

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>	<b>FACTS Case Number:</b>
<b>Gender:</b>	<b>Projected ROC:</b>	<b>Date Completed:</b>	<b>Age:</b>

**Section 1: My Identifying Documents**

<b>Personal Documents</b>	<b>Status- Check Applicable Box</b>	<b>Location -Specify Where &amp; Who Has the Document</b>
Certified Copy of Birth Certificate	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Social Security Card	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Valid State Photo Identification or Driver's License	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Citizenship / Immigration Documents, if applicable	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Immunization Records	<input type="checkbox"/> Have <input type="checkbox"/> Requested <input type="checkbox"/> Don't have	
Copy of the PPS 5340 Medical and Genetic Information for Child	<input type="checkbox"/> Have <input type="checkbox"/> Requested <input type="checkbox"/> Don't have	
Medical History	<input type="checkbox"/> Have <input type="checkbox"/> Requested <input type="checkbox"/> Don't have	
Medical Power of Attorney, at the youth's discretion	<input type="checkbox"/> Have <input type="checkbox"/> Requested <input type="checkbox"/> Don't have	
Medicaid Card	<input type="checkbox"/> Have <input type="checkbox"/> Requested <input type="checkbox"/> Don't have	
Life Book	<input type="checkbox"/> Have <input type="checkbox"/> Requested <input type="checkbox"/> Don't have	
Voter Registration	<input type="checkbox"/> Have <input type="checkbox"/> Registered <input type="checkbox"/> Don't have	
Selective Service Registration, if applicable	<input type="checkbox"/> Have <input type="checkbox"/> Registered <input type="checkbox"/> Don't have	
Education Records	<input type="checkbox"/> Have <input type="checkbox"/> Requested <input type="checkbox"/> Don't have	
Tribal Enrollment Membership Card	<input type="checkbox"/> Have <input type="checkbox"/> Requested <input type="checkbox"/> NA	
Certification of Degree of Indian or Alaska Native Blood (CDIB) Card	<input type="checkbox"/> Have <input type="checkbox"/> Requested <input type="checkbox"/> NA	

**Do you have a safe place to keep all these documents when released from custody?** Yes No Needed

*These identifying documents (listed above) are essential for living successfully as an adult. Many of these documents can take at minimum three months to obtain. A copy of your; birth certificate, social security card, and photo identification aren't sufficient! Leaving care without identifying documents will cause undue hardship in obtaining employment, signing a lease, applying for financial aid, opening a bank account, etc.*

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Section 2: My Education Plan**

*Outline specific plans here. For example, which educational institution you plan to attend such as Topeka High School (THS), Johnson County Community College (JCCC), or Kansas State University (KSU).*

**My highest level of education completed:**

- Grade \_\_\_\_\_  GED  HS Diploma  College Credits  
 Technical Training  Advanced Placement Course(s)  Other \_\_\_\_\_

**I intend to complete my:**

- HS diploma at \_\_\_\_\_ HS Credits Completed: \_\_\_\_\_  
 GED at \_\_\_\_\_ Practice Testing Completed:  Yes  No  Needed  
 Technical training at \_\_\_\_\_  Associates degree at \_\_\_\_\_  
 Bachelor's degree at \_\_\_\_\_  Other \_\_\_\_\_

**If enrolled in high school or GED I have completed:**

- Application to the School / Program  Paid Registration Fees  Kansas Kids @Gear Up Application  
 Bought or Have Been Provided Materials / Books  ACT or SAT Entrance Exam  
 Placement Testing  Other \_\_\_\_\_

**If enrolled in college or technical training I have completed:**

- Application to the School / Program  Paid Registration Fees  Tuition Waiver  
 At Least 3 Scholarships  Required Placement Tests  FAFSA Application  
 Applied for a Tutor (if needed)  Placement Testing  Campus Orientation  
 Other \_\_\_\_\_

**Services I would benefit from:**

- ACT / SAT Test Preparation  Campus Orientation  Educational Counseling  
 Individualized Education Plan  Tutoring  Credit Recovery Program  
 504 plan  Placement Testing  Vocational Rehabilitation Referral  
 iGrad Referral  Other \_\_\_\_\_

**I would like more information on:**

- Applying to a School or Program  Registration Fees  Tuition Waiver  
 Scholarships  ACT or SAT Entrance Exam  Campus Tour  
 FAFSA Application  Tutoring  Job Corp  
 Upward Bound  iGrad Referral  Credit Recovery Programs  
 Senate Bill 23: 21 credit option for HS graduation- (KSDE Website - Kansas State Statute #38-2285)  
 Jobs for America's Graduates (JAG)- Kansas  
 Other \_\_\_\_\_

**My goal for completing my education is:**

*I understand that sometimes, despite good planning, things do not always work out the way we expect. In order to prevent being in a situation without an educational plan, I have developed or at least considered a back-up plan.*

