

My Plan for Successful Adulthood

First Name:	Last Name:	Date of Birth:	Age:
FACTS Case Number:	Projected ROC:	Date Completed:	Gender:

Section 1: My Identifying Documents

Review for all youth ages 14 and older

*These important documents are critical for your transition to adulthood and are required for you to have before you leave care.
What documents do you have and what do you still need before you leave care?*

Vital Personal Documents	Current Document Status	Where is the document located?
Educational History: <i>Copies of transcripts, report cards, names and addresses of schools attended, etc.</i>	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Social Security Card issued by SSA	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Valid State-Issued License, Permit or Photo Identification	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
An Official or Certified Copy of Birth Certificate	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Immunization Records	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Medical History: <i>Including current medical treatment, current providers and medications</i>	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Copy of Medical and Genetic Information	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Social History: <i>Including release of allowable records from time in custody</i>	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Life Book	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	

The documents below are needed as youth attains age 18.

Copy of Consumer Credit Report	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Medicaid Card/Health Insurance information	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Tribal Enrollment Card/Tribal Documentation	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Voter Registration	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Selective Service Registration	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Citizenship/Immigration Documents	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Healthcare Proxy or Medical Power of Attorney	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
DCF Custody Verification Letter	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	

Do you have a safe place to keep your important documents when released from custody? ☐ Yes ☐ No

Per DCF Policy, copies of third party information may not be released without written permission from the originating source.

Steps my case manager and I need to take to obtain my identifying document(s):

1.

2.

3.

Section 2: Getting to Know You

Required for all youth ages 14 and older (Attach additional pages as needed.)

What I would like people to know about me:

Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.

What I would like people to know about my culture and things that are important to me:

What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?

My greatest strengths and talents are:

Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.

The top three things that I need most right now are:

I think that these things could change if:

When I am an adult, I want to be:

Some things that I would like to accomplish are: *(list short-term and long-term goals)*

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Section 3: Life Skills <i>Required for all youth ages 14 and older</i> <i>What skills have you already learned and what areas you would like to strengthen?</i>		
Specific Skill	Youth Assessment	Placement/Worker Assessment
Laundry (<i>washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.</i>):	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Grocery Shopping (<i>understanding sales/coupons, making healthy meal choices within a budget, buying ingredients for a recipe, etc.</i>):	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Cooking/M meal Preparation (<i>preparing meals with multiple ingredients, basics of cooking, kitchen safety, etc.</i>):	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Self-Care/Hygiene: (<i>bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, exercise, healthy stress management, etc.</i>)	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Communication Skills: (<i>making appointments for keeping a schedule, setting up an e-mail, and communicating in a professional manner</i>)	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:

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Healthy Living Environment: <i>(dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)</i>	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Money Management/Budgeting: <i>(saving money, budgeting for bills and groceries, understanding the pros and cons of student/car loans, credit cards, payday loans, etc.)</i>	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Accessing Community Resources/Public Transportation <i>(bus/taxi services; emergency resources for food, clothing, and shelter; crisis/emergency services, etc.)</i>	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Have you completed a Casey Life Skills Assessment (CLSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>(If yes, please attached most recent CLSA.)</i>		
Becoming an Adult		
My thoughts about becoming an adult are: 		
Some things I would like to learn before I become an adult are: 		
Placement/Worker Assessment- specific suggested areas of life skill development include: 		

Section 4: My Education Plan
Required for all youth ages 14 and older
Plans for your educational and career goals.

