



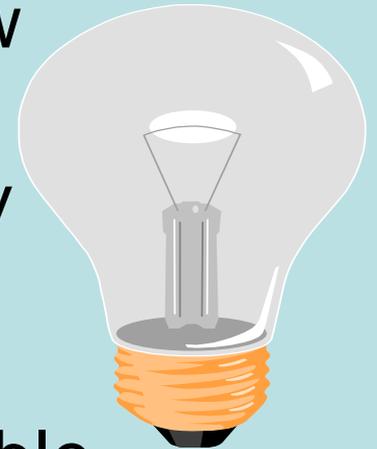
DHS Youth Transition Planning & the Independent Living Program (ILP)

By Rosemary Iavenditti, ILP Coordinator

Transition Workshop Training Objectives:

This training session will provide you:

- An understanding of the transition planning and services required for teens in care.
- Understanding of the benchmark review and requirements at independence.
- A clearer understanding of ILP eligibility and services.
- Understanding of your role in reviewing transition plans and ILP services available.
- Awareness of appropriate Transition Plans.



Transition Facts

When youth leave the foster care system **unprepared** for adulthood, research shows that they have **HIGHER RATES** of

- **Homelessness & Poverty**
- **Lower Educational Levels**
- **Delinquent or criminal behavior**
- **Pregnancy outside of marriage**
- **Target of crime and physical assaults.**



Midwest Study

- Data were collected between October 2010 and May 2011, when most study participants were 26 years old, and covered a number of areas.
- http://www.chapinhall.org/sites/default/files/Midwest%20Evaluation_Report_12_21_11_2.pdf

Midwest Study cont.

- While many individual study participants were thriving, outcomes for the group as a whole were poor.
- Outcomes continue to suggest that youth are aging out of foster care without the knowledge and skills they need to successfully transition to adulthood.

Midwest Study cont.

- Approximately 80 percent of the Midwest Study group and 94 percent of the control group had earned at least a high school degree or GED. But only 19 percent of the Midwest Study group had earned a 4-year college degree, while 36 percent of the comparison group had done so.
- Only 46 percent of the Midwest Study group were employed at the time of the survey; 80 percent of the comparison group were employed.

Midwest Study cont.

- Average income of the Midwest Study group for the previous year was about \$14,000; the average for the control group was about \$32,000.
- Among the Midwest Study group, 43 percent of the females and 74 percent of the males had been incarcerated at some time; in the comparison group, the percentages were 6 percent for females and 23 percent for males.

State Policy/Laws

DHS Youth Transitions Policy I-B.2.3.5:

- (1) The Department must initiate the development of the comprehensive transition plan for a:
 - (a) *Child* 16 years of age or older and in *substitute care* or a *young adult*;
 - (b) *Child* 14 years of age or older with an APPLA;
or
 - (c) *Former foster child* who requests services as described in Child Welfare Policy, I-B.2.3.1, "Family Support Services."



State Policy/Laws



ORS 419B.343 (3):

Any Time after a child attains 14 years of age, if the department determines that it is appropriate, but in no case later than **the date the child attains 16 years of age**, the department shall ensure that the case planning addresses the child's **needs and goals for a successful transition to independent living** including...

ORS 419B.343 (3) cont.

- Education
- Employment
- Housing
- Health (mental & physical)
- Community Connections & Supportive Relationships



ORS 419B.337

- (7) A court may dismiss commitment of a ward to the Department of Human Services if: . . .
- (i) The department has provided case planning pursuant to ORS 419B.343 that addresses the ward's needs and goals for a successful transition to independent living, including needs and goals relating to housing, physical and mental health, education, employment, community connections and supportive relationships;

ORS 419B.337 cont.

- (ii) The department has provided appropriate services pursuant to the case plan;
- (iii) The department has involved the ward in the development of the case plan and in the provision of appropriate services; and
- (iv) The ward has safe and stable housing and is unlikely to become homeless as a result of dismissal of commitment of the ward to the department;

ORS 419B.476 (3)(a): The court will determine if:

- The transition plan is adequate to ensure the child's successful transition to independent living,
- The department has offered appropriate services pursuant to the plan,
- The department has involved the youth in the development of the plan



Transition Planning

The T1 and T2



Life Skills Assessment

DHS Policy requires the completion of a life skills assessment. The following tools meet policy requirements:

- T1, Transition Readiness Index (updated every 6 months)
- Completion of the Casey Life Skills Assessment (**“CLSA”**)



Assessment



T1 – Transition Readiness Index (CF69)

- *An inventory of assets that are beneficial to a young person as they transition out of foster care.*
- *A method to measure a youth's readiness and progress in preparation for transition.*

Youth Information	First name and initial		Last name	
	Case No. and P/L		Projected date youth will leave care (mm/dd/yy)	
	Birth Date (mm/dd/yy)		Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Independent Living Preparation	3	Participates in Independent Living Program (name)		Level of involvement
	3	Assessment completed (type)	Date completed (mm/dd/yy)	3 <input type="checkbox"/> Updated within six months?
	5	<input type="checkbox"/> Comprehensive Transition Plan completed		Date completed (mm/dd/yy)
	5	<input type="checkbox"/> Youth approves plan (mm/dd/yy)	<input type="checkbox"/> Youth does not approve plan (mm/dd/yy)	Youth's initials
Social Development and Supportive Relationships	15	Permanency Obtained		Permanency obtained with (name):
		Legal relationship (Foster parent, guardian, adoptive home, etc.)		Phone ()
		Street address	Apt. or Unit No.	E-mail
		City	State	Zip code
	5	Name		Phone ()
Supportive Adults		Street address	Apt. or Unit No.	E-mail
		City	State	Zip code
		Supports offered	5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached	
	5	Name		Phone ()
		Street address	Apt. or Unit No.	E-mail
		City	State	Zip code
		Supports offered	5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached	
	5	Name		Phone ()
		Street address	Apt. or Unit No.	E-mail
		City	State	Zip code
		Supports offered	5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached	
	Score: 0	3	Peer support (name)	Relationship

Youth's Initials:

Housing, Transportation/ Community Resources	After leaving foster care (only fill in within 3 months of exit date)						
	Housing	10	Address		City	State	Zip Code
		3	Emergency shelter (Identify)		3	<input type="checkbox"/> Participated in housing skills classes	
		3	<input type="checkbox"/> Sample rental application complete and attached		3	<input type="checkbox"/> Has mode of transportation	
	Personal Docs	2	<input type="checkbox"/> Social Security card in youth's possession		Social Security Number (optional)		
		3	<input type="checkbox"/> Photo ID in youth's possession		ID type	ID number	Expiration date
		2	<input type="checkbox"/> Birth certificate in youth's possession		County/State of birth		
		1	<input type="checkbox"/> Registered to vote		1	<input type="checkbox"/> Selective Service Registration (males)	
		1	<input type="checkbox"/> Personal filing system established		Location of personal filing system		
	Score- Part 1: 0						