**My back-up plan is:**

**Steps I need to take to achieve my educational goal(s):** (Enroll, Apply for FAFSA Application, Scholarships, Etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Section 3: My Housing Plan

*Calculate the cost for housing. Document the housing resources that you are aware of or have been referred. Identify anyone willing to be a co-signer or have discussions about what that means. Identify a back-up plan.*

**Where I currently live:**

- Foster Home       Family       Kinship       Group Facility       Shelter  
 Other \_\_\_\_\_

**Where I plan to live upon release:**

- Apartment       Family       Friend / Kinship       Dormitory  
 House       Shelter       Group Home       Current Placement  
 Other \_\_\_\_\_

**I have completed the following to develop my housing plan:**

- Reviewed a Newspaper / Online Housing Ads       Toured Housing Options  
 Secured a Cosigner, If Needed       Completed Applications  
 Contacted Apartment Complexes / Landlords       Secured Deposits, If Needed  
 Developed Solid Plans with Potential Roommates / Family Members  
 Ensured My Budget Accommodates My Housing Costs  
 Contact Local Utility Companies to Find Out How Much of a Deposit is Required and the Average Cost of Utilities For My Housing Plan (*involves checking with potential- gas, electric, water, sewer & propane businesses*)  
 Other \_\_\_\_\_

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

**I would like more information regarding:**

- Locating Housing       Applying for Housing       Signing a Lease  
 Deposits       Budgeting for Housing       Utility Deposits / Costs  
 Other \_\_\_\_\_

**My goal for housing is:**

**Who I plan to live with (name, relationship, and address, if applicable):**

*I understand that sometimes, despite good planning, things do not always work out the way we expect. In order to prevent being in a situation without housing, I have developed or at least considered a back-up plan.*

**My back-up plan is:**

**Steps I need to take now:** (Look for housing, apply for dorms, learn what to look for in a lease etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Section 4: My Employment / Financial Plan**

*Employment / income is an important part of becoming self-sufficient. It's vital to have an understanding of how to create a resume, cover letter, apply for a job, interview, etc. Discuss the type of employment / income you currently have, the type of employment you would like to achieve, and the skills you currently possess.*

**I am currently:**

- |  |                                      |  |   |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Working Full Time | <input type="checkbox"/> Not Working | <input type="checkbox"/> Volunteering  | <input type="checkbox"/> Receiving SSI / SSDI |
| <input type="checkbox"/> Working Part Time | <input type="checkbox"/> Interning   | <input type="checkbox"/> Job Shadowing | <input type="checkbox"/> Other _____          |

**Name of employer if working, volunteering or interning:** \_\_\_\_\_

**I know how to complete:**

- |                                       |                                       |                                    |  |
|---------------------------------------|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Resume       | <input type="checkbox"/> Cover Letter | <input type="checkbox"/> Interview | <input type="checkbox"/> Job Application |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other _____  |                                    |  |

**I currently have:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Completed Budget | <input type="checkbox"/> Checking Account         | <input type="checkbox"/> Information on Filing Taxes |
| <input type="checkbox"/> Savings Account  | <input type="checkbox"/> Credit Check or Know How | <input type="checkbox"/> Other _____                 |

**I would like more information on:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Opening a Checking Account                                       | <input type="checkbox"/> Opening a Savings Account          | <input type="checkbox"/> Budgeting                   |
| <input type="checkbox"/> Searching for a Job  | <input type="checkbox"/> Applying for Job(s) Online         | <input type="checkbox"/> Completing Job Applications |
| <input type="checkbox"/> Creating a Cover Letter  | <input type="checkbox"/> Creating a Resume                  | <input type="checkbox"/> Interviewing for a Job      |
| <input type="checkbox"/> Job Shadowing  | <input type="checkbox"/> Volunteering                       | <input type="checkbox"/> Creating an Email Account   |
| <input type="checkbox"/> Joining the Military   | <input type="checkbox"/> Filing Taxes                       | <input type="checkbox"/> Checking My Credit          |
| <input type="checkbox"/> Understanding My Credit Report                                   | <input type="checkbox"/> Vocational Rehabilitation Referral |  |
| <input type="checkbox"/> Accessing the Local Workforce Center's Youth Employment Programs |   |  |
| <input type="checkbox"/> Applying for or Navigating Social Security Benefits- SSI or SSDI |   |  |
| <input type="checkbox"/> Working Healthy, if Receiving SSDI                               |   |  |
| <input type="checkbox"/> Other _____  |   |  |

**My employment goal is to:** (Check the corresponding boxes below.)

- |   |  |   |                                     |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Work Full Time | <input type="checkbox"/> Work Part Time    | <input type="checkbox"/> Obtain an Internship | <input type="checkbox"/> Job Shadow |
| <input type="checkbox"/> Volunteer      | <input type="checkbox"/> Join the Military | <input type="checkbox"/> Other _____          |                                     |