Current Student Status: **(Ages 14 and older)**

☐ Current or Most Recent School Attended: _____ ☐ Highest grade completed: _____

Vocational Supports: Do you have any of the following? (check below) (Ages 14 and older)

An Individualized Education Plan (IEP) ☐ Yes ☐ No ☐ Unsure
504 Plan ☐ Yes ☐ No ☐ Unsure
Visual/Hearing Impairment ☐ Yes ☐ No ☐ Unsure
Use of an Assistive Device for Learning ☐ Yes ☐ No ☐ Unsure
Other Disability ☐ Yes ☐ No ☐ Unsure

I intend to complete my (check below): (Ages 16 and older)

☐ HS diploma at (name of school): _____
☐ GED at (name of school):
Testing completed: ☐ Yes ☐ No
☐ Obtain a Vocational Certificate at (name of school): _____
☐ Post-secondary training/degree at (name of school): _____

Highest Level of Education Completed: (Ages 16 and older)

☐ # of Credits Earned _____ ☐ HS Diploma (name of school) _____
☐ GED ☐ College Credits ☐ Technical Training

If enrolled in high school or GED, I have:

☐ Completed ACT or SAT Entrance Exam
☐ Completed a Kansas Kids @ Gear Up Application
☐ Bought or Have Been Provided Materials/Books
☐ Paid Registration Fees

I would like more information about the following:

<input type="checkbox"/> A-OK Program	<input type="checkbox"/> Gear Up	<input type="checkbox"/> FAFSA Application	<input type="checkbox"/> Tuition Waiver
<input type="checkbox"/> Tutoring	<input type="checkbox"/> First-Aid/CPR	<input type="checkbox"/> IEP/504 Plan	<input type="checkbox"/> Scholarships
<input type="checkbox"/> Choosing my Classes	<input type="checkbox"/> Dual Credit Classes	<input type="checkbox"/> Credit Recovery	<input type="checkbox"/> Bullying/Anti-Bullying
<input type="checkbox"/> Feeling Alone on Campus	<input type="checkbox"/> Sports/School Activities	<input type="checkbox"/> Military Education	<input type="checkbox"/> Educational Counseling
<input type="checkbox"/> Help with Choosing Electives (High School Level)	<input type="checkbox"/> Vocational Rehabilitation (VR)	<input type="checkbox"/> Understanding Student Loans and Financial Aid	<input type="checkbox"/> Pre-Employment Transition Services (Pre-ETS)
<input type="checkbox"/> Contacting My School Counselor	<input type="checkbox"/> Test Preparation (ACT/SAT)	<input type="checkbox"/> College Campus Tours	<input type="checkbox"/> Upward Bound
<input type="checkbox"/> Applying for an Education Program	<input type="checkbox"/> Senate Bill 23 (Graduation requirements for youth experiencing foster care) (KS Statute #38-2285)	<input type="checkbox"/> Obtaining Education with a Disability (Federal WIOA H.R 803 Section 422)	<input type="checkbox"/> Other:

What I need to do to achieve my education goal(s) and what supports I have identified are needed to accomplish this:
(Enroll, submit FAFSA application, talk to an advisor, scholarships, meet with school counselor, pick my elective classes, etc.)

Section 5: Youth Advocacy <i>Required for all youth ages 14 and older</i> <i>Kansas is proud to have councils that support youth who have experienced foster care, to ensure that youth's voices are heard for advocacy and to promote change within the child welfare system.</i> <u>"Nothing About Us, Without Us!"</u>	
Kansas Youth Advisory Council & Regional Youth Advisory Council: (check below)	
I have been to a Regional Youth Advisory Council (RYAC) event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
I have been to Kansas Youth Advisory Council (KYAC) event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
I am interested in KYAC and /or RYAC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
I would need help getting rides to KYAC and/or RYAC meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Section 6: My Connections Plan <i>Required for all youth ages 14 and older</i>	
Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health? Who could you call for general/everyday support when you need it?	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mentor Supports:	
I would like help finding a supportive adult/mentor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I already have a mentor	
Would you or this mentor be interested in participating in YouThrive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<i>If you already have a mentor, please list their name and contact information:</i>	