Community Resources	3	Spiritual support: list organization		Contact person	Phone number ()
	3	Other community connections		Contact person	Phone number ()
Score: 0					

Money Management	3	<input type="checkbox"/> Bank account open		3	<input type="checkbox"/> Savings account open		Institution
	3	Savings for leaving Foster Care: Goal \$ Current bal. \$		5	Other sources of income (list on separate sheet)		Monthly amt. \$
	Score: 0		3 Demonstrated money management skills (list):				

Work and Study Skills Preparation for Education and Employment	Education	10	<input type="checkbox"/> High school diploma		School	Date obtained	
		7	<input type="checkbox"/> GED		School	Date obtained	
		10	<input type="checkbox"/> Enrolled in post secondary education			School	
		6	Writing skills demonstrated		5	Math skills demonstrated	
		Score- Part 1: 0		3 <input type="checkbox"/> High school credits/transcripts attached			

Youth's Initials: _____

Work and Study Skills (Continued)	Employment	10	<input type="checkbox"/> Currently employed full-time OR	7	<input type="checkbox"/> Currently employed part-time	3	<input type="checkbox"/> Sample employment application			
		Current employer, address, phone number, and contact:								
		10	<input type="checkbox"/> Previously employed full-time OR	7	<input type="checkbox"/> Previously employed part-time	-5	<input type="checkbox"/> If employment ended in firing			
Score- Part 2: 0		9	Demonstrated work and study skills (1 point per skill listed, max. of 9 points)							
Self-Care	Health	5	<input type="checkbox"/> Medical coverage after care OR	<input type="checkbox"/> Applied for OHP before leaving foster care						
		Provider			ID number					
		3	Doctor's name	Phone number ()	3	Dentist's name	Phone number ()			
		2	Emergency Providers Identified (nearest urgent care or ER)		Provider	Phone number ()				
		5	Mental health coverage		Provider	ID number				
		3	Demonstrated self-care skills (list)							
		Age	0	<input type="checkbox"/> 15 or under	1	<input type="checkbox"/> 16	5	<input type="checkbox"/> 17	10	<input type="checkbox"/> 18
Score: 0		5	<input type="checkbox"/> Drug and alcohol free, or	3	<input type="checkbox"/> In treatment	4	<input type="checkbox"/> Non-smoker	Reporting method		
		5	<input type="checkbox"/> Not currently on probation or parole	5	<input type="checkbox"/> No felony	10	<input type="checkbox"/> Non-Parent (No children, not expecting.)			
Daily Living Skills		10	Demonstrated daily living skills (one point per skill listed, max. of 10 points):							
Score: 0										
Total T1 Score: 0										
TRI DATE:										
TRI History	Date									
	Score									

Youth's Initials: _____

Comprehensive Transition Plan

T2 – Comprehensive Transition Plan (CF69A)

- *A template to assist in the creation of a comprehensive transition plan.*



- *Flexible, allowing for incorporation of other plans for the youth while minimizing duplication.*

Comprehensive Transition Plan (T2)

T2 date: _____ Initial plan Updated plan Benchmark review

Youth information

First name and initial:		Last name:	
Case no. and P/L:	ILP case manager (if available):		DHS/tribal worker:
Date plan completed:	Six month update due:	Referred to ILP: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of referral:
Date ACLSA completed:	Teen parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of children:	Expectant parent: <input type="checkbox"/> Yes <input type="checkbox"/> No

Youth's strengths (including hobbies and interests):

Identified needs:

Additional notes:

Plan development (Please list how the youth was involved with development of the plan.):

- Youth plan** Have other community partners crafted a plan on behalf of the youth?
- Yes No
- If yes, please check all that apply and attach a copy to this form:
- Ansell-Casey Life Skills Plan (www.caseylifeskills.org)
 - Individual Education Plan (IEP)
 - Person centered plan
 - Treatment plan and discharge plan (D&A, residential, mental health, etc.)
 - Voc rehab/IPE (Individual Plan for Employment)
 - Development Disabilities Individual Support Plan (DD ISP)
 - Temporary Assistance to Needy Families (TANF/JOBS)
 - Workforce Investment Act (WIA)
 - Other (please list):

Youth's initials:

T2 Comprehensive Transition Plan

Youth name: _____ Case no. and P/L: _____

Education

Current educational status (Example: currently in school, what grade; how are grades; IEP; graduated; GED; other program?):

Future plans and goals: (Example: attend college; type of program — two year, four-year, graduate degree; vocational training; job military?):

Short term goals	Steps and services <i>(Who will assist youth?)</i>	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>

Youth's initials:

T2 Comprehensive Transition Plan

Youth name: _____ Case no. and P/L: _____

Housing

Current living situation (estimated date of independence, resources, concerns, risks, obstacles):

Plan for housing upon discharge (Where/with whom will you live? Transition to adult foster care?):

Complete when youth is within six months of exiting care.

Future plans/goals for housing (long range goals after discharge or emancipation – rent apartment, own a home; live in a dorm; shared housing; live with relatives?):

Short term goals	Steps and services (Who will assist youth?)	Progress
(To help achieve long term goals/plans.)	(Steps to achieve the short term goals and services to be offered.)	(Rating scale below.)

Youth's Initials:

T2 Comprehensive Transition Plan

Youth name: _____ Case no. and P/L: _____

Supportive relationships and community connections

Current community support, activities and interests (Who is currently your support system? How are they a support? How are you involved in your community?):

Future goals or plans for supportive relationships and community connections (Whom can you count on for support? How are they a support? What is your plan for community involvement? Where in the community do you go when you need to find resources?) Consider completing a permanency pact agreement see (<http://transition.fosterclub.com/article/permanency-pact>) for more details:

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered)</i>	<i>(Rating scale below.)</i>

Youth's Initials:

T2 Comprehensive Transition Plan

Youth name: _____ Case no. and P/L: _____

Employment

Current employment status (skills needed, job search, placement, maintenance):

Future goals or plans for employment/career (What career field do you want to pursue? How will you gain the skills necessary for your career choice? Who can help obtain work experience in this career area? Plan for job shadow or internship?):

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>

Youth's initials:

T2 Comprehensive Transition Plan

Youth name: _____ Case no. and P/L: _____

Health

Current health status (physical, mental, emotional strengths and needs):

