing Program for individuals with physical or behavioral health impairments
- ☐ Privately rented housing (alone)
- ☐ Privately rented housing (with roommates)
- ☐ Shelter (specify agency: _____)
- ☐ Other (specify: _____)

Monthly cost (include any rent, utilities, etc.):

Projected monthly income (from chart on page 1):

Contingency Plan 1: Where will youth live if the preferred plan falls through?
Address:

Type of housing:

- ☐ Home of relative (specify relative: _____)
- ☐ Supervised Independent Living (specify agency: _____)
- ☐ School-provided housing/dorm
- ☐ Group home (specify agency: _____)
- ☐ Housing provided by job/military (specify: _____)
- ☐ Public housing
- ☐ Domiciliary care home
- ☐ Transitional Living Program/Supportive Housing Program for homeless individuals (specify agency: _____)
- ☐ Supportive Housing Program for individuals with physical or behavioral health impairments
- ☐ Privately rented housing (alone)
- ☐ Privately rented housing (with roommates)
- ☐ Shelter (specify agency: _____)
- ☐ Other (specify: _____)

Monthly cost (include any rent, utilities, etc.):

Projected monthly income (from chart on page 1):

Contingency Plan 2: Where will youth live if the above plans fall through?
Address:

Type of housing:

- ☐ Home of relative (specify relative: _____)
- ☐ Supervised Independent Living (specify agency: _____)
- ☐ School-provided housing/dorm
- ☐ Group home (specify agency: _____)
- ☐ Housing provided by job/military (specify: _____)
- ☐ Public housing
- ☐ Domiciliary care home
- ☐ Transitional Living Program/Supportive Housing Program for homeless individuals (specify agency: _____)
- ☐ Supportive Housing Program for individuals with physical or behavioral health impairments
- ☐ Privately rented housing (alone)
- ☐ Privately rented housing (with roommates)
- ☐ Shelter (specify agency: _____)
- ☐ Other (specify: _____)

Monthly cost (include any rent, utilities, etc.):

Projected monthly income (from chart on page 1):

Future Plans/Goals for Housing

Housing goals for 5-10 years after discharge (i.e., rent/own an apartment, rent/own a house, move to a different city/state, live on military base):

EDUCATION AND TRAINING

HIGH SCHOOL/GED PROGRAM	
High School/GED Program (if youth is currently enrolled):	**Phone number**
Key School Contacts (where applicable)	**Phone number**
Guidance Counselor:	
Special Education/IEP Coordinator:	
Local Transition Coordinating Council Contact:	
Other:	

POST-SECONDARY EDUCATION/TRAINING

Post-Secondary Institution/Training Program Youth Plans to Attend:

☐ Currently enrolled ☐ Applying for enrollment

Applications for Admission Submitted	Date Submitted

Scholarship/Grant Applications Submitted	Date Submitted
Free Application for Federal Student Aid (FAFSA)	
Chafee Education and Training Grant	

Where will youth live while in school/training program?*	Where will youth live during summers/vacations?*

**Be sure to include the cost of these housing options in the youth's projected monthly expenses.*

Youth's highest level of academic achievement (at discharge):

☐ 8th Grade ☐ 9th Grade ☐ 10th Grade ☐ 11th Grade ☐ 12th Grade (but no diploma)
☐ High School diploma ☐ GED ☐ Some post-secondary education

Future Plans/Goals for Education & Training

Education and training goals for 5-10 years after discharge (i.e., community college, four-year college, military service, police academy, medical school, nursing school, teaching certificate, business school, social work school, law school, or other graduate/licensing program):

EMPLOYMENT

Is youth currently employed? ☐ YES ☐ NO			
Name/Address of Employer(s)	Phone	Type of Work	Salary/Hourly Rate

Is youth currently seeking employment? ☐ YES ☐ NO			
Job Application Submitted (Name/Address)	Phone	Type of Work	Date Application Submitted

Employment Resource/Service Provided to Youth (i.e., interviewing skills, job shadowing, etc.)	Date Provided

Does youth have a paper and electronic copy of his/her resume? ☐ YES ☐ NO
If no, when will youth have a copy of his or her updated resume?

