# A Message about **Your** Independent Living Transition Plan

**This is** *your* **plan.** When developed, the Plan will specify in writing the goals you set, what you will do to achieve the goals, and the independent living services, activities, and supports that will be provided to help you transition to adulthood.

The first Plan is developed when you turn age 14 (or within 30 days of your entering foster care if you enter care after you turn 14). You will update the plan at least annually for as long as you are in foster care or continue to receive independent living (IL) services. Transition Plans are required to be based on a formal IL needs assessment that you will complete in the month before you develop your Plan. The assessment is not a test – there is no "grade" and you cannot "fail." It is a tool that gives you information for developing your plan; it helps you identify your strengths and the areas for further development.

IL Transition Plans are also required to be <u>youth-driven</u> and to be developed through a <u>team process</u>. If you have an Individual Education Program (IEP) at school, your IL transition plan must be coordinated with your IEP.

Youth-driven means that you have a **central role** in all service planning and decision making.

*Team process* means that other significant individuals are supposed to work as a team to help prepare you for adulthood. You identify who you want to be involved and your team may include:

- Family members
- Your current caretakers or foster parents
- People who previously cared for you
- A teacher, counselor, and/or coach
- A friend, neighbor, mentor, and/or minister

Others who may be involved with your IL Assessment and Plan are:

- A service worker who coordinate or specialize in independent living services
- A Project LIFE consultant who works exclusively with older youth in foster care

Your Plan is completed in collaboration with your service worker and members of your team. Your service worker will help you:

- Understand your responsibility for developing and achieving a plan.
- Develop your personal goals.
- Identify your strengths, interests, and needs.
- Use these goals, strengths, and interests to design services, use networks, and access services and resources to meet your needs.

To learn more, see *Guide for Older Youth In and Aging Out of Foster Care in Virginia* (available online at www.vaprojectlife.org which contains additional information on:

- The timeline of opportunities you have for planning and decision making
- What the IL Needs Assessment can tell you and how to use what you learn
- Examples of goals and activities that you might include in your Plan
- Resources and strategies to help you achieve the goals you set
- Benefits for which you may be eligible

# **Independent Living Transition Plan**

YOUTH INFORMATION				
Name:		Oasi	is Client ID:	
Address:		l		
Date of Birth: (MM/DD/YY	VVV)			
Current Age: 14	15 16*	T 17*		
Current Grade/Classifica	<del></del>	$8^{\text{th}}$ $9^{\text{th}}$ $10^{\text{th}}$	11 <sup>th</sup> 12 <sup>th</sup> College	
Other:	ation. Delow 8	5 910		
Other.	Cuppent Epi	JCATIONAL GOAL		
☐ Educational	High School Modified	High School Diploma	<del>-</del>	
Development certificate	Diploma		Diploma	
(GED)				
☐ Vocational Certificate	Associate's Degree	Bachelor's Degree	Other:	
	CURRENT LDSS WORKER		ATION	
Name:		Phone #:		
E-mail Address:				
	INDEPENDENT LIVING	(IL) NEEDS ASSESSME	NT	
Name of IL Needs			Date	
Assessment Completed:			Completed:	
Name of Other Assessment(s	s)		Date	
Completed (used to help			Completed:	
complete transition plan)				
	ependent Living (IL) needs	assessment must have b	een completed within the last 30	
	is form. Use the IL assessm			
		IIS TRANSITION PLAN		
From (MM/DD/YYYY):		To (MM/DD/YY	YY):	
			11).	
	MY RIGHTS AND I	RESPONSIBILITIES		
<b>Directions:</b> Please read th	ne following information	on your rights and re	sponsibilities. If you do not	
	9	•	nat is not clear to you. When	
			ch statement. At the end, you	
•			nd understand your rights and	
	offit. Tour signature mean	s you have leviewed at	nd understand your rights and	
responsibilities.				
G G				
	person in foster care; you ha	•	safe home that is free of	
violence, abuse, neglec	ct and mistreatment (exploitat	10n).		
Education – You have the right to go to school and get an education that fits your age and any special needs				
you may have. You als	so have the right to stay in th	ne same school you were	enrolled in before coming into	
foster care if possible.				
•				
Health – You have the	right to be regularly taken	to doctors and dentists.	including eve doctors, for	
medical evaluation, medical care, and/or treatment as needed				
medical evaluation, medical care, and/of treatment as needed				
Appeal – You have a right to appeal the suspension, reduction, termination, delay or denial of services in				
1 1			, delay or denial of services in	
— your transitional living	g plan for independent living	services.		