Future goals or plans for maintaining good health (Is next dental and physical exam scheduled? What is plan to meet ongoing physical or mental health needs? What is plan for obtaining medical insurance? Do you understand the medication you are taking, if any, and why you are taking it?):

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>

Youth's initials:

T2 Comprehensive Transition Plan

Youth name: _____ Case no. and P/L: _____

Transportation

Current transportation status (How does youth get to appointments? Who or what does youth rely on for transportation? Is youth taking driver's education class? Does youth know how to make minor repairs or provide proper maintenance for mode of transportation?):

Future goals or plans for transportation (Will youth have a driver's license? Will youth own a car? How will insurance be covered? Will youth know bus routes and other transportation options?):

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>

Youth's Initials:

T2 Comprehensive Transition Plan

Youth name: _____ Case no. and P/L: _____

Life skills

Independent living skill area:

- Daily living skills Money management Interpersonal/social
 Nutrition/safety Consumerism Spiritual
 Legal Other: _____

Current status:

Future goals or plans:

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>

Youth's initials:

T2 Comprehensive Transition Plan

Youth name: _____ Case No. and P/L: _____

Signatures

Participants or Youth Decision Meeting (YDM) members:

Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include *(but are not limited to)* large print, Braille, audio recordings, Web-based communications and other electronic formats. E-mail dhs.forms@state.or.us, call 503-945-5684 (voice) 503-945-5896 (TTY), or FAX **503-945-6969** to arrange for the alternative format that will work best for you.

Importance of Engaging Youth in the Planning Process

- **Hands-on** opportunity for youth to **practice** life skills,
- Youth gain a sense that **they** have control over their future,
- Youth take responsibility for completing their plan and accomplishing goals.



T2 & Youth Decision Meeting

Benefits:

- Allows youth to voice wants/needs and take ownership of plan/goals set.
- Brings together those who are supports for the youth.
- Allows everyone to leave with the same plan – youth, worker, foster parent, ILP provider, and other important people in the youth's life.

Supportive Adults

DHS Caseworker

ILP Provider

Peers

ASPIRE Mentor

Community (school, clubs, church...)



Foster Parent(s)

CRB

Attorney

CASA

Family Members

Plan Information

Case Name:	Case Number:	Perm. Plan Date:	11/08/2011
Child Name:	Court File #: <input type="text"/>	Date Approved:	00/00/0000
Worker Name:		Status:	Pending

Basic

ASFA Review

IPR Exceptions

Placement

Youth Transitions

- Child is not yet 14 years of age.
- Child is eligible and has been referred for Independent Living. Date Referred:
- Ansell Casey Life Skills Assessment is complete. Date Completed:
- Child is 14 with an APPLA Plan or 16(plus) or is currently receiving independent living services/training

Education

<input type="text" value="Academic Supports"/>	<input type="button" value="Delete"/>
<input type="text" value="GED Classes"/>	<input type="button" value="Delete"/>

Education - Document planned actions/activities leading to successful independence.

Employment

Employment - Document planned actions/activities leading to successful independence.

Benchmark Review

- Six months prior to a child's 18th birthday, the caseworker must convene a meeting for the purpose of a benchmark review of the CTP.
- DHS workers must invite the child, and *may* invite the child's parent or legal guardian, substitute caregiver, ILP provider, CASA, child's attorney, service providers, and others the child determines are important to the meeting.

Benchmark Review

Determinations made prior to age of 18:

- Persons with decision-making authority for education services
- Sustainable housing (including college breaks, etc)
- Persons who will provide supportive relationships
- Identification of community resources

Benchmark Review

- Plan for employment / academic / or vocational education
- Person with decision-making authority for health/ mental health services & providers
- Plan to meet life skill development needs by age 18

Requirements at Independence

Provide the child with the following records:

- Information concerning child/young adult's case
- Health & education records
- Birth certificate (original)
- Official proof of citizenship or residency
- Social security card (original)
- Driver's license or other form of state identification
- Where applicable, death certificate of parents
- Written verification of placement in substitute
- Chafee Medical referral form
- Credit Report

Requirements at Independence

*At least 60 days prior to the date the Department requests to be relieved of legal custody, they must:

Inform child or young adult of:

- Date, time, location of hearing (if a hearing is held)
- His/her right to attend hearing/importance of
- His/her right to request assistance with transportation

When DHS dismisses custody

- Explain to youth & their families that ILP can continue once custody dismissed
- Assist those youth who want to remain in ILP to transition to voluntary services when at all possible
- Notify ILP when there is case closure

Transition Services



Independent Living Program Mission

To empower, encourage and allow youth to move into adulthood with the knowledge and skills to become responsible and contributing members of their community.

DHS Independent Living Program

The ILP array of services includes the following:

Daily Living Skills Training

ILP Discretionary Funds

Education & Training Vouchers

Housing Stipends

Subsidy Program

Chafee Housing





DHS Independent Living Program

Services and supports for:

- Transportation
- Community connections and support
- Mental and physical health
- Employment
- Housing
- Education
- Life skills



Services available for children on the ILP waiting list

- DHS caseworker plays primary role in ensuring that there is a T2 and services available to support achievement of the plan.
- Community resources and other resources may be available to meet the youth's transition needs.
- Youth on the wait list may participate in ILP group activities.

Caseworker's Role in Life Skills development for youth:

- Determine if youth is appropriate for an ILP Contractor's program.
- Complete both pages of ILP Referral (CF80).
- Ensure a T2 is developed for each eligible youth even if not involved with ILP.
- Determine what resources are necessary to meet the transition goals.
- Attend all transition planning meetings (T2/YDM).

ILP Provider's Role in Life Skills development for youth:

- Help youth complete “CLSA” & T1
- Coordinate with DHS all transition planning meetings (T2/YDM).
- Provide monthly 1-1 mtgs & skills workshop.
- Inform DHS worker and foster parent of problems and progress.
- Help youth navigate community resources to achieve transition goals.





The Youth's Role in Life Skills development :

- Attend at least 1 group/meeting a month.
- Meet w/ILP Worker at least 1x mo.
- Meet w/DHS Caseworker at least 1x mo.
- Work his/her plan for transition.
- Keep ILP & DHS worker informed of any issues, concerns, and celebrations.
- Ask for help when needed.



Foster Parent's Role in Life Skills development for youth:

- Attend all transition planning meetings.
- Reinforce the youth's learning by providing opportunities for hands-on skills practice.
- Ensure youth attends ILP activities.
- Keep ILP and DHS worker informed of youth's issues, concerns, and celebrations.
- Help youth locate needed community **resources** (bank, transportation, employment, etc).



