

My Plan for Successful Adulthood

First Name:	Last Name:	Date of Birth:	Age:
FACTS Case Number:	Projected Release from Custody (ROC):	Date Completed:	
<i>This plan shall be collaboratively created by the youth or young adult, the case management team, and supportive adults in the youth or young adult's life. Supportive adults may include parents, birth family, foster parents, residential caregivers, kinship connections, mentors or other adults identified by the youth or young adult and case management team.</i> <i>Creation of a plan for successful adulthood is based on steps needed to achieve the youth or young adult's future goals and plans.</i>			
Section 1: Getting to Know Me <i>Required for all youth ages 14 and older, attach additional pages or expand sections as needed.</i>			
What I would like people to know about me: <i>Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.</i>			
What I would like people to know about my background and things that are important to me: <i>What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?</i>			
My greatest strengths and talents are: <i>Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.</i>			
The top three things that I need most right now are: <i>What help/support do I need right now?</i> <i>Examples: clothing, visits, medical/mental health appointments, contacting my Guardian Ad Litem (GAL) etc.</i> 1. 2. 3.			

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Section 2: My Support Network <i>Required for all youth ages 14 and older.</i>	
<i>Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health?</i> <i>Who could you call for general/everyday support when you need it?</i>	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: ☐ Yes ☐ No I would like this person at my case planning meetings: ☐ Yes ☐ No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: ☐ Yes ☐ No I would like this person at my case planning meetings: ☐ Yes ☐ No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: ☐ Yes ☐ No I would like this person at my case planning meetings: ☐ Yes ☐ No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: ☐ Yes ☐ No I would like this person at my case planning meetings: ☐ Yes ☐ No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: ☐ Yes ☐ No I would like this person at my case planning meetings: ☐ Yes ☐ No	
Name:	Phone:
Relationship:	Email:
Tasks to add to case plan to help build my support network <i>(family finding, set up visits/phone calls, refer to mentor or support program- examples: Big Brothers Big Sisters, Boys and Girls Club, etc.)</i>	
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Section 3: My Identifying Documents

Required 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?*

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

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

Additional documents for young adults 18 and older

Copy of Consumer Credit Report	☐ Have ☐ Don't have ☐ Date Applied:	
Medicaid Card/Health Insurance information	☐ Have ☐ Don't have ☐ Date Applied:	
Voter Registration	☐ Have ☐ Don't have ☐ Date Applied:	
DCF Custody Verification Letter	☐ Have ☐ Don't have ☐ Date Requested:	
Tribal Enrollment Card/Tribal Documentation	☐ N/A ☐ Have ☐ Don't have ☐ Date Applied:	
Selective Service Registration	☐ N/A ☐ Have ☐ Don't have ☐ Date Applied:	
Citizenship/Immigration Documents	☐ N/A ☐ Have ☐ Don't have ☐ Date Applied:	
Healthcare Proxy or Medical Power of Attorney	☐ N/A ☐ Have ☐ Don't have ☐ Date Applied:	

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

Tasks to add to case plan to obtain my identifying document(s): *(update life book, request social history, apply for birth certificate, Social Security Card, State ID/Driver's License, register for selective service, etc.)*

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Section 4: Life Skills <i>Required for all youth ages 14 and older</i> <i>On a scale of 1 to 5, with 5 being I am completely prepared and able to complete these tasks without assistance and 1 being I am not prepared or able to complete these tasks without assistance, where would you rate yourself on the following?</i>									
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>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)
Laundry <i>(washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)
Healthy Living Environment: <i>(dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)
Grocery Shopping <i>(understanding sales and coupons, making healthy meal choices within a budget, buying ingredients for a recipe, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)
Cooking/M Meal Preparation <i>(preparing meals with multiple ingredients, basics of cooking, kitchen safety, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)
Communication Skills: <i>(making appointments and keeping a schedule, setting up an e-mail, and communicating in a professional manner)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)
Money Management and Budgeting: <i>(saving money, budgeting for bills and groceries, understanding the pros and cons of student or car loans, credit cards, payday loans, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)
Accessing Community Resources and Public Transportation <i>(bus or taxi services; emergency resources for food, clothing, and shelter; crisis or emergency services, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (5)
Have you completed a Casey Life Skills Assessment (CLSA)? ☐ Yes ☐ No ☐ Unsure									

Some additional life skills I would like to learn or work on before I become an adult are:

Worker/Supportive Adult(s) specific suggested areas of life skill development include:

What would the youth/young adult need to increase their number? What would you need to see to increase your number?

Tasks to add to case plan to help develop my life skill(s):

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Section 5: Youth Advocacy
Required for all youth ages 14 and older
“Nothing About Us, Without Us!”