Future Plans/Goals for Employment/Career
Employment and career goals for 5-10 years after discharge (i.e., teacher, business owner, lawyer, nurse, doctor, military service, social worker, food services, child care worker, retail management, etc.):

BANK ACCOUNT INFORMATION

Does youth have a checking or savings account (check all that apply):	
☐ Checking account	Name of bank:
☐ Savings account	Name of bank:
☐ Other bank account (specify: _____)	Name of bank:
☐ No bank account	
Approximate amount of money in bank accounts as of _____ *date*	$

HEALTH CARE

Name/Address/Phone of Health Insurance Provider (after discharge)	Health Insurance Policy Number:

Name, address, and phone number of all medical providers:	Name, address, and phone number of local health clinic for the uninsured:
	Name, address, and phone number of local family planning clinic:
	Name, address, and phone number of mental health clinic for the uninsured:

PHYSICAL/REPRODUCTIVE HEALTH

Date of last physical exam:	Date of last dental exam:	Date of last vision exam:
Date of next physical exam:	Date of next dental exam:	Date of next vision exam:

Has youth received comprehensive reproductive/ sexual health information? ☐ YES ☐ NO	Name/phone of provider:	Date of last class/ appointment:
		Date of next class/ appointment:
Is youth receiving reproductive/ sexual health care or treatment? ☐ YES ☐ NO	Name/phone of provider:	Date of last exam:
		Date of next exam
Is youth currently pregnant? ☐ YES ☐ NO	Name/phone of provider:	Date of last appointment:
If yes, is youth currently receiving prenatal care or counseling? ☐ YES ☐ NO		Date of next appointment:

Does the youth have any specific physical/reproductive health care needs that require continued treatment (including any prescribed medications) after discharge?
☐ **YES** ☐ **NO** (If yes, describe plans for follow-up care and resources provided)

INDEPENDENT LIVING INSTRUCTION YOUTH HAS COMPLETED

Category of Instruction (check if completed)	Title of Course/Name of Provider	Date completed
☐ Instruction related to housing search *(including public & subsidized housing and MH/MR group homes, if appropriate)*		
☐ Instruction in maintaining stable housing		
☐ Financial management/budgeting		
☐ Daily living skills		
☐ Employment readiness		
☐ Educational planning and support		
☐ Healthy social and dating relationships		
☐ Prevention (drug & alcohol, pregnancy, STD, etc.)		
☐ Nutrition/health		
☐ Driver's Education		
☐ Other:		
☐ Other:		

AFTERCARE SERVICES

Is youth eligible for Chafee Independent Living Aftercare Services?
☐ YES ☐ NO

If YES, complete the following information:

Is the youth receiving Chafee Independent Living Aftercare Services?
☐ YES ☐ NO
If yes, list the services below. If no, explain why.

Date(s) when youth was informed that he/she was eligible for aftercare services until age 21:	Date(s) when Chafee-funded room and board policy was explained to youth:	Date(s) when stipend policy was explained to youth:

Please list any Chaffee or non-Chafee aftercare services provided to youth

Service Provided	Person/Agency Responsible for Providing Service

EMERGENCY CONTACTS:

List at least three people the youth can call if the youth unexpectedly loses housing and **needs a safe place to stay temporarily** as well as any other people, who are not agency workers, who the youth can rely on for support after discharge from care. Indicate the date this contact information was verified.

Name/Address	Phone numbers/email addresses	Relationship to Youth	Date Verified
1.	Home: Work: Cell: Email:		
2.	Home: Work: Cell: Email:		
3.	Home: Work: Cell: Email:		

FAMILY RESOURCES (In addition to any of the contacts listed above, provide contact information for any siblings or other relatives with whom youth is in contact)

Name/Address	Contact information	Relationship to youth	Contact with youth (how recent/ frequent)
	Phone: Email:		
	Phone: Email:		
	Phone: Email:		
	Phone: Email:		
	Phone: Email:		

OTHER KEY CONTACT NUMBERS:

Position/Title	Name/Address	Phone numbers
Youth's Caseworker		Phone: Email:
Youth's IL Worker		Phone: Email:
Youth's Attorney/ Child Advocate		Phone: Email:
		Phone: Email:
		Phone: Email:
		Phone: Email:

COMMUNITY RESOURCES PROVIDED TO YOUTH*

Description of Resource	Date Provided
Review with youth the "411" section of www.independentlivingpa.org which includes links regarding employment and vocational training, education, grants & financial aid, independent living resources, housing, health insurance, public benefits, etc.	

*i.e., resource booklets, list of emergency numbers, mentoring programs, etc.