ILP Housing Services

- **Independent Living Housing Subsidy**
 - Currently in care and custody of DHS
 - age 16 or older (not yet 21)
 - Must have court approval
- **Chafee Housing Program**
 - Dismissed from care & custody at age 18 or older.
 - Must have at least 4 hours paid employment.



ILP Housing Programs

- Works in conjunction with ILP skill building to help youth become more self-sufficient adults.
- Provides a real-life, hands-on opportunity to practice daily living skills.
- Acceptance into these programs is a privilege, **not a right.**
- Helps youth learn housing options.
- Holds youth accountable.

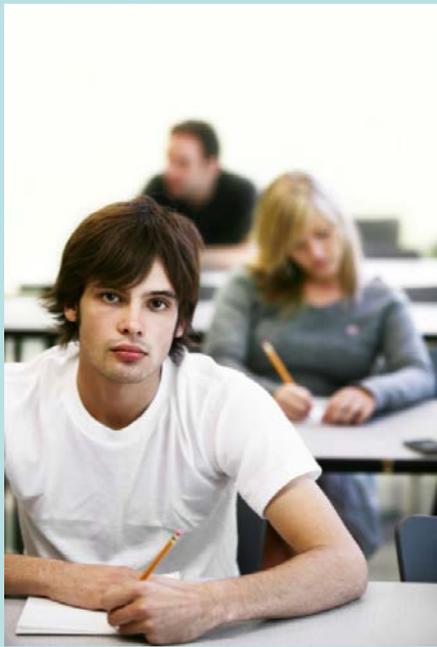


Purpose of Housing Program

Assist youth gain/practice following skills:

- Manage finances and live on a budget,
- Manage a household,
- Manage time,
- Manage life demands, and
- Accept responsibility for choices and decisions made.





Educational Services

And Supports



Abuse/Neglect Affects on Education

Experienced 7 or more school changes from elementary through high school: 65%

Completed high school (via a diploma or GED credential): 84.8%

Obtained a GED credential: 28.5%

Received some education beyond high school: 42.7%



Abuse/Neglect Affects on Education

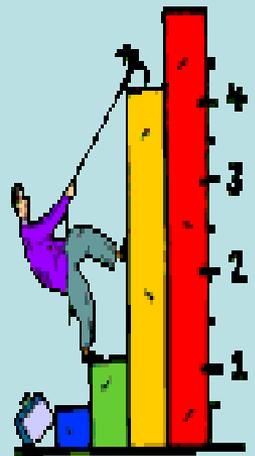
Completed any degree/certificate beyond high school: 20.6%

Oregon Graduation Rates: 8.65%

Completed a vocational degree: 16.1% (those 25 years+: 21.9%)

Completed a bachelor's degree: 1.8%

Oregon Graduation Rate: 37.50 %



House Bill 3471

Tuition & Fee Waiver



*May use to complete a Certification Program,
Associates Degree or Bachelors Degree*

Tuition & Fee Waiver

Funding Stream	Application Required	Benefits
<p>May use a student's Pell, FSEOG, Oregon Opportunity Grant, other federal aid, or institution aid (does not include the Chafee ETG).</p>	<p>Free Application for Federal Student Aid (FAFSA) www.fafsa.gov.edu</p>	<p>Tuition & fees waived for the equivalent of 4 years of undergraduate education at a public college or public university in Oregon. Eligible foster youth are also prioritized for the Oregon Opportunity Grant.</p> <p><i>May use to complete a Certification Program, Associates Degree or Bachelors Degree.</i></p>

Eligibility Criteria

- 365 days of child welfare out-of-home care after age 16,
- Enroll at a post-secondary institution within 3 years of whichever comes first:
 - a) DHS or Tribal Wardship dismissed or
 - b) High school completion or equivalent (GED)
- Access the Waiver by age 25.
- Volunteer 30 hours per academic year once you begin receiving the waiver to maintain eligibility.

Education & Training Grant (ETG)

Provides up to \$3,000 per academic year for cost of attendance:

- Tuition, Fees, Books, Supplies
- Room & Board
- Personal Expenses
- Travel/Transportation



Co-managed DHS/DD cases

- Children who are co-managed by DHS and the DD program may not be appropriate for the ILP.
- The domains in the T2 are required to be addressed for these children.
- The child or young adults Individual Service Plan (through DD program) and/or IEP and post secondary school may meet the requirements of a T2 and services.

Break Time



Be back in 15 minutes

CRB's Role

- Determine if the T2, Comprehensive Transition Plan (or Benchmark Review) adequately meets the youth's needs.
- Determine if services provided are appropriate based on youth's needs (via ILP, FP, DD svcs, club, school, etc.)
- Determine if youth's wishes have been included in planning process & transition goals set.
- Ensure that statutory and administrative rule requirements are met for a Benchmark review and prior to dismissal of wardship and custody.



CRB Findings

- **3. DHS has ensured that appropriate services are in place to safeguard the child/ren's safety, health and well being.**
- **5. DHS made reasonable efforts in accordance with the case plan to place the child in a timely manner, and complete the steps necessary to finalize the permanent placement, including an interstate placement if appropriate.**



CRB Findings

- **8. DHS is in compliance with the case plan and court orders.**
- **10. There is a continuing need for placement.**



CRB Recommendations

- DHS complete (or update) a T1 Transition Readiness Index for xxx within xxx days.
- DHS complete (or update) a T2 Comprehensive Transition Plan for xxx within xxx days.
- DHS provide additional services pursuant to the Transition Plan. (i.e. referral to the Independent Living Program, academic support, ILP Subsidy Program, etc.)

CRB Recommendations

- DHS modify the Transition Plan to ensure that it is adequate to meet the transition needs of the child.
- DHS/ILP ensure that the child has the opportunity to be involved in the development of the Transition Plan.
- DHS/ILP convene a Youth Decision Meeting to develop (or update) the Transition Plan.

CRB Recommendations

- DHS ensure that a Benchmark review of the Transition Plan occurs by xxx.
- DHS/Court ensure that there is an adequate Transition Plan and services in place for the young adult prior to dismissing wardship and custody.

Application

- We will provide 2 vignettes to each table which will include a T1, T2 and brief general description of circumstances.
- The vignettes were created to cover the wide range of ages, services and circumstances encountered in transition planning.



Application

- Please read through the vignettes and make findings and recommendations on the attached page
- We encourage discussion among the table and we will be available for questions or consultation



Wrap up

- We will now have a general discussion with the whole group regarding our experiences and learning, what is or is not happening in our counties and what key concepts we have learned and would like to take back to our counties and boards.
- This will be followed by a question and answer segment if time allows.