the development of and the judge what is happe	ou have a right to attend court hearings involved any revisions to your case and permanency plantening to you and what you want regarding your particular for your case and permanency planning teams of the youth).	n. You a lan for p	also have the right to tell ermanency. You can	
Your foster care plan sha	nave a right to have regular contact and visitation well take into account your wishes. The communication is its, telephone calls, emails, and video conferencing	on may i		1.
_	ng at age 14 until age 17, you shall be entitled to an ies, the agency will help to resolve them.	annual c	redit report free of charge.	
Your signature means you	have reviewed and understand your rights a	and resp	onsibilities.	
Youth's Signature:		Date:		
Social Worker's Name:				
Social Worker's Signature:		Date:		
Other (Please Print Name):				
Relationship to Youth:				
Signature of Other:		Date:		
Other (Please Print Name):				
Relationship to Youth:				
Signature of Other:		Date:		

## **Tips for Completing Your IL Transition Plan**

#### Step 1. Think about Preparing for Adulthood

The IL Transition Plan is intended to help you prepare for adulthood. The Positive Outcomes listed in the table below reflect important areas of life you will want to make sure you prepare for as you approach adulthood.

POSITIVE OUTCOMES IN EARLY ADULTHOOD			
I will be supporting myself financially	I will be pursuing and achieving my education goals		
I will have positive connections to family and other trusted adults	I will have a stable place to live and avoid homelessness		
I will be know how to maintain my health and safety and	I will have health insurance/access to medical and dental		
avoid unplanned pregnancy	health services		

#### Step 2. Review Results of Your IL Needs Assessment and Focus on Your Priorities

The IL Needs Assessment you recently completed will help you identify your strengths and needs in each of eight Life Skills areas listed in the table below.

LIFE SKILLS AREAS FROM YOUR IL NEEDS ASSESSMENT			
AREAS OF LIFE	WHAT IS INVOLVED		
Daily Living	Meal planning and preparation, cleaning and food storage, home maintenance and computer		
	and internet basics.		
Self Care	Healthy physical and emotional development such as personal hygiene, taking care of one's		
	health and pregnancy prevention.		
Relationships and	Developing and sustaining healthy relationships, cultural competency and permanent		
Communication	connections with caring adults.		
Work and Study	Basics of employment, legal issues, study skills and time management.		
Housing and Money	Banking and credit, finding and keeping affordable housing, budgeting and living within		
Management	one's means.		
Career and Education	Planning for career and postsecondary education pertinent to older youth.		
Planning			
Looking Forward	Your level of confidence and internal feelings that are important to your success.		
Permanency	Establishing family connections and placement options to provide a lifetime of commitment;		
	for young adults, it means connection to trusted adults.		

Review results from your IL Needs Assessment with your worker, identifying your strengths (what you have already achieved) and areas for growth (where there is more to achieve).

Your IL Transition Plan does not have to address all eight areas of life skills. You will want to focus your Plan on the areas of greatest need and importance for you at this point in time. After you achieve your initial goals, you can move on to others.

You and your service worker will review your progress in achieving the goals on a regular basis and your IL Assessment and Plan will be officially updated every 12 months for as long as you continue to receive IL services.

#### Step 3. Identify Services That Can Help You Achieve Your Goals

Shown in the table below are <u>examples</u> of the types of services that can help you achieve your goals. Not all services and supports that might be available to you are listed. Talk with your service worker about the types of services you need and how you can access them. Some services are available from resources in your community; other benefits are available directly through your custodial agency.

#### EXAMPLES OF SERVICES TO HELP YOU REACH YOUR GOALS

Academic support – services to help you complete high school or a GED, including academic preparation, tutoring, study skills training, and help in accessing educational resources over and above general attendance in high school.

Career preparation – vocational and career exploration, assessment, and planning; help in matching interests/abilities with vocational goals; training in a vocation or trade; participation in an apprenticeship or internship.

Work readiness/employment - training in the basics of employment, related legal issues, and job readiness; assistance with job search and placement and job coaching; assistance in securing work permits.

Counseling – assistance in resolving problems that may be barriers to your success.

Budget and financial management – assistance and training on budgeting, money management, establishing credit, filing taxes.

Home management instruction – assistance in learning food preparation, housekeeping, shopping and meal planning, and basics of basic home maintenance and repair.