Kansas Youth Advisory Council & Regional Youth Advisory Council *(check below)*

I have been to a Regional Youth Advisory Council (RYAC) event: ☐ Yes ☐ No ☐ Unsure

I have been to Kansas Youth Advisory Council (KYAC) event: ☐ Yes ☐ No ☐ Unsure

I am interested in KYAC, RYAC, or both: ☐ Yes ☐ No ☐ Unsure

I would need help getting rides to KYAC, RYAC or both meetings: ☐ Yes ☐ No ☐ Unsure

KYAC Contact:

RYAC Contact:

Other Youth Advocacy Organizations: *ex: Kansas Youth Empowerment Academy (KYE), Youth Leaders in Kansas (YLinK), student groups, etc.*

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Section 6: My Education Plan <i>Required for all youth ages 14 and older</i> <i>Plans for your educational and career goals.</i>			
Current or Most Recent School Attended:		Current Grade Level:	Highest grade completed:
Vocational Supports: <i>Do you have any of the following? (check below)</i>			
An Individualized Education Plan (IEP) ☐ Yes ☐ No ☐ Unsure		504 Plan ☐ Yes ☐ No ☐ Unsure	
An Education Advocate ☐ Yes ☐ No ☐ Unsure <i>If yes, what is their name?</i>			
Visual Impairment ☐ Yes ☐ No ☐ Unsure		Deaf or Hard of Hearing ☐ Yes ☐ No ☐ Unsure	
Use of an Alternative Device for Learning ☐ Yes ☐ No ☐ Unsure		Other Disability ☐ Yes ☐ No ☐ Unsure	
Would you like to be evaluated for any of these services or supports? ☐ Yes ☐ No ☐ Unsure			
Specific IEP/504 Plan Accommodations:			
If you are under 16, please go to page 11			
I intend to complete my (check below): (Ages 16 and older)			
☐ HS diploma at (name of school):		Number of Credits Earned:	
☐ GED at (name of institution/program):		Number of Tests Passed:	
☐ Obtain a Vocational Certificate at (name of school):			
☐ Post-secondary training/degree at (name of school):			
Highest Level of Education Completed (check below all that apply): (Ages 16 and older)			
☐ HS diploma at (name of school):			
☐ GED at (name of institution/program):			
☐ College Credits (name of institution and major):		Number of Credits Earned:	
☐ Technical/Trade Training (name of institution and program):			
I would like more information about the following:			
☐ A-OK Program	☐ Tutoring	☐ Tuition Waiver	☐ First-Aid/CPR
☐ Contacting My School Counselor	☐ Applying for an Education Program	☐ College Campus Tours	☐ Military Enlistment
☐ Choosing Classes	☐ Applying for Scholarships	☐ Feeling Alone on Campus	☐ Bullying/Anti-Bullying
☐ Credit Recovery	☐ FAFSA Application	☐ TRIO/Upward Bound	☐ Sports/School Activities
☐ Dual Credit Classes	☐ Understanding Student Loans and Financial Aid	☐ Pre-Employment Transition Services (<i>Pre-ETS</i>)	☐ Kansas Kids at GEAR UP (KKGU)
☐ IEP/504 Plan	☐ Test Preparation (<i>ACT/SAT</i>)	☐ Educational Counseling	☐ Other:
☐ Senate Bill 23 (Graduation requirements for youth in foster care) KS Statute #38-2285	☐ Obtaining Education with a Disability (<i>federal WIOA H.R. 803 Section 422</i>)	☐ Vocational Rehabilitation (VR) Services	
Tasks to add to case plan to address my educational goals and needs: (<i>Enroll, submit FAFSA application, talk to an advisor, scholarships, placement exams meet with school counselor, pick my elective classes, purchase materials, pay registration fees etc.</i>)			
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Section 7: My Health/Well-Being <i>Required for all youth ages 16 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)		
☐ United ☐ Sunflower ☐ Healthy Blue ☐ 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:	
Are you comfortable with the listed providers? ☐ Yes ☐ No		
Do you find these services helpful? ☐ Yes ☐ No		
I know how to: (check below)		
☐ Schedule Appointments ☐ Fill Prescriptions ☐ Take Medications as Prescribed ☐ Obtain and Use Birth Control ☐ Ask for Help ☐ Other:		
I take the following medications: (list all medications and the reason they are prescribed): or ☐ I am not taking medications		
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Do you have any concerns with the medications you are taking? ☐ Yes ☐ No		
Do you understand the short-term and/or long-term effects of the medications you are taking? ☐ Yes ☐ No		
Do you plan to continue taking your prescribed medications after being released from custody? ☐ Yes ☐ No <i>If No, please work with your case manager to set up an appointment for medical guidance from a professional.</i>		
I would like more information on: (check below)		
☐ Changing Doctors	☐ Communicating with my Doctors	☐ Sobriety Support
☐ Scheduling Appointments	☐ Applying for Medical Insurance	☐ Physical Health
☐ Filling Prescriptions	☐ Substance Abuse Treatment	☐ Domestic Violence Resources
☐ Taking Medications as Prescribed	☐ Mental/Emotional Health	☐ Renewing Health Insurance
☐ Healthy Relationships	☐ Abstinence/Sexual Health	☐ Weight Management
☐ Obtaining/Using Birth Control	☐ Tobacco/Vape Use and Quitting	☐ Other:
☐ Healthy Habits	☐ Connecting to Community Resources	