*“In the final analysis it is not what you do for your children,
but what you have taught them to do for themselves
that will make them successful human beings.”*

Ann Landers

*“Celebrate what you want
to see more of.”*

Tom Peters



- Rosemary Iavenditti, Oregon DHS ILP Coordinator
- 500 Summer Street NE, E76, Salem, OR 97301 503-945-5688
- rosemary.iavenditti@state.or.us

Oregon Independent Living Program
List of Services and Eligibility Requirements

ILP Skill Building
(Federally Funded)

Eligibility:

- Age 14 or older and in substitute care (DHS or Tribal), OR
- A former foster child who left child welfare substitute care placement at age 16 or older, with at least 180 days (six months) of placement services after age 14.

Services: Contracted out to local non-profits, for-profits, or Tribes.

- Daily Living Skills such as: money management, household maintenance, transportation, legal issues, health, community resources, housing options, personal hygiene, employment readiness
- Educational Assistance such as: tutoring, homework/study groups, college tours, financial aid/scholarship applications

ILP Discretionary Funds
(Federally Funded)

Eligibility:

- Youth must be eligible for ILP skill building services and
- Have an open ILP Life Skills service (can be opened as non-paid if branch is providing services)

Services: Provided directly by DHS caseworkers

- Small amount of discretionary funds to assist a youth obtain items or services needed to meet his or her goals for transition.

Education and Training Vouchers (ETV)
(Federally Funded)

Eligibility:

- Age 14 or older and is in child welfare substitute care (DHS or Tribal), OR
- A former foster child who left a child welfare substitute care placement at age 16 or older, with at least 180 days (six months) of foster care placement services after age 14.
- Youth must be on the program prior to age 21
- If youth are receiving services at age 21, can continue to receive until 23rd birthday.

Services: Provided by DHS in collaboration with the Oregon Student Assistance Commission.

- Youth may receive up to \$3,000 per academic year. Amount is based on need.

Youth must be accepted/enrolled in a postsecondary education or training program in order to receive funds (application available at: <http://www.oregonstudentaid.gov/chafeeetv.aspx>)

Note: Youth may not access both the ETV funds and Chafee Housing funds at the same time. However, if Room & Board is not included in a school's cost of attendance, then the youth may be able to simultaneously access both programs.

Oregon Tuition & Fee Waiver
(State Funded)

Eligibility:

- Must have at least 365 days of Oregon child welfare placement and custody after age 16.
- Must enroll at a post-secondary institution within 3 years of wardship dismissal or completing high school/GED (whichever is earlier).
- A student must complete 30 hour of volunteer activities to retain eligibility for year 2 and all subsequent years.

- Tuition waiver will end when the student has attended the equivalent of 4 years of undergraduate studies. Must begin accessing prior to 25th birthday.
- A student must submit the Free Application for Federal Student Aid (FAFSA) in order to be considered for the Tuition Waiver.

IL Subsidy Program (ILSP)

(State General Funds, some federal/other)

Eligibility:

- Age 16 or older
- In DHS care and custody
- 40 hours of activity per week (work, education, or combination of the two)
- Has at least one prior substitute care placement
- Has approval of the court to participate
- If youth has not completed high school, must be actively working to complete high school or obtain a GED.
- Youth must be enrolled for ILP skill building services.
- Youth cannot live with biological or legal parent(s).

Services: Provided directly by DHS

- Youth may receive up to \$600 per month to live independently for a maximum of one year.

Chafee Housing Program

(Federally Funded)

Eligibility:

- Age 18 or older, but not yet 21
- A former foster child who left a child welfare substitute care placement at age 18 or older, with at least 180 days (six months) of foster care placement services after age 14.
- 40 hours of activity per week (work, education, or combination of the two – must include at least 4 hours of paid employment)
- If youth has not completed high school, must be actively working to complete high school or obtain a GED.
- Youth must be enrolled for ILP skill building services.
- Youth cannot live with biological or legal parent(s).

Services: Provided directly by DHS

- Youth may receive up to \$600 per month to live independently, for a maximum of \$6,000 or age 21, whichever comes first.
- Please advise youth that Chafee Housing services vary from state to state. They should make certain to check with a state prior to moving.

ILP services are available to former foster youth that were discharged from care at age 16 or older with at least 180 days (six months) of foster care placement services after age 14.

Youth can be returned home, in a guardianship, or living independently and still retain eligibility for some ILP services. The ILP Housing services are the only ILP services a former foster youth will lose if discharged after age 16 and prior to age 18 (with 180 days of care).

To access services as a former foster youth, the youth will need to go to the local DHS child welfare office and request “voluntary services.” The youth will then go through the intake process. If the youth is under the age of 18, the parent(s) will need to sign the Voluntary Services request (form CF 304). If a young adult (age 18 – 20), the youth can sign for themselves. All services end at age 21 – ETV may be an exception.

Independent Living Program – County Provider List

State of Oregon / ILP Desk: 503-945-5684

Baker, Union, Willowa

Training & Employment

Consortium

1916 Island Avenue
PO Box 2979
La Grande, OR 97850
Tracey May – Union/Baker
541-963-7942, x. 40
Fax# 541-963-2287
Provider #168666 (125429)

Clackamas

Inn Home

19146 S Molalla Ave
Suite B Box 4
Oregon City, OR 97045
503-656-1428
Joy Haynes
Naudia Strudler
Fax# 503-723-6223
Provider #211108 (125213)

Coos, Curry

Bob Belloni Ranch

320 Central Ave Ste A
Coos Bay, OR 97420
Grant Gill cell 541-297-6839
541-269-0321 office
Fax# 541-267-0785
Provider #146914 (125225)

Crook, Deschutes, Jefferson

Meadowlark

354 NE Greenwood, #208
Bend, OR 97701
Teal Buehler, 541-617-9576 office
Meg Boylen cell 541-678-0155
Fax# 541-388-9091
Provider #213503 (125228)

Douglas

OPTIONS

612 SE Jackson St STE11
Roseburg, OR 97470
Candy Maidens
541-643-3826 cell
541-464-6455 office
Fax# 541-957-5906
Provider #165635 (125212)

Grant

Training & Employment

Consortium

118 Washington Street
PO Box 278
Canyon City, OR 97820
Tina Lippert
541-575-0251
Fax#: 541-575-2302
Provider #168666 (125429)

Harney

Training & Employment

Consortium

90 W. Washington
Burns, OR 97720
Linda Looney, 541-573-6676
Fax# 541-573-5432
Provider #168666 (125429)

Hood River, Sherman, Wasco,

Gilliam, Wheeler

Next Door, Inc.