Health and risk prevention – assistance and training in staying healthy physically and emotionally including pregnancy prevention and strategies for personal safety.

Housing – assistance and training in finding and keeping affordable housing and understanding costs associated with establishing an independent living arrangement.

Youth leadership development – Assistance and training in developing your leadership qualities and learning effective strategies in advocating for yourself.

Mentoring – a one-on-one relationship with a selected trusted adult who can provide longer-term support and guidance.

Post-high school education support – services to help you enter or complete additional education after high school including SAT preparation, information about financial aid and scholarships, help in completing applications, and tutoring while in college.

Post-high school education financial assistance – upon high school graduation or GED completion, you may be eligible for a Tuition Grant Program, Education and Training Vouchers, or other needs-based assistance.

Permanency – Assistance in establishing family connections and permanent connections to other trusted adults.

Other assistance – under certain conditions, a supervised independent living arrangement or room and board financial assistance may be appropriate. These options can be discussed with your worker.

## A Final Tip: Understanding Goals, Activities, and Measures

For your IL Transition Plan, you will be writing down *goals*, activities and measures.

- Goals are what you want to achieve over a longer period of time.
- *Activities* are the shorter-term steps you will take to reach your goal.
- *Measures* are how you will know when you achieve your goal.

Here are some examples of goals, related activities, and measures. These are just examples intended to give you a better idea about how goals, activities and measures are related. Remember, your plan should reflect your goals!

Goals	Activities	Measures
I want to graduate from high school.	<ul> <li>I will attend school regularly and complete assignments in all my classes.</li> <li>With help from my guidance counselor, I will develop a written plan for completion of all graduation requirements.</li> <li>I will follow my written plan for completing requirements for graduation.</li> </ul>	<ul> <li>I will graduate from high school.</li> </ul>
I want to get experience in working for pay or volunteering while I am in high school.	<ul> <li>I will participate in training that teaches me how to search for a job, complete an employment application and interview for a job.</li> <li>I will develop an understanding about wages, deductions, benefits, and taxes by participating in training offered.</li> <li>With assistance from my foster parent, I will explore volunteer opportunities in my community and identify those I am most interested in.</li> </ul>	I will be successfully holding a part-time job, paid or volunteer.
I want to know how to manage my money before I leave foster care.	<ul> <li>I will participate in money management training offered through my school and other resources.</li> <li>With assistance from my foster parents, I will complete the online Casey Foster Youth Money Guide, I Know Where I'm Going (But Will My Cash Keep Up?), Parts One and Two.</li> <li>I will develop a written plan, showing income, expenses, and primary strategies for living within my means in the first year after leaving foster care.</li> </ul>	I will have a realistic plan for living within my means in the year after I leave foster care.

Daily Living:  (includes meal planning and preparation, cleaning and food storage, home maintenance and computer and internet basics)				
Youth's Strengths:		,		
Areas for Growth:				
Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1:				Met activity/goal Date Satisfactory
Measure:				Progress Needs more time/assistance Activity/goal needs changing
Goal #2:				Met activity/goal Date Satisfactory
Measure:				Progress Needs more time/assistance Activity/goal needs changing
Goal # 3:				Met activity/goal Date Satisfactory
Measure:				Progress Needs more time/assistance

Activity/goal needs changing

Self Care:
(includes healthy physical and emotional development such as personal hygiene, taking care of one's health and
pregnancy prevention)
Youth's Strengths:

**Areas for Growth:** 

Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1:				Met
				activity/goal
				Date
				Satisfactory
				Progress
Measure:				Needs more
				time/assistance
				Activity/goal
				needs changing
Goal #2:				Met
				activity/goal
				Date
				Satisfactory
Measure:				Progress
				Needs more
				time/assistance
				Activity/goal
				needs changing
Goal # 3:				Met
				activity/goal
				Date
				Satisfactory
Measure:				Progress
				Needs more
				time/assistance
				Activity/goal
				needs changing

Relationships and Communication
(includes developing and sustaining healthy relationships, cultural competency and permanent connections with
caring adults)
Youth's Strengths:
Areas for Growth:

Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1:			-	Met
				activity/goal
				Date
				Satisfactory
				Progress
Measure:				Needs more
				time/assistance.
				Activity/goal
				needs changing
Goal #2:				Met
				activity/goal
				Date
				Satisfactory
Measure:				Progress
				Needs more
				time/assistance
				Activity/goal
				needs changing
Goal # 3:				Met
				activity/goal
				Date
				Satisfactory
Measure:				Progress
				Needs more
				time/assistance
				Activity/goal
				needs changing

Work and Study  (includes basics of employment, legal issues, study skills and time management)				
Youth's Strengths:				
Areas for Growth:				
Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1:				Met activity/goal Date Satisfactory
Measure:				Progress Needs more time/assistance Activity/goal needs changing
Goal #2:				Met activity/goal Date
Measure:				Satisfactory Progress Needs more time/assistance Activity/goal needs changing
Goal # 3:				Met activity/goal Date
Measure:				Satisfactory Progress Needs more time/assistance Activity/goal needs changing

Note: In applying for employment, you are likely to need certain documents such as your social security card or birth certificate. Your worker will assist you in obtaining these.

Housing and Money Management						
(includes banking and credit, finding and keeping affordable housing, budgeting and living within one's means)						
Youth's Strengths:						
Areas for Growth:						
Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date		
Goal #1:				Met activity/goal Date Satisfactory Progress		
Measure:				Needs more time/assistance Activity/goal needs changing		
Goal #2:				Met activity/goal Date Satisfactory		
Measure:				Progress Needs more time/assistance Activity/goal needs changing		
Goal # 3:				Met activity/goal Date Satisfactory		
Measure:				Progress Needs more time/assistance Activity/goal needs changing		

Career and Education Planning (includes planning for career and postsecondary education pertinent to older youth)				
Youth's Strengths:				
Areas for Growth:	Areas for Growth:			
Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1:				Met activity/goal Date Satisfactory
Measure:				Progress Needs more time/assistance Activity/goal needs changing
Goal #2:				Met activity/goal Date
Measure:				Satisfactory Progress Needs more time/assistance Activity/goal needs changing
Goal # 3:				Met activity/goal Date
Measure:				Satisfactory Progress Needs more time/assistance Activity/goal needs changing

**Note:** Upon high school graduation or GED completion, you may be eligible for a Tuition Grant Program or Education and Training Vouchers (ETV). Ask your worker about these and learn what steps you need to take *before graduation* to qualify. You may also be eligible for other needs-based scholarships. Inquire about these with your guidance counselor or the financial aid office of the college/program you want to attend.

(includes youth's level of confidence and internal feelings important to their success)				
Youth's Strengths:				
Areas for Growth:				
Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1:				Met activity/goal Date Satisfactory
Measure:				Progress Needs more time/assistance Activity/goal needs changing
Goal #2:				Met activity/goal Date Satisfactory
Measure:				Progress Needs more time/assistance Activity/goal needs changing
Goal # 3:				Met activity/goal Date
Measure:				Satisfactory Progress Needs more time/assistance Activity/goal needs changing

### **Permanency**

Permanency involves establishing family connections and placement options to provide a lifetime of commitment; for young adults, it means connection to trusted adults.

Areas for Growth:				
Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1:				Met activity/goal Date Satisfactory
Measure:				Progress Needs more time/assistance Activity/goal needs changing
Goal #2:				Met activity/goal Date Satisfactory
Measure:				Progress Needs more time/assistance Activity/goal needs changing
Goal # 3:				Met activity/goal Date

**Note:** A "permanency pact" is a pledge by a supportive adult to provide specific supports to a young person in foster care with a goal of establishing a lifelong, kin-like relationship. To learn more, see Foster Club's Permanency Pact at www.fosterclub.com/files/PermPact.pdf

You'll see an example of a Permanency Pact, learn how to develop one, and see a list of 45 supports that an adult might offer to a youth transitioning from foster care. You probably never thought of many of these supports!

Youth's Strengths:

Measure:

Satisfactory

Progress Needs more time/assistance Activity/goal needs changing

MY CURRENT PERMANENT CONNECTIONS				
NAME	ADDRESS	TELEPHONE #	RELATION- SHIP TO ME	NATURE OF SUPPORT PLEDGED TO ME

	gree with this plan and that we will all work to complete reach his or her goals.
Youth's signature	
Caregiver's signature	
Service Worker's signature	
Other –Print Name	
Relationship to youth	
Signature	
Other –Print Name	
Relationship to youth	
Signature	Date

Final Step: Youth is given a copy. All parties who signed above are given a copy. The original plan is kept in the youth's case record. 032-04-0076-01-eng