*I understand that sometimes, despite good planning, things do not always work out the way we expect. In order to prevent being in a situation without employment / income, I have developed or at least considered a back-up plan.*

**My back-up plan is:**

**Steps I need to take now:** (Learn how to draft a resume, cover letter, apply for jobs, practice interviewing, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Section 5: My Health Plan**

*Having adequate medical coverage is important. Without health insurance you could get stuck with a large medical bill; if you're ever hospitalized due to an accident, illness, or unexpected medical condition. Medical coverage can help cover a portion of the cost for medications you may need.*

**My current managed care organization (MCO) is:**

- United                       Sunflower                       Amerigroup                       Other \_\_\_\_\_

**My primary care physician is:** \_\_\_\_\_ Phone number: \_\_\_\_\_

**My OB/GYN provider is:** \_\_\_\_\_ Phone number: \_\_\_\_\_

**My vision care provider is:** \_\_\_\_\_ Phone number: \_\_\_\_\_

**My dentist is:** \_\_\_\_\_ Phone number: \_\_\_\_\_

**My mental health care provider is:** \_\_\_\_\_ Phone number: \_\_\_\_\_

**I have explored other providers, if I plan to move to another area, or wish to change providers?**

- Yes                       No                       NA                       Need Help Planning

*To maintain good health it's important that you know how to meet all of your health needs. This includes; scheduling your appointments, filling prescriptions, and taking them exactly as prescribed.*

**I know how to:**

- Schedule Appointments                       Fill Prescriptions                       Take Medications as Prescribed  
 Obtain / Use Birth Control                       Ask for Help When Needed                       Other \_\_\_\_\_

**I take the following medications (list all medications and the reason they are prescribed):**

Medication:	Reason:	When / How to take:

Do you plan to continue taking your prescribed medications after being released from custody?  Yes  No

**If No, please work with your case manager to set up an appointment for medical guidance from a professional.**

**I would like more information on:**

- Applying for Medical Insurance                       Scheduling Appointments                       Taking Medications as Prescribed  
 Obtaining / Using Birth Control                       Filling Prescriptions                       Changing Providers  
 Family Planning                       Abstinence / Sexual Health                       Physical Health  
 Healthy Relationships                       Communicating With My Doctor(s)  
 Mental / Emotional Health                       Other \_\_\_\_\_

**My health goal is to:**

**Steps I need to take now:** (Gather contact info for doctors, start scheduling appointments with assistance, learn where the pharmacy is / assist in picking up prescriptions, learn when to take medication as prescribed, learn how to apply for aged out medical, if eligible or other insurance.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Section 6: My Transportation Plan**

*Having adequate transportation is an important part of making sure you are able to make it to school, work, grocery shopping, and other appointments.*

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

- Walk       Bicycle       Bus       Rides       Car       Other \_\_\_\_\_

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

- School       Employment       Recreation       Errands       Appointments  
 Complete My Restricted License       Other \_\_\_\_\_

**I currently have:**

- None       Bus Pass       Completed Drivers Education  
 Permit       Restricted License       Driver's License  
 Other \_\_\_\_\_

**If you own a vehicle:**

Who is it registered to: \_\_\_\_\_  
When do the tags expire: \_\_\_\_\_  
Insurance company name: \_\_\_\_\_  
Insurance policy number: \_\_\_\_\_  
Driver's allowed on the policy: \_\_\_\_\_  
When does the insurance expire: \_\_\_\_\_  
When does your driver's license expire, if applicable: \_\_\_\_\_  
Financial Plan for covering transportation cost: *(Gas, insurance, car payments, etc.)* \_\_\_\_\_

**My transportation goal is to:**

*I understand that sometimes, despite good planning, things do not always work out the way we expect. In order to prevent being in a situation without transportation, I have developed or at least considered a back-up plan.*