OTHER INFORMATION

Does youth have disabilities/special needs? ☐ YES ☐ NO	If YES, see **APPENDIX B**.
Does youth have behavioral health needs? ☐ YES ☐ NO	If YES, see **APPENDIX B**.
Does youth have children? ☐ YES ☐ NO	If YES, see **APPENDIX C**.
Has youth been involved in the juvenile justice system? ☐ YES ☐ NO	If YES, see **APPENDIX D**.
Is youth a U.S. citizen? ☐ YES ☐ NO	If NO, see **APPENDIX E**.

SIGNATURES OF DISCHARGE PLANNING TEAM

Name	Title/Role	Phone Number	Signature/Date

YOUTH VERIFICATION

Please check all that apply:

- ☐ I have been informed that, if I am dependent, I may request to remain in care after age 18 (until age 21) if I am in a program of instruction or treatment.
- ☐ I have participated in the development of this plan and reviewed the plan with _____ (name/title).
- ☐ I had the opportunity to address my own specific needs related to my discharge and have them considered as part of this discharge plan.
- ☐ I received a copy of all of the resources & documents listed in this plan. (For example, if the plan says you received a copy of your birth certificate, a community resource booklet or your resume, you have actually received a copy.)
- ☐ I understand this plan and believe that the information in the plan is accurate.
- ☐ I believe this discharge plan will help me achieve the long-term goals I have set for my life.
- ☐ I do NOT understand this plan, and/or I request further assistance in the planning process.
- ☐ I received a copy of this plan on _____ (date).

Youth's Signature: _____ Date: _____

APPENDIX A: BUDGETING WORKSHEET

Projected Monthly Income *(include employment, public benefits, scholarships, stipends, grants, etc.)*

Source of Income *(if job, specify employer)*	Hourly rate and Expected Hours per Month *(for hourly jobs only)*	Projected monthly income
		$
		$
		$
		$
		$
		$
	Total Projected Monthly Income:	$

Projected Monthly Expenses *Include housing expenses based on youth's preferred plan on page 1, as well as <u>all</u> of youth's likely expenses -- utilities, cell/home phone, Internet, cable, food, clothing, school books/supplies, transportation, medical care, laundry, child care, movies tickets, concert tickets, travel, cigarettes, entertainment expenses, etc.*

Type of Expense	Projected monthly expense
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
Total Projected Monthly Expenses:	$

APPENDIX B: SPECIAL NEEDS & DISABILITIES/BEHAVIORAL HEALTH

SPECIAL NEEDS & DISABILITIES	
Does the youth have a physical disability that will prevent him/her from working? ☐ YES ☐ NO	*If yes*, has an application for Social Security Income (SSI) been submitted? ☐ YES ☐ NO Date submitted:_____ *applications should be submitted 90 days prior to discharge.
If the youth has a significant developmental or physical disability that will require long term care to help the youth with activities of daily living, has all the required information been submitted to determine eligibility for waivers (i.e., Attendant Care, Independence, OBRA, AIDS, Michael Dallas (technology dependent), COMMCARE (traumatic brain injury))? ☐ YES ☐ NO Date of submission:	
Does the youth meet the criteria for mental retardation? ☐ YES ☐ NO	
If yes, has he or she registered with the Office of Mental Retardation? ☐ YES ☐ NO Date registered:	
Has a Prioritization of Urgency of Need for Services (PUNS) been completed? ☐ YES ☐ NO Date completed:	
Has a supports coordinator been assigned? ☐ YES ☐ NO Name:_____ Phone number:_____	
Has all the required information been submitted to determine eligibility for the MR waiver or other appropriate waivers? ☐ YES ☐ NO Date of submission: _____	
Does the youth meet the diagnostic criteria for autism? ☐ YES ☐ NO	
If yes, has the Bureau of Autism been contacted? ☐ YES ☐ NO Date contacted:_____	

BEHAVIORAL HEALTH CARE	
Does the youth have any specific behavior health care needs (including treatment for drug and/or alcohol abuse) that require continued treatment (including any prescribed medication) after discharge? ☐ YES ☐ NO (If yes, describe plans for follow-up care and resources provided)	
Does the youth have a behavioral health impairment that will prevent him/her from working? ☐ YES ☐ NO	*If yes,* has an application for SSI been submitted? ☐ YES ☐ NO Date submitted:_____ *applications should be submitted 90 days prior to discharge.
If yes, has a referral for a case manager been made to the county office of behavioral health? ☐ YES ☐ NO Date of referral:_____	