1005 West 6th
The Dalles, OR 97058
Livia Colbert x218
Bill Marick x206
541-298-4221
Fax# 541-296-3745
Provider #192539 (125227)

Jackson, Josephine

Community Works

900 East Main Street
Medford, OR 97504
Matt Broady 541-779-2393 x213
Stephanie Lane – Josephine Co.
541-474-3120 x368
Fax# 541-779-3317
Provider #211009 (125226)

Klamath, Lake

Integral Youth Services

1011 Main Street
Klamath Falls, OR 97601
Dawn Arrington
541-882-7675
Fax# 541-885-6809
Provider #193312 (125229)

Lane

Looking Glass Youth & Family

Services

1475 Franklin Blvd.
Eugene, OR 97403
541-302-2554
Andrea Hansen-Miller ext. 319
Fax# 541-302-3767
Provider # 106306 (125211)

Lincoln

Community Services Consortium

PO Box 928
Newport, OR 97365
Melody Jackson
541-265-8505
Fax# 541-265-8507
Provider # 147397 (125233)

Linn, Benton

Community Services Consortium

250 Broadalbin SW, Suite 2A
Albany, OR 97321
Joan Fisher
541-928-6335
Fax# 541-967-9307
Provider #147397 (125233)

Malheur

Training & Employment

Consortium / Malheur ILP

375 SW 2nd
PO Box 40
Ontario, OR 97914
Rocio Trujillo
541-889-0985
Fax# 541-889-4270
Provider #168666 (125429)

Independent Living Program – County Provider List

State of Oregon / ILP Desk: 503-945-5684

Marion

Catholic Community Services
Independent Living Program
PO Box 20400
Keizer, OR 97307-0400
Phone 503-362-2225
Kyla Markel, ext 315
Aaron Dalisky, ext 318
Amanda Sparks, ext 316
Lori Simpson, ext 321
Fax# 503-363-6028
Provider #192871 (125204)

Multnomah

Tribal Youth Only
Native American Youth and
Family Center/ NAYA
5135 NE Columbia
Portland, OR 97218
Selona Willett
503-288-8177 ext 225
Fax# 503-288-1260
Provider #209733 (125178)

Tillamook, Clatsop, Columbia

Tillamook County YMCA
6990 Bewley Creek Road
Tillamook, OR 97141
Jenny Burt 503-842-8739
Tillamook/Clatsop
Veronica Davidson
Columbia Co. 503-556-4112
Fax# 503-815-2643
Provider #146924 (125220)

Morrow, Umatilla

CAPECO (Community Action
Program East Central Oregon)
721 SE 3rd, Suite D
Pendleton, OR 97801
Susie Stuvland
Office 541-276-1926
Cell 541-278-5666
Fax# 541-276-7541
Provider #209541, (125230)

Mult., Wash., Clack.

(special project)
PSU Regional Research
My Life Project
PO Box 751
Portland, OR 97207
Sara Geenen 503-725-4041
Fax#
Provider #146096 (non-paid svcs)

Washington

LifeWorks Northwest
12350 SW 5th Street – Suite 110
Beaverton, OR 97005
John Burton x3728
Michelle Knudsen, x3782
Laure Vilardo, x3904
503-627-9194
Fax# 503-627-9095
Provider #100975 (125231)

Multnomah

Inn Home- Multnomah Co.
5605 E. Burnside St.
Portland, OR 97215
Marni Doerfler
503-234-8757, ext. 17
Fax# 503-234-8758
Provider #211108 (125177)

Polk

Polk Co. Youth Svc. ILP Prog.
182 SW Academy Street, Ste 320
Dallas, OR 97338
David Valencia, 503-623-2042
Shannon Simich
Fax# 503-623-9291
Provider #211605 (125428)

Yamhill

Catholic Community Services
Yamhill ILP
117 NE 5th Street
PO Box 149
McMinnville, OR 97128
Katie Jones
503-472-2240
Fax# 503-434-5848
Provider #192871 (125204)

Multnomah – Neighbor Specific

97203, 97211, 97212, 97217, 97227
Impact NW
P.O. Box 33530
Portland, OR 97292-3530
Toc Soneoulay
Kindra Johnson
vacant
503-287-4280
Fax# 503-493-5911
Provider # 211309 (125179)

Warm Springs/Tribal Youth only

Conf. Tribes of Warm Springs
PO Box 1131
Warm Springs, OR 97761
Rosa FrutosLopez
541-553-3209
Fax# 541-553-1894
Provider #124399
(direct federal funds, no contract)

ILP Desk Central Office, DHS

DHS Foster Care Unit
500 Summer Street NE, E76
Salem, OR 97301
Rosemary Iavenditti, 945-5688
Carrie vanDijk, 503-945-5807
Alex Sims, 503-945-5684
Hayley Smith, 503-945-6619
Sandy Raschko, 503-945-6612
Zumiko Heron, (temp) 945-6619

Financial Aid for Foster Youth: Grants and Scholarships

Federal Pell Grant: *Foster youth are eligible for this grant as they have “independent” status. Accessed through <http://fafsa.ed.gov/>*
The following website provides solutions to the questions foster youth, adopted youth, or youth in a guardianship have regarding how to answer questions about family income: <http://www.nasfaa.org/annualpubs/FosterYouthFAFSA.pdf>

Federal Supplemental Educational Opportunity Grant (FSEOG): *Foster youth are eligible for this grant as they have “exceptional financial need”. Access through www.fafsa.ed.gov*

Oregon Opportunity Grant: *Foster youth often receive this grant due to financial need. It can only be used by Oregon residents and at a nonprofit college or university in Oregon. Access through completing the FAFSA. To get more information go to www.oregonstudentaid.gov*

Education Training Voucher (ETV or ETG): *Funded through the Chafee Foster Care Independence Program (CFCIP). This grant provides up to \$3,000.00 a year for youth who were in foster care (DHS or one of the federally recognized tribes) and dismissed from care at age 16 or older with 180 days of foster care placement services. If a youth is receiving these funds at age 21, s/he is eligible to apply for funding until age 23. Access application through www.oregonstudentaid.gov/chafeetv.aspx*

Although the Chafee ETV grant can be accessed year round through the ILP Desk, we encourage all youth to apply for their financial aid between January 1st and March 1st (FAFSA, OSAC & ETV applications) in order to obtain maximum funding for post secondary education.