**My back-up plan is:**

**Steps I need to take now:** *(Obtain a bus pass, bicycle, taking driver's education, obtaining a permit or license, etc.)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<b>Section 7: My Connections for Success</b>	
<i>In order to be successful it is important to develop meaningful relationships with adults you trust. It's also important to know the resources available in the community in which you are living. List an adult or community resource you know you could reach out to if you have questions in each of the following areas. An individual shall be listed for help with overall / everyday living. If an individual or community resource can't be identified for each of the following areas the case manager shall note how development of connections will be addressed.</i>	
<b>If I needed help with something overall / everyday living related I could reach out to (required to be an individual):</b>	
Name:	Phone Number: Email:
<b>If I needed help with something housing related I could reach out to:</b>	
Name:	Phone Number: Email:
<b>If I needed help with something employment related I could reach out to:</b>	
Name:	Phone Number: Email:
<b>If I needed help with transportation I could reach out to:</b>	
Name:	Phone Number: Email:
<b>If I needed help financially I could reach out to:</b>	
Name:	Phone Number: Email:
<b>If I needed help with school I could reach out to:</b>	
Name:	Phone Number: Email:
Are you interested in having a mentor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already have a mentor If you already have a mentor, please list their name and contact information below:	
Name:	Phone Number: Email:
<b>Kansas Youth Advisory Council &amp; Regional Youth Advisory Council Participation:</b>	
Have you participated in the Regional Youth Advisory Council (RYAC) before? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you participated in the Kansas Youth Advisory Council (KYAC) before? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you interested in participating in the KYAC and /or RYAC? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like more information about KYAC and / or RYAC? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you need help with transportation to KYAC and/or RYAC meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>My connections for success goal is to:</b>	
<b>Steps I need to take now:</b> (Identify a supportive adult willing to guide you with transportation or emotional wellness, etc.)	
1. _____	
2. _____	
3. _____	

**Summarize progress for Sections 1 - 7, since the last transition plan / update (required). Each entry shall have the date, name of the staff member completing the update and corresponding section denoted. The summary shall be continued with each update, leaving the most recent entry at the top.**

NA- Initial Plan

**Transition Plan for Successful Adulthood: Participant Signatures & Date of Completion**

**Youth's Signature**

**Date**

**Case Manager's Signature**

**Date**

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

**Date**

**Other Participant**

**Date**

**Other Participant**

**Date**



<b>Section 8: Exit Interview</b>		
<i>To be completed at the time of release from custody in conjunction with the Youth, Case Manager &amp; DCF Independent Living Coordinator.</i>		
<b>After release my contact information will be as follows:</b> (Please fill in the below information.)		
Address: _____		
Email: _____		
Phone: _____		
<b>If this falls through the address for my back up plan is:</b> (Please fill in the below information.)		
Address: _____		
Phone: _____		
Alternate Email or Name of Social Media Contact who will know where you can be located: _____		
Do you currently have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how many? _____		
Are you currently expecting a child? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when? _____		
If you have children or are expecting, what services are you currently receiving to assist you and your child(ren)? _____		
<b>Check the box(s) for documents you have been provided:</b>		
<input type="checkbox"/> State Photo Identification	<input type="checkbox"/> Medical Card	<input type="checkbox"/> Citizen / 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 Immunizations	<input type="checkbox"/> Educational Records	
<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"/> Certified Copy of Birth Certificate		
If planning to finish your high school diploma or GED, have you enrolled in classes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
If planning to attend college or other training program, have you enrolled in classes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
If planning to work, are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
If employed, what is your employer's name and address? _____		
<b>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:</b>		
<b>Name:</b>	<b>Phone number:</b>	<b>Address:</b>
<b>Name:</b>	<b>Phone number:</b>	<b>Address:</b>
<b>Name:</b>	<b>Phone number:</b>	<b>Address:</b>
<b>Name:</b>	<b>Phone number:</b>	<b>Address:</b>
<b>Name:</b>	<b>Phone number:</b>	<b>Address:</b>
<b>National Youth in Transition Database (NYTD):</b>		
The National Youth in Transition Database (NYTD) helps Kansas measure success in preparing youth for transition from foster care to adult living by surveying youth at 17, 19, & 21 years of age.		
<b>You may be contacted at age 19 and 21 and asked to complete a survey by DCF Independent Living staff.</b>		
If you have any NYTD questions please email: <a href="mailto:KS.NYTD@dcf.ks.gov">KS.NYTD@dcf.ks.gov</a>		

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"/> Employment Services	<input type="checkbox"/> Case Management
<input type="checkbox"/> Start Up Assistance	<input type="checkbox"/> Post-Secondary Education and/or Training
<input type="checkbox"/> Community Resource Information	<input type="checkbox"/> Independent Living Subsidy
<input type="checkbox"/> Crisis Care Information ( <i>specific to the community that I plan to live</i> )	<input type="checkbox"/> Tuition Waiver
<input type="checkbox"/> Completion of Secondary Education ( <i>High School Diploma or GED</i> )	
<input type="checkbox"/> Other _____	
<b>DCF Independent Living Coordinator Contact Information:</b>	
<b>Name:</b>	<b>Office Location:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Regional Group Email :</b>	
<b>Exit Interview: Participant Signatures &amp; Date of Completion</b>	
<b>Youth's Signature</b>	<b>Date</b>
<b>Case Manager's Signature</b>	<b>Date</b>
<b>DCF IL Coordinator or Designee's Signature</b>	<b>Date</b>
<p>Send the Final <b>PPS 3059 Transition Plan for Successful Adulthood with the Exit Interview (Section 8)</b> completed to the Independent Living Coordinator 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).</p>	

