

90-DAY TRANSITION PLAN

This form is for you to develop a plan when you are within 90 days of leaving foster care. This plan will focus on activities that you will complete during this time. This is as an agreement between you and those supporting you to work toward completing your transition plan. This should be developed with you in a transition conference setting, or group meeting, with those you want involved and who are helping you to successfully transition out of foster care.

Instructions To Youth: During the 90-day period before you leave foster care, you will make a transition plan that shows where you plan to live, receive additional support, work and/or go to school after you leave care and help keep family connections. The purpose of this plan is to help you take steps to successfully live on your own.

Instructions to Caregiver/other adults: If asked by the youth, you are also agreeing to assist the youth in the development of a 90-day transition plan that will help him/her to successfully transition out of foster care.

Instructions to Social Worker/Probation Officer: During the 90-day period prior to the youth exiting foster care, you are agreeing to assist the youth in developing a transition plan that will address his/her needs for housing, employment, education, mentors, continuing support services and health insurance.

Instructions for Family, Service Providers, CASA and others connected to and supporting the youth: If asked by the youth, you are also agreeing to assist the youth in the development of a 90-day transition plan that will help him/her to successfully transition out of foster care.

During the 90-day period prior to aging out of care:

This plan is to be completed within the 90 day period before you turn 18, 19, or graduate from high school, whichever event will coincide with your exit from foster care. If you emancipate from care before age 18, this plan should be completed within 90 days before your target emancipation date.

The sections on the next page must be completed to include your plan for education, employment, housing, mentoring, family connections, continuing support services and health insurance. The plan must be personal to you and as detailed as you can get. The plan must contain specific actions that you and others will take to help you prepare for leaving care.

***Note:** The last page of this form has an example grid that can give you ideas to help make your planning very concrete.

Copies to: Youth - Caregiver - Case File - ILP - Family - Others

YOUTH:	DOB:	AGE:	ETHNICITY:
CASE WORKER NAME:		CASE WORKER PHONE:	

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Additional boxes can be inserted if needed

<u>Education Plan:</u>	To prepare, I or a supporting adult (name) will:	Recommended documents the youth will need
<u>Employment Plan:</u>	To prepare, I or a supporting adult (name) will:	Recommended documents the youth will need
<u>Housing Plan:</u>	To prepare, I or a supporting adult (name) will:	Recommended documents the youth will need
<u>Mentoring & Continuing Support Services (e.e. mental health, health services) Plan:</u>	To prepare, I or a supporting adult (name) will:	Recommended documents the youth will need
<u>Family and Other Permanent Connections:</u>	I plan to stay connected to family and other adults by:	Recommended documents the youth will need
<u>Health Insurance Plan:</u>	If not eligible for extended Medi-Cal, I plan to get health insurance through:	Agency, employer or other person providing health insurance:

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ACKNOWLEDGEMENTS:

I know that I must sign verification paperwork to continue my Medi-Cal health insurance benefits when I exit from foster care and again each year to receive Medi-Cal until my 21st birthday or until I have secured a different type of health insurance. I am also aware that when I move I must resubmit a verification form with my new address. _____ youth's initials

I have been told that when I am 18, I can choose a "power of attorney for health care" that can make medical choices for me if I am not able. When I turn 18, I will receive directions and a form that I can fill out if I want to choose a power of attorney for health care. _____ youth's initials

I know that 30 days prior to leaving foster care, I am eligible to apply for food stamps. _____ youth's initials

I agree to meet with my caregiver and social worker/probation officer as needed to ensure sufficient progress towards my goals.

Target date for exiting foster care _____

By signing below, this means we will all work to complete the steps necessary to help the youth complete his/her transition plan.

Youth's signature

Date

Caregiver's signature

Date

Social Worker/Probation Officer signature

Date

Family Member signature

Date

Service Providers/Therapist signature

Date

CASA/Other Youth Advocates signature

Date

LEGISLATIVE & REGULATORY REFERENCES:

- Public Law (P.L.) 110-351, which states that a Transition Plan must be developed at the direction of the youth during the 90 day period prior to the youth aging out. The plan must contain specific options on housing, health insurance, education, local opportunities for mentors/continuing support services and workforce support/employment services. P.L. 111-148 requires providing foster youth with the information about a Power of Attorney for Health Care.

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90-DAY TRANSITION PLAN EXAMPLES

Education Goals:	TimeLine	Recommended documents the youth will need
I plan to attend....	FAFSA due: <u>01/01/2009</u> School application <u>01/15/2009</u> Scholarship app: <u>02/01/2009</u> Housing app: <u>03/01/2009</u> (Due dates of all document and application deadlines)	<ul style="list-style-type: none"> • Copy of School application • Copy of FAFSA application • Copy of Chafee grant application • Copy of Guardian Scholar application • Copy of High School transcripts
Employment Plan: I plan to get/have a job at.... 1. 2. 3. 4.	I have Prepared by: <ul style="list-style-type: none"> • Completing ILP Proficiency Certificate checklist • Completing job applications at: _____ • Having Social Security card available • Identifying people to provide reference 	Recommended documents the youth will need <ul style="list-style-type: none"> • Copy of resume • Copy of Permanent Residency card (if applicable) • List of people willing to provide reference
Housing Plan: I plan to live with/in...	I have prepared by: <ul style="list-style-type: none"> • Touring the facilities • Confirming deposit and move-in arrangements • Checking resources provided by housing facility 	Recommended documents the youth will need <ul style="list-style-type: none"> • Copy of housing application • Housing deposit verification • Completed cost of living budget
Family Connections: I feel closely connected to ...	I plan to stay connected to family and other adults by: <ul style="list-style-type: none"> • Having phone and in-person contact with..... • Making a plan to stay withduring college dorm breaks • Having email addresses for... 	Recommended documents the youth will need <ul style="list-style-type: none"> • Contact list for family members

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