“Foster Care to Success” (formerly Orphan Foundation of America) Scholarship Program: *Several scholarships are available through the Orphan Foundation of America including the Casey Family Scholarships. For more information go to www.orphan.org and click on ‘scholarships’.*

National Foster Parent Association Scholarships: *To get more information go to <http://www.nfpainc.org>. This website also lists a full scholarship for the University of Phoenix.*

Fostering A Future: Scholarship to benefit youth **adopted** from foster care after age 13. <http://www.childrensactionnetwork.org/scholarship.htm>

Financial Aid for Foster Youth: Grants and Scholarships

Oregon Student Assistance Commission: *Hundreds of scholarships are available through the Oregon Student Assistance Commission at www.oregonstudentaid.gov including:*

- **Irmgard Schultz Scholarship:** *This scholarship is privately funded and can be accessed through OSAC. Note: Foster youth are a secondary priority. First priority is to any graduate from Jackson County.*

- * **DREAM Scholarship for Foster Youth aka Former Foster Children Scholarship:** *This scholarship was initially funded by the Oregon Legislature but is now funded by private donations. Primary eligibility are for those youth who meet the requirements for the ETV listed above. However, as a secondary purpose, this scholarship can serve youth who were in the DHS child welfare system; youth who are adopted from DHS child welfare between the ages of 14 ½ and 16; foster youth who did not receive Chafee funds before age 21, or are over age 23 (less than age 26) and have not yet completed their post-secondary education.*

To contribute to the DREAM Scholarship:

- <http://www.oregonstudentaid.gov/donate.aspx>
- *Make checks payable to: Oregon Student Assistance Commission*
- *Put Code 442 in the “memo” section of your check.*
- *Mail check to: Oregon Student Assistance Commission,
Grants and Scholarship Division,
1500 Valley River Drive, Suite 100,
Eugene, OR 97401.*

Oregon Tuition & Fee Waiver: To be eligible a youth must: 1) have at least 365 days of **Oregon** child welfare care and custody after the age of 16. **2)** Must enroll at an Oregon public post-secondary institution within 3 years of wardship dismissal or completing high school/GED (whichever is earlier). **3)** Submit the Free Application for Federal Student Aid (FAFSA). A student must complete 30 hours of volunteer activities to retain eligibility for year 2 and all subsequent years. Once enrolled and receiving the tuition waiver, the student is entitled to the equivalent of 4 years of undergraduate studies.

QUESTIONS?? Contact the ILP Desk

Sandy Raschko, ILP Fiscal Assistant
Rosemary Iavenditti, ILP Coordinator

Phone #: 503.945.6612
Phone #: 503.945.5688
Fax #: 503.945.6969

Stacey Glue

Stacey is 14 ½ years old. She has been referred to ILP but is not interested in participating. Stacey's DHS caseworker just completed Stacey's first transition plan. Stacey has been in care since 9 years of age. Stacey just started high school and is already at risk of not graduating on time. She currently has a Probation Officer for some issues with marijuana and an altercation on the city bus. Stacey lives in a foster home with 6 other teenage girls.

Please read through Stacey's T1 and T2 and make findings and recommendations regarding the plan and services.

Findings:

3. DHS has ensured that appropriate services are in place to safeguard the child/ren's safety, health and well being.

5. DHS made active efforts in accordance with the case plan to place the child in a timely manner, and complete the steps necessary to finalize the permanent placement, including an interstate placement if appropriate.

8. DHS is in compliance with the case plan and court orders.

10. There is a continuing need for placement.

Recommendations:

Youth Information	First name and initial Stacey		Last name Glue		
	Case No. and P/L 11223344		Projected date youth will leave care (mm/dd/yy) 2018		
	Birth Date (mm/dd/yy) 10/1/1997		Age 14.5	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Independent Living Preparation	3 Participates in Independent Living Program (name) Not Yet / Not Interested		Level of involvement		
	3 Assessment completed (type) No		Date completed (mm/dd/yy)	3 <input type="checkbox"/> Updated within six months?	
	5 x Comprehensive Transition Plan completed		Date completed (mm/dd/yy) 5/1/2012		
	5 x Youth approves plan 5/1/2012 (mm/dd/yy)		<input type="checkbox"/> Youth does not approve plan (mm/dd/yy)	Youth's initials SG	
Social Development and Supportive Relationships	15 Permanency Obtained		Permanency obtained with (name): Joann and Jacob Doe		
	Legal relationship (Foster parent, guardian, adoptive home, etc.) FP		Phone ()		
	Street address 5555 123 ST		Apt. or Unit No.	E-mail	
	City Eugene		State or	Zip code	
Foster Parents	5 Name Joann and Jacob Doe		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City		State	Zip code	
	Supports offered Housing, food, clothes		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
Probation Officer	5 Name Jenny Jones		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City		State	Zip code	
	Supports offered Keeps on track, legal stuff		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
Supportive Adults	5 Name		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City		State	Zip code	
	Supports offered		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
Score: 0	3 Peer support (name)		Relationship	Phone number ()	

Youth's Initials:

Housing, Transportation/ Community Resources Score- Part 1: 0	Housing	After leaving foster care (only fill in within 3 months of exit date)				
		10	Address	City	State	Zip Code
		3	Emergency shelter (Identify) Station 7	3	<input type="checkbox"/> Participated in housing skills classes	
		3	<input type="checkbox"/> Sample rental application complete and attached	3	x Has mode of transportation : Bus	
	Personal Docs	2	<input type="checkbox"/> Social Security card in youth's possession	Social Security Number (optional)		
		3	x Photo ID in youth's possession	ID type School	ID number	Expiration date June 2012
		2	<input type="checkbox"/> Birth certificate in youth's possession	County/State of birth		
		1	<input type="checkbox"/> Registered to vote	1	<input type="checkbox"/> Selective Service Registration (males)	
1	<input type="checkbox"/> Personal filing system established	Location of personal filing system				

Community Resources Score: 0	3	Spiritual support: list organization	Contact person	Phone number ()
	3	Other community connections Volunteers at Brattain House	Contact person	Phone number ()

Money Management Score: 0	3	<input type="checkbox"/> Bank account open	3	<input type="checkbox"/> Savings account open	Institution
	3	Savings for leaving Foster Care: Goal \$ Current bal. \$	5	Other sources of income (list on separate sheet)	Monthly amt. \$
	3	Demonstrated money management skills (list): Calculating a tip			

Work and Study Skills Preparation for Education and Employment Score- Part 1: 0	Education	10	<input type="checkbox"/> High school diploma	School	Date obtained	
		7	<input type="checkbox"/> GED	School	Date obtained	
		10	<input type="checkbox"/> Enrolled in post secondary education	School		
		6	Writing skills demonstrated In 9 th Grade English	5	Math skills demonstrated In Pre-Algebra	
		3	<input type="checkbox"/> High school credits/transcripts attached			

Youth's Initials:

\Rating Scale: (+) = Positive Progress; (0) = No Change; (-) = Regression; (!) = Accomplished; (*) = New Objective