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Section 7: My Health/Well-Being <i>Required for all youth ages 15 and older</i> <i>Taking care of yourself is important. Without health insurance, you could end up with large bills for having to see a doctor.</i>		
My Medicaid or other health insurance provider is: (check below)		
<input type="checkbox"/> United <input type="checkbox"/> Sunflower <input type="checkbox"/> Aetna <input type="checkbox"/> Other:		
My Primary Care Doctor is:	Phone:	
My OB/GYN Doctor is:	Phone:	
My Eye Doctor is:	Phone:	
My Mental Health Provider is:	Phone:	
My Preferred Pharmacy is:	Phone:	
My Dentist is:	Phone:	
My Other Provider is:	Phone:	
My Other Provider is:	Phone:	
I know how to: (check below)		
<input type="checkbox"/> Schedule Appointments <input type="checkbox"/> Fill Prescriptions <input type="checkbox"/> Take Medications as Prescribed <input type="checkbox"/> Obtain/Use Birth Control <input type="checkbox"/> Ask for Help <input type="checkbox"/> Other:		
I take the following medications: (list all medications and the reason they are prescribed): or <input type="checkbox"/> I am not taking medications		
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Do you understand the short-term and/or long-term effects of the medications you are taking? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you plan to continue taking your prescribed medications after being released from custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If No, please work with your case manager to set up an appointment for medical guidance from a professional.</i>		
Are you receiving any HCBS waiver services or supports from a Community Developmental Disability Organization (CDDO)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," list service provider(s) names and contact information:		

I would like more information on: (check below)		
<input type="checkbox"/> Changing Doctors	<input type="checkbox"/> Communicating with my Doctors	<input type="checkbox"/> Sobriety Support
<input type="checkbox"/> Scheduling Appointments	<input type="checkbox"/> Applying for Medical Insurance	<input type="checkbox"/> LGBTQI Supports
<input type="checkbox"/> Filling Prescriptions	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Taking Medications as Prescribed	<input type="checkbox"/> Mental/Emotional Health	<input type="checkbox"/> Domestic Violence Resources
<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Abstinence/Sexual Health	<input type="checkbox"/> Renewing Health Insurance
<input type="checkbox"/> Obtaining/Using Birth Control	<input type="checkbox"/> Tobacco Use/Quitting	<input type="checkbox"/> Weight Management
<input type="checkbox"/> Healthy Habits	<input type="checkbox"/> Connecting to Community Resources	<input type="checkbox"/> Other:

Section 8: My Employment/Financial Plan <i>Required for all youth ages 16 and older</i>		
My Current Employment Status (Check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteering <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Active Job Search <input type="checkbox"/> Unable to Work <input type="checkbox"/> Internship/Work Study <input type="checkbox"/> No Work History		
I would like more information about the following topics:		
<input type="checkbox"/> Job/Career Fairs	<input type="checkbox"/> Opening a Checking/Savings Account	<input type="checkbox"/> Understanding My Credit
<input type="checkbox"/> Interviewing (<i>dress for success</i>)	<input type="checkbox"/> Completing Job Applications	<input type="checkbox"/> Saving Money for My Future
<input type="checkbox"/> Finding a Job with Criminal History	<input type="checkbox"/> Creating a Resume/Cover Letter	<input type="checkbox"/> Understanding Taxes and W-2s
<input type="checkbox"/> Vocational Rehabilitation (<i>VR</i>)	<input type="checkbox"/> Finding a Job	<input type="checkbox"/> Job Corp
<input type="checkbox"/> Jobs for America's Graduates-Kansas (<i>JAG-K</i>)	<input type="checkbox"/> Pre-Employment Transition Services (<i>Pre-ETS</i>)	<input type="checkbox"/> Joining the Military (<i>Army, Air Force, Navy, Marines, Reserves</i>)
<input type="checkbox"/> Credit Recovery Programs	<input type="checkbox"/> Online Banking/Bill Pay	<input type="checkbox"/> Job Shadowing
<input type="checkbox"/> Applying for/Understanding Social Security Benefits (<i>SSI/SSDI</i>)	<input type="checkbox"/> Obtaining Employment with a Disability	<input type="checkbox"/> Other:
Have you completed a career assessment such as ONET, My Next Move, OneStop, or another tool? (check below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If yes, when?</i> What were the results? Would you like to complete a career assessment, to see what jobs might interest you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
What are some jobs or careers that interest you? 		
Financial Awareness:		
Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who has access to your account(s)? _____ Would you like to open a checking/savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No Who can help you set up a banking account? _____ Do you understand fees that are associated with a bank and/or debit card? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any credit cards or loans? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you interested in financial literacy classes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have \$_____ saved. My goal is to save \$_____ per _____ (week/month) for _____ Where will you get the money from for your savings? _____ Who will have access to the money that you are saving? _____		

The estimated cost of my housing plan is: \$ _____ per ☐month ☐semester ☐year (*check one*)

Where will you get the money to pay for your housing? _____

Who will have access to your money to pay bills? _____

Some things that I need to learn regarding money before I become an adult are:

Section 9: My Transportation Plan
Required for all youth ages 16 and older

I currently have the following transportation available to me (*check all that apply*):

☐Family/Friends ☐Placement/Caseworker ☐I have my own car ☐I borrow a car
☐Paid Ride Service/Taxi ☐Bike ☐Walk ☐Bus ☐Other:

I need transportation to: (*check all that apply*)

☐School ☐Employment ☐Recreation ☐Appointments ☐Complete My Restricted License ☐Other:

If you own a vehicle:

Who is it registered to? (*list all names on registration*)

When do the tags expire?

Insurance company name:

Insurance policy number:

Drivers listed on the policy:

When does the insurance expire?

When does your driver's license expire, *if applicable*?

My understanding of car repair/upkeep is: (*oil change, gas, regular maintenance, etc.*)

I know how to keep my car in working order by: (*change a tire, pick the correct gas, change my oil etc.*)

I would like to learn how to perform regular car upkeep/repair: ☐Yes ☐No ☐Unsure

My Legal Driving Status: Youth ages 16 and older

I currently have a: ☐Valid Driver's License ☐Valid Restricted Driving Permit ☐Valid Learning Permit
☐Expired License/Permit ☐No Permit/License ☐Suspended License ☐Other:

I am interested in getting my: ☐Driver's License ☐Restricted Driving Permit ☐Learning Permit
☐Taking Drivers Education ☐Completing Driving Hours ☐Practicing the Permit Test ☐Other:

What I see as a barrier to me obtaining my license is:

Section 10: My Housing Plan <i>Required for all youth ages 17 and older</i>			
Where I currently live:			
<input type="checkbox"/> Foster Home <input type="checkbox"/> Relative <input type="checkbox"/> Non-Relative <input type="checkbox"/> Group Facility <input type="checkbox"/> Shelter <input type="checkbox"/> Detention <input type="checkbox"/> Secure Care <input type="checkbox"/> Other:			
My options for housing, once I am released are: (select all that apply)			
<input type="checkbox"/> Apartment/House <i>If so, are you on the lease?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group Home	<input type="checkbox"/> Military Housing	<input type="checkbox"/> College Dorm
<input type="checkbox"/> Supportive Adult	<input type="checkbox"/> Friend/Non-Relative	<input type="checkbox"/> Current Placement	<input type="checkbox"/> Relative
<input type="checkbox"/> Not Ready to Think About Housing Right Now	<input type="checkbox"/> Sober Living/Halfway House	<input type="checkbox"/> Unsure of Where I Will Live	<input type="checkbox"/> Residential Community Setting
<input type="checkbox"/> Homeless/Couch Surfing	<input type="checkbox"/> No stable housing	<input type="checkbox"/> Homeless Shelter/Streets	<input type="checkbox"/> Domestic Violence Shelter
If a stable housing plan is not in place, identify steps to take to help access housing supports to ensure your safety:			
I have completed the following to develop my housing plan:			
<input type="checkbox"/> Looked into housing rental ads	<input type="checkbox"/> Secured a co-signer, if needed	<input type="checkbox"/> Contacted specific housing	
<input type="checkbox"/> Developed solid plans with potential roommates/family members	<input type="checkbox"/> I have budgeted and am able to pay my monthly expenses	<input type="checkbox"/> In person apt/house hunting	
<input type="checkbox"/> Applied for affordable housing <i>(Section 8, HUD or income-based housing)</i>	<input type="checkbox"/> Secured deposits, if needed	<input type="checkbox"/> Other:	
I understand which utilities I will be responsible for and about how much they will cost me each month. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure What utilities will you have to pay each month? _____			
What resources do you plan to use if you don't have enough money to pay rent/bills?			
I would like more information regarding:			
<input type="checkbox"/> Locating Housing <input type="checkbox"/> Applying/Budgeting for Housing <input type="checkbox"/> Signing a Lease <input type="checkbox"/> Affordable Housing <input type="checkbox"/> Utility Deposits/Costs <input type="checkbox"/> Other:			
Who I plan to live with: (name, relationship and address, if applicable)			

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This Section to be Completed by Case Worker:

Summarize progress made since last transition plan meeting (required).

List any concerns that you have regarding the youth's plan to transition into adulthood.

Each entry shall include the name of the staff member completing the update and the date.

Transition Plan for Successful Adulthood: Participant Signatures & Date of Completion		
Youth feedback: (comments)	Concerns about your plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed concerns with team? <input type="checkbox"/> Yes <input type="checkbox"/> No
Youth Signature/Date:		
Case Manager feedback: (comments)	Concerns about youth's plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed concerns with team? <input type="checkbox"/> Yes <input type="checkbox"/> No
Case Manager Signature/Date:		
DCF IL Coordinator feedback: (comments)	Concerns about youth's plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed concerns with youth? <input type="checkbox"/> Yes <input type="checkbox"/> No
DCF IL Coordinator Signature/Date:		
Supportive Adult feedback: (comments)	Concerns about youth's plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed concerns with youth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Youth-Selected Supportive Adult Signature/Date:		
Supportive Adult feedback: (comments)	Concerns about youth's plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed concerns with youth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Youth-Selected Supportive Adult Signature/Date:		
X		
Other Attendee Signature		Date
X		
Other Attendee Signature		Date
X		
Other Attendee Signature		Date

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Section 11: Exit Plan

This section must be completed within 90 days prior to release from custody. If the exit plan is unable to be completed within 90 days prior to release of custody due to extenuating circumstances and exception has been granted per PPM 0100 the exit plan shall be completed as soon as possible and no later than 45 days after release from custody.

**This plan is to be completed with the
Youth, Case Manager and DCF Independent Living Coordinator.**

Revisions must be made to ensure the youth's transition plan reflects accurate post-release information.
Federal requirements are listed below and shall be addressed and finalized prior to release from custody.

After release, my contact information will be as follows: (Please fill in the information below.)

Address:

Email:

Phone:

Social Media:

If this plan falls through, the address for my back up plan is: (Please fill in the information below.)

Address:

Phone:

Alternate Email or Name of Social Media Contact who will know where you can be located:

Do you have any children? ☐ Yes ☐ No If yes, how many?

Are you currently expecting a child? ☐ Yes ☐ No If yes, how many?