Tasks to add to case plan to address my overall health and well-being: <i>(scheduling appointments, refilling prescriptions, obtain medication, talking with doctor(s), changing providers, etc.)</i>		
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Section 8: My Employment and Financial Plan <i>Required for all youth ages 16 and older</i>		
My Current Employment Status <i>(Check all that apply):</i> ☐ Full-Time ☐ Part-Time ☐ Volunteering ☐ Student ☐ Active Job Search ☐ Internship/Work Study ☐ Unable to Work ☐ No Work History ☐ Other:		
If employed, where do you work?	How long have you had your current job?	
I would like more information about the following topics:		
☐ Job/Career Fairs	☐ Opening a Checking/Savings Account	☐ Understanding My Credit
☐ Interviewing	☐ Completing Job Applications	☐ Credit Reports/Identity Theft
☐ Finding a Job with Criminal History	☐ Creating a Resume/Cover Letter	☐ Saving Money for My Future
☐ Vocational Rehabilitation <i>(VR)</i>	☐ Finding a Job	☐ Taxes and W-2s
☐ Jobs for America's Graduates-Kansas <i>(JAG-K)</i>	☐ Pre-Employment Transition Services <i>(Pre-ETS)</i>	☐ Joining the Military
☐ Job Corp	☐ Online Banking/Bill Pay	☐ Job Shadowing
☐ Applying for/Understanding Social Security Benefits <i>(SSI/SSDI)</i>	☐ Obtaining Employment with a Disability	☐ Other:
What are some jobs or careers that interest you? <i>What level of education and/or experience do you need to obtain that job/career?</i>		
Financial Awareness:		
Do you have a checking account? ☐ Yes ☐ No		Do you have a savings account? ☐ Yes ☐ No
If yes, who has access to your account(s)?		
Would you like to open a checking/savings account? ☐ Yes ☐ No		
Who can help you set up a banking account?		
Do you understand fees that are associated with a bank and/or debit card? ☐ Yes ☐ No		
Do you have any credit cards or loans? ☐ Yes ☐ No		Are you interested in budgeting classes? ☐ Yes ☐ No
Has someone talked to you about running an annual credit report to check your credit score? ☐ Yes ☐ No		
I have \$____ saved	My goal is to save \$____ per ____ (week/month) for ____ (6 months, year, etc.)	
Where will you get the money from for your savings?		
Who will have access to the money that you are saving? <i>(if different from who will access your bank accounts)</i>		
Tasks to add to case plan to address my employment and financial goals: <i>(Open checking/savings account, create a budget, take budgeting classes, create resume, apply for jobs, interview prep, understanding taxes, etc.)</i>		
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Section 9: My Transportation Plan <i>Required for all youth ages 16 and older</i>	
I currently have the following transportation available to me <i>(check all that apply):</i>	
☐ 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: <i>(check all that apply)</i>	
☐ School ☐ Employment ☐ Recreation ☐ Appointments ☐ Complete My Restricted License ☐ Other:	
My Legal Driving Status: <i>(check all that apply)</i>	
I currently have a: ☐ Valid Driver's License ☐ Valid Restricted Driving Permit ☐ Valid Learning Permit ☐ Expired License/Permit ☐ No Permit/License ☐ Suspended License ☐ Other:	
If you have a valid license, when does it expire?	
I am interested in getting my: ☐ Driver's License ☐ Restricted Driving Permit ☐ Learner's Permit ☐ Taking Driver's Education ☐ Completing Driving Hours ☐ Practicing the Permit Test ☐ Other:	
Barrier(s) to obtaining my license:	
Has a referral been made to We Kan Drive (WKD)? ☐ Yes ☐ No	
I know how to keep my car in working order by: <i>(gas, regular maintenance, change a tire, pick the correct gas, change my oil etc.)</i>	
I would like to learn how to perform regular car upkeep/repair: ☐ Yes ☐ No ☐ Unsure	
If you own a vehicle:	
Who is on the title? <i>(If someone else is the primary person on the title please explain if and when that will transfer to the youth)</i>	
Who is it registered to? <i>(List all names on registration)</i>	
Vehicle Tag (Registration) Expiration:	Insurance company name:
Insurance policy number:	Insurance policy expiration:
Drivers listed on the policy:	
Tasks to add to case plan to address my transportation goals: <i>(enroll in driver's education, referral to We Kan Drive, go to DMV, save for vehicle, purchase vehicle, explore auto insurance rates, etc.)</i>	
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If you are under 17, please go to page 12