APPENDIX C: YOUTH WHO ARE PARENTS

Does youth have any children? ☐ YES ☐ NO

Child's Name	Date of Birth	Where Child Resides	Youth's contact with the child

Has youth taken/completed any parenting classes? ☐ Yes ☐ No	Name of provider:	Date(s) taken/completed:

Does youth have child(ren)'s SSN & Social Security card(s)? ☐ Yes ☐ No Date(s) received: _____	Does youth have child(ren)'s birth certificate(s)? ☐ Yes ☐ No Date(s) received: _____	Does youth have child(ren)'s immunization records? ☐ Yes ☐ No Date(s) received: _____

Name & phone number of child(ren)'s primary care physician:	Date(s) of last appointment(s):	Are child's immunizations up-to-date? ☐ Yes ☐ No
	Date(s) of next appointment(s):	

Name & phone number of child(ren)'s specialist: Physician's area of specialization: _____	Date(s) of last appointment(s):
	Date(s) of next appointment(s):

Name & phone number of child(ren)'s dentist:	Date(s) of last appointment(s):
	Date(s) of next appointment(s):

Has youth applied for child care subsidies? ☐ Yes ☐ No Date applied: _____ ☐ Not eligible (specify why not eligible): _____	Has youth applied for food stamps? ☐ Yes ☐ No Date applied: _____ ☐ Not eligible (specify why not eligible): _____

Does youth intend to apply for TANF? ☐ Yes ☐ No Anticipated date of application: _____	Has youth applied for WIC (Women, Infants, & Children) benefits? ☐ Yes ☐ No Date applied: _____

Briefly describe youth's plans/goals for contact with his/her children after discharge. (Will the children live with the youth? Does the youth need/have child care? If the children are not residing with the youth, does the youth have as a goal that the children live with him/her?)

APPENDIX D: JUVENILE JUSTICE SYSTEM INVOLVEMENT

Has youth been arrested, adjudicated delinquent or had a consent decree/deferred adjudication? ☐ YES ☐ NO

If YES, complete the following information:

Name of youth's public defender/private attorney:	Phone number of youth's attorney:
Is the youth currently on probation? ☐ YES ☐ NO If yes, anticipated date of discharge from probation: _____	
Name of probation officer:	Phone number of probation officer:
Name of probation officer's supervisor:	Phone number of probation officer's supervisor:
CONDITIONS OF PROBATION List or attach youth's conditions of probation, as well as youth's plans to meet each condition and any services provided	
Condition of Probation	Plans/Services to Comply with this Condition
RECORD EXPUNGEMENT	
Is youth eligible to apply to have his or her record expunged? ☐ Youth's charge was dismissed **OR** ☐ It has been 6 months since youth was discharged from consent decree supervision **OR** ☐ Youth was discharged from probation 5 years ago and has never been charged with another crime **OR** ☐ Youth is over 18 years old and the DA has consented to expunge record	
If eligible, has youth spoken with his or her attorney or probation officer about expungement? ☐ YES ☐ NO Date contacted: _____ ☐ Record has been expunged (date of order of expungement: _____)	
Has youth received a copy of "Juvenile Record: A Know Your Rights Guide for Youth in Pennsylvania" available at http://www.jlc.org/files/publications/Youth%20Expungement%20FINAL.pdf? ☐ YES ☐ NO Date Received: _____	

APPENDIX E: IMMIGRATION

Is youth United States citizen? ☐ YES ☐ NO	Country of origin:
If not a U.S. citizen, is youth eligible for Special Immigration Juvenile Status (SIJS)? ☐ Youth is unmarried ☐ Youth is in foster care, appointed a guardian, or adopted ☐ Youth is under 21 years of age ☐ Family Court has found youth "eligible for long term foster care"	
If eligible for SIJS, has youth been referred to an immigration attorney? ☐ YES ☐ NO	
Name of Attorney/Law Office:	
Phone number:	Date of referral:
SIJS application has been completed/submitted: ☐ YES ☐ NO Date:	
Interview with immigration officer has been scheduled: ☐ YES ☐ NO Date:	
Medical appointments for SIJS have been arranged: ☐ YES ☐ NO Date:	
SIJS filing fee payments have been arranged: ☐ YES ☐ NO Briefly explain:	