If you have children or are expecting a child, what services are you receiving to assist you and your children? (list below)

Check the box(s) for documents you have in your possession:

- | | | |
|---|---|--|
| <input type="checkbox"/> State Photo Identification | <input type="checkbox"/> Medical Card | <input type="checkbox"/> Citizenship/Immigration Documents |
| <input type="checkbox"/> Life book | <input type="checkbox"/> Social Security Card (<i>not a copy</i>) | <input type="checkbox"/> Driver's License (<i>currently valid</i>) |
| <input type="checkbox"/> Copy of Immunization Records | <input type="checkbox"/> Educational Records | <input type="checkbox"/> Diploma/GED |
| <input type="checkbox"/> Letter Verifying Custody | <input type="checkbox"/> Medical Power of Attorney, if requested | |
| <input type="checkbox"/> Copy of the PPS 5340 Medical and Genetic Information for Child | | |
| <input type="checkbox"/> Original or Certified Copy of Birth Certificate | | |

If planning to finish your high school diploma or GED, have you enrolled in classes? ☐ Yes ☐ No ☐ N/A

If planning to attend college or other training program, have you enrolled in classes? ☐ Yes ☐ No ☐ N/A

If planning to work, are you employed? ☐ Yes ☐ No ☐ N/A

If employed, what is your employer's name and address?

List the name, address, and phone number of up to five people who would know how to contact you after release from the Secretary's custody:

(By providing emergency contact information, I agree to allow DCF to contact these individuals in efforts to locate me. I understand that DCF will not release any information about my case to these contacts.)

Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:

National Youth in Transition Database (NYTD):

(Final Rule: Section 477 of the Social Security Act)

The National Youth in Transition Database (NYTD) helps Kansas measure success in preparing youth for the transition from foster care to adult living by surveying youth at 17, 19, & 21 years of age.

You may be contacted at age 19 and 21 and asked to complete a survey by DCF Independent Living staff.

If you have any NYTD questions, please email: KS.NYTD@dcf.ks.gov

Medical Power of Attorney/Living Will: (Federal Reg. 475(1) F)

It is important that you choose a trusted adult, in case there is an emergency and you become unable to make medical decisions for yourself. Having a Medical Power of Attorney will protect you in emergency situations. This adult would make decisions for you only if you were seriously injured, critically ill, or became unable to speak regarding medical treatment. If you do not have a formal Medical Power of Attorney, then you risk having someone that you may not trust making these decisions for you.

When you select a trusted adult for this document, we can help you obtain the needed document.

Have you selected a trusted adult to make important decisions regarding emergency medical treatment? ☐ Yes ☐ No

Do you have documentation for your selected Medical Power of Attorney? ☐ Yes ☐ No ☐ Unsure

The person who I would like to list as my "Health Care Power of Attorney" is:

Name:	Phone:	Email:
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My Plan for Successful Adulthood

What services/supports are you interested in receiving from DCF, if eligible? Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aged Out Medical Card | <input type="checkbox"/> Life Skills | <input type="checkbox"/> Independent Living Subsidy |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Case Management | <input type="checkbox"/> Tuition Waiver |
| <input type="checkbox"/> Access to Medical Services | <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Accessing Mental Health | <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Start Up Assistance |
| <input type="checkbox"/> Childcare Assistance | <input type="checkbox"/> Other | <input type="checkbox"/> Pre-ETS/Voc. Rehab Services |
| <input type="checkbox"/> YouThrive Program Referral | <input type="checkbox"/> Crisis Care Information (<i>specific to the community that I plan to live in</i>) | |
| <input type="checkbox"/> Completion of Secondary Education (<i>High School Diploma or GED</i>) | | |

DCF Independent Living Coordinator Contact Information:

Name: _____ Office Location: _____

Phone: _____ Email: _____

Regional Group Email: _____

Exit Plan Participant Signatures & Date of Completion:

Youth's Signature _____ **Date** _____

Case Manager's Signature _____ **Date** _____

DCF IL Coordinator or Designee's Signature _____ **Date** _____

Send the Final PPS 3059 My Plan for Successful Adulthood forms along with the completed Exit Plan (*Section 11*) to the DCF Independent Living regional email for the region where the youth will be located or has requested services. All provider referrals shall have copies of the following attached as applicable: copies of the youth's identifying documents, PPS 3050 series, confirmation the youth has been assisted with applying for Aged Out Medical (*if eligible*), and the last completed Casey Life Skills Assessment (CLSA).