Section 10: My Housing Plan
Required for all youth ages 17 and older

I understand that DCF Independent Living does not provide physical placement or housing after release of custody ☐ Yes ☐ No

Where I currently live:

☐ Foster Home ☐ Relative ☐ Non-Relative ☐ Group Facility ☐ Shelter ☐ Detention ☐ Secure Care ☐ Other:

My options for housing, once I am released are: (select all that apply)

☐ Relative	☐ Friend/Non-Relative	☐ Current Placement	☐ College Dorm*
☐ Supportive Adult	☐ Transitional Living Program	☐ Military Housing	☐ Unsure Where I will Live
☐ Residential Community Setting	☐ Sober Living/Halfway House	☐ Apartment/House <i>If so, are you on the lease?</i> ☐ Yes ☐ No	☐ Other:

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

Have you talked with them about household rules, financial expectations, etc.? ☐ Yes ☐ No

Do you need help talking about household expectations? ☐ Yes ☐ No

What is your plan if this housing option does not work out?

**If you are planning on living in the dorms, where will you stay during breaks?*

I would like more information regarding:

☐ Locating Housing ☐ Applying/Budgeting for Housing ☐ Signing a Lease ☐ Public Housing ☐ Section 8 Vouchers
☐ Foster Youth to Independence (FYI) Vouchers ☐ Utility Deposits and Costs ☐ Other:

I have completed the following to develop my housing plan:

☐ Researched apartment listings	☐ Applied for apt/house	☐ Secured a co-signer, if needed
☐ In person apartment or house hunting	☐ Approved for apt/house <i>If so, has a lease been signed?</i> ☐ Yes ☐ No	☐ Secured deposits, if needed
☐ Applied for affordable housing (FYI, HUD Section 8 or income-based housing)	☐ I have budgeted and am able to pay my monthly expenses	☐ Developed solid plans with potential roommates or family members

☐ Other:

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

I understand which utilities I will be responsible for and about how much they will cost me each month ☐ Yes ☐ No

What utilities will you have to pay each month?

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

Who will have access to your money to pay bills?

What resources do you plan to use if you don't have enough money to pay rent or bills?

Tasks to add to case plan to secure housing prior to release: (search/apply for housing, apply for public housing, talk with housing resource about household expectations, apply for dorms, etc.)

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If this section does not apply, please go to page 12		☐ N/A
Section 11: Legal		
<i>Required for all youth ages 14 and older who have current or pending charges, convictions, or both.</i>		
Next Court Date:	Type of Hearing:	
Current charges:		
Pending charges:		
Past convictions:		
Counties charges/convictions are from:		
Court Services Officer:	Email/Phone:	
Probation Officer:	Email/Phone:	
Attorney:	Email/Phone:	
Do you know how to contact these people? ☐ Yes ☐ No		When is your next meeting with your court services/probation officer?
Court Orders:		
Court Fines and Fees Owed:		
What are your plans for completing court orders and paying fines or fees? <i>(If no identified plan, please include tasks below to address creating a plan)</i>		
How do your current or past charges and court orders create barriers to your transition into adulthood? <i>What supports/resources can be explored to address these barriers?</i>		
Tasks to add to case plan to address current and pending charges and/or convictions: <i>(paying fines, community service hours, seeking out expungement resources, talk to GAL about charges/convictions impact on transition, etc.)</i>		
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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	
<i>Youth feedback:</i> (comments)	<i>Concerns about your plan?</i> ☐ Yes ☐ No <i>Discussed concerns with team?</i> ☐ Yes ☐ No
Youth/Young Adult Signature:	Date:
<i>Case Manager feedback:</i> (comments)	<i>Concerns about youth's plan?</i> ☐ Yes ☐ No <i>Discussed concerns with youth/ team?</i> ☐ Yes ☐ No
CWCMP Case Manager Signature:	Date:
<i>DCF IL Coordinator feedback:</i> (comments)	<i>Concerns about youth's plan?</i> ☐ Yes ☐ No <i>Discussed concerns with youth/ team?</i> ☐ Yes ☐ No
DCF IL Coordinator Signature:	Date:
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> ☐ Yes ☐ No <i>Discussed concerns with youth/ team?</i> ☐ Yes ☐ No
Youth or Young Adult Selected Supportive Adult Signature:	Date:
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> ☐ Yes ☐ No <i>Discussed concerns with youth/ team?</i> ☐ Yes ☐ No
Youth or Young Adult Selected Supportive Adult Signature:	Date:
Other Attendee Signature:	Date:
Other Attendee Signature:	Date: