

State of Illinois  
Department of Children and Family Services

**YOUTH DRIVEN TRANSITION PLAN**

Check the appropriate plan milestone:

age 17    age 19    within 90 days of discharge from care

Transition Plan for (name): \_\_\_\_\_

DOB: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Anticipated Discharge Date: \_\_\_\_\_

Date of Form Completion: \_\_\_\_\_

**Personal Health and Care Goal:** \_\_\_\_\_

**Describe Youth's Current Status/Future Plans:** *Are medical, dental, vision, and immunization records up to date? Any current medical issues? Medications? What is the plan to meet continuing medical needs? Discuss youth's plan for health insurance after emancipation. Make sure youth is in possession of all medical records for future use. Explain ability to care for self.*

*Has youth been provided with education regarding Power of Attorney for Healthcare, by reviewing Your Future, Your Health information (CFS 2032-2) with the youth? (must be done at age 17)*

*Has youth been given a copy of the Your Future, Your Health: Power of Attorney for Health Care (CFS 2032-2), and educated regarding their option to execute the Power of Attorney for Health Care on or after their 18<sup>th</sup> birthday?*

*Has the youth signed the Receipt of Information & Education Regarding Health Care Options (CFS 2032-3)?*

*Does this youth demonstrate a need for disability benefits? Is there an award notice in the financial section of the youth's file and is it current (i.e., since their 18<sup>th</sup> birthday)? If not, has Public Consulting Group (SSI Contractor) been contacted? When?*

*Has a packet been completed? What date was it completed? Has the youth attended the consultative exam? When was the exam?*

1.
2.
3.
4.

**Education Goal:** \_\_\_\_\_

**Describe Youth's Current Status/Future Plans:** *Document highest level of educational achievement and current educational status / future educational plans. Identify any issues/needs regarding future plan and specify any special considerations related to educational/vocational training. Make sure youth is aware of OETS programs.*

<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.			
2.			
3.			

**Employment Goal:**

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**Describe Youth's Current Status/Future Plans:** *Provide a brief review of work history over the past 2 years and of current work status, including: name/location of current employer, wages/salary, schedule or # of hours worked per week, insurance, etc. Describe future employment plan, including any known issues/needs/special considerations.*

<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.			
2.			
3.			

**Food Management Goal:**

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**Describe Youth's Current Status/Future Plan:** *Discuss youth's abilities in this area. Is he/she able to shop/cook on their own, have they developed any skills in this area to prepare them for living independently after discharge?*

<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.			
2.			
3.			

**Transportation, Community Resources, and Recreation Goal:**

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**Describe Youth's Current Status/Future Plans:** *Describe current transportation plan, including what community resources are being utilized and what resources are to be used upon emancipation. What recreation activities are in place now and for the future? Identify youth's interests, hobbies, activities, and leisure/cultural/spiritual needs. Include details on specific resources needed to promote youth's interests, method of payment, and estimated start date.*

	<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.				
2.				
3.				

**Social and Family Goal:**

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**Describe Youth's Current Status/Future Plans:** *Describe youth's family relations, both immediate and extended and any known support system (family, friends, community, church, boyfriend, girlfriend). Describe any unhealthy relationships the youth is currently involved in. Are there any services needed resulting from an unhealthy relationship? Any domestic violence issues? Explore options to develop, increase or enhance youth's social and family support systems.*

	<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.				
2.				
3.				

**Home Management and Housing Goal:**

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**Describe Youth's Current Status/Future Plans:** *What is the current living arrangement? If living independently: address, lease holder name / landlord information/ rent amount. Will the youth be able to maintain current residence after emancipation (if within 90 days) or is there a plan in place for affordable housing at that time?*

<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.			
2.			
3.			

**Money Management/Financial Goal:**

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**Describe Youth's Current Status/Future Plans:** *If youth is living independently, are bills being paid in a timely manner? Is youth able to budget his/her money? What bank accounts do they currently have (checking and/or savings)? Review any outstanding bills the youth may have and develop a plan to meet financial responsibilities. For emancipating youth, review youth's budget to sustain identified living arrangement.*

<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.			
2.			
3.			

**Pregnant & Parenting Goal:**

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**Describe Youth's Current Status/Future Plans:** *Provide the name, DOB, and custody status of each child. Ensure that all Immunizations and medical records are up to date and determine if there are any childcare concerns. For youth's children who are under the custody/guardianship of DCFS, list the court expectations in terms of visitation (frequency, duration, location) and any other requirements to assist in reunification or maintenance of their relationship. Does the youth have a plan for family planning? Should there be or is there TPSN involvement? Has a home safety checklist been completed? As appropriate, address circumstances related to prenatal care and day care arrangements.*

	<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.				
2.				
3.				

**Clinical (Mental/Emotional Health, Substance Abuse, Domestic Violence, Etc) Goal:**

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**Describe Youth's Current Status/Future Plans:** *Brief review of mental/emotional health history. Current mental/emotional health issues, including use of any psych. meds? Brief review of past and present substance use/abuse. Review of what services are currently in place and what services will be needed in the future. Plan for meeting continued service needs. Review all progress reports from any service provider for applicable areas.*

<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.			
2.			
3.			
4.			

**Specialty Programming (MI, DD, JJ, SBP, etc) Goal:**

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***Where Applicable, Describe Youth's Current Status/Future Plans: Address sex offender status and describe any plans for supervision. Describe transition to adult services. Describe current treatment services in place/review all applicable reports. Review initial diagnosis at time of placement and any subsequent changes in diagnosis, note any hospitalizations since last review and if youth is prescribed any medications. If so, are they taking as prescribed? Does youth qualify for CILA placement and if so have all steps been taken with PAS referral?***

	<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.				
2.				
3.				
4.				

**Legal Goal:** \_\_\_\_\_

**Describe Youth's Current Status/Future Plans:** *Is the youth on probation/parole? Any outstanding warrants? Any pending criminal charges, orders of protection, court fines (total due and date)? Community service hours (total due and date)? Specify additional expectations related to any probation order or pending charges.*

*Additionally, note date of last DCFS court hearing and anticipated release date from guardianship of DCFS. If release prior to age 21, does youth understand what this means and that certain services/programs will then not be available to him/her?*

<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.			
2.			
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**Safety Issues/concerns Goal:**

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**Describe Youth's Current Status/Future Plans:** *Are there any current pending DCP reports or any behaviors which place youth in dangerous situations? If there are any safety or risk issues being addressed, explain. If necessary, is there a plan of supervision in place? Are there any parenting issues that place the youth's children at risk or in unsafe situations? Specify other concerns related to parenting/childcare.*

<u>Action Steps (for both youth and staff)</u>	<u>Person Responsible</u>	<u>Target Date</u>	<u>Achieved?</u>
1.			
2.			
3.			
4.			

**Describe Barriers to Successful Emancipation**

The caseworker shall assist the youth in obtaining or compiling documents needed for adulthood prior to closure of the youth's case. These documents include, but are not limited to:

- Social Security card;
- Driver's license and/or State-issued identification card. At 16 years of age, each youth should have a State of Illinois Identification Card or a driver's license;
- Medical records and documentation, including, but not limited to;
  - Health Passport;
  - Dental records;
  - Immunization records;
  - Name and contact information for all current medical, dental and mental health providers working with the youth, and clinics used;
  - Name and contact information for OBGYN, when applicable;
  - Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;
- Certified copy of birth certificate;
- Documents and information on the youth's religious background;

- Voter registration card;
- U.S. documentation of immigration, citizenship, or naturalization, if applicable;
- Death certificate(s) of parent(s), if parent(s) is deceased;
- Medicaid card or other health eligibility documentation;
- Life book or compilation of personal history and photographs;
- List of known relatives, with relationships, addresses, telephone numbers and other contact information, with the permission of the relative;
- List of placements while in care;
- Educational records, including list of schools attended, and transcript, high school diploma or high school equivalency certificate;
- Copy of Court Order for Case Closure;
- Resume; and
- List of community resources with self-referral information, including Medicaid, WIC, TANF, SSI and the Midwest Adoption Center for search and reunion services for former youth in care, whether or not they were adopted (phone: 847-298-9096; website: [info@macadopt.org](mailto:info@macadopt.org); email: [mac@macadopt.org](mailto:mac@macadopt.org)); and the Illinois Chapter of Foster Care Alumni of America (<https://fostercarealumni.org/illinois-chapter>).

By signing below, I commit to these goals and action steps.

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Youth date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Caseworker date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Supervisor date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Other date