THIS FORM IS AVAILABE IN ALTERNATE FORMAT UPON REQUEST CF 0069 (12/04)

Work and Study Skills (Continued)	Employment	10	<input type="checkbox"/> Currently employed full-time OR	7	<input type="checkbox"/> Currently employed part-time	3	<input type="checkbox"/>	<input type="checkbox"/> Sample employment application					
		Current employer, address, phone number, and contact:											
		10	<input type="checkbox"/> Previously employed full-time OR	7	<input type="checkbox"/> Previously employed part-time	-5	<input type="checkbox"/> If employment ended in firing						
Score- Part 2: 0		9	Demonstrated work and study skills (1 point per skill listed, max. of 9 points) AT Brattain House: Fold/Sort Clothing, Help families find clothing / household items										
	Self-Care	Health	5	<input type="checkbox"/> Medical coverage after care OR		<input type="checkbox"/> Applied for OHP before leaving foster care							
Provider			ID number										
3			Doctor's name Dr Phillip	Phone number ()	3	Dentist's name Johnson	Phone number ()						
2			Emergency Providers Identified (nearest urgent care or ER)		Provider Sacred Heart		Phone number ()						
5			Mental health coverage		Provider OHP – Looking Glass Counseling		ID number						
3			Demonstrated self-care skills (list) Brushes teeth, working on hygiene skills and sleep patterns										
0			x	15 or under	1	<input type="checkbox"/>	16	5	<input type="checkbox"/>	17	10	<input type="checkbox"/>	18
Score: 0		5	<input type="checkbox"/> Drug and alcohol free, or		3	<input type="checkbox"/> In treatment		4	s Non-smoker		Reporting method Self		
		5	<input type="checkbox"/> Not currently on probation or parole		5	x No felony		10	x Non-Parent (No children, not expecting.)				
Daily Living Skills		10	Demonstrated daily living skills (one point per skill listed, max. of 10 points): Knows bus system, meets with PO weekly, knows how to make 3 different kinds of meals, laundry, basic household chores										
Score: 0													
Total T1 Score: 0 TRI DATE:													
TRI History	Date												
	Score												

Youth's Initials:

Comprehensive Transition Plan — T2

T T2 date: 5/1/2012 Initial plan **OR** Updated plan*

Youth information

First name and initial:
Stacey

Last name:
Glue

Case no. and P/L:
11223344

ILP case manager (*if available*):
Not in program yet

DHS/tribal worker:
JohannaJohnson

Date plan completed:
5/1/2012

Six month update due:
11/2012

Referred to ILP?
Yes No

If yes, date of referral: 4/1/2012

Date of ACLSA:
none on file

Teen parent?
Yes No

If yes, number of children: 0

Expectant parent?
Yes No

Youth's strengths (including hobbies and interests):

Stands up for self and friends
Creative, able to express creativity

Identified needs:

Additional notes:

Plan development (*please list how the youth was involved with development of the plan*):

Stacey met with DHS-CW Johanna. Stacey was not interested in developing goals but did produce some goals with a lot of prompting from CW.

Youth plan

Have other community partners crafted a plan on behalf of the youth? Yes No

If yes, please check all that apply and attach a copy to this form:

Ansel-Casey Life Skills Plan
(www.caseylifeskills.org)

Individual Education Plan (IEP)

Person centered plan

Treatment Plan and Discharge Plan (D and A, residential, mental health, etc.)

Voc Rehab/IPE (Individual Plan for Employment)

Development Disabilities Individual Support Plan (DD ISP)

Temporary Assistance to Needy Families (TANF/JOBS)

Workforce Investment Act (WIA)

Other (*please list*):

* Use the full T2 (CF 69A) when completing the benchmark review.

Youth's initials:

Youth name: Stacey Glue		Case # and P/L: 11223344		Date completed: 5/1/2012	
Domain	Current status	Future goals or plans	Short term goals (who will assist with goals and how)	Steps and services (steps to achieve the short term goals and services to be offered)	Progress (rating scale below)
Education	Freshman in high school, currently failing all classes but gym, suspended earlier this year for having pot on campus, is consistently tardy / truant	Not sure about college, has said she wants to get her GED instead of a high school diploma	Pass gym Be on time to school (as part of plan w/ PO)	- use alarm / work on time management, check in w/ PO	
Housing	Lived w/ current FF for 1 year, has had bx issues in home, struggles with following house rules	Youth says she just wants to move out	Look into different placement?	Is there a friend's family willing to get certified?	
Supportive relationships and community connections	Jenny Jones - PO Joanne&Jacob Doe Volunteers at Brattain House	Currently not interested in ILP	Continue to volunteer at Brattain House No other goals at this time	Explore options other than ILP : Mentor? YAT? YAB?	
Employment	Volunteers, does not have job	Unsure of career plan - has thought about working as a tattoo artist, vet tech, or glass artist	Career Exploration - CIS		
Health	Dr - 2 mo ago Dentist - 3 mo ago Therapist monthly Considers self		See Dentist for Cavity Pass UAs	Set up appt Don't smoke pot, show up to UA appts	

Rating Scale: (+) =Positive Progress, (O) =No Change, (-) =Regression; (!) =Accomplished, (*) =New Objective

healthy, currently
takes random
UAs for PO

Transportation

Uses Bus System
but currently
suspended from
privilege due to
an altercation

Get cleared to ride
the bus again

Write appeal to LTD,
wait the 30 days'
suspension

Life skills

Complete PO
Program

Pass UAs, show up to
mtgs, start passing
classes and making
better decisions

Take the CLSA

Youth's initials:

Signatures

Participants or Youth Decision Meeting (YDM) members:

Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include *(but are not limited to)* large print, Braille, audio recordings, Web-based communications and other

Rating Scale: (+) =Positive Progress, (O) =No Change, (-) =Regression; (!) =Accomplished, (*) =New Objective

CF 69 B (11/09

Page 3 of 4

electronic formats. E-mail dhs.forms@state.or.us, call 503-945-5684 (*voice*) or 503-945-5896 (TTY), or FAX 503-945-6969 to arrange for the alternative format that will work best for you.

William Donahue Age: Almost 18

William is approaching his 18th birthday. Due to the ILP waitlist, William did not get into ILP until Mid July of 2011. He has been in the DHS system since he was 13 years old and wants his case to be closed. William has no clear plans for his future but continues to tell DHS and ILP that once his case is closed he just wants to move back in with bio-mom. Bio-mom has consistently been flaky in attending meetings and cancelling visitations. William has had 4 placements while in foster care.

Please read through William's T1 and T2 and make findings and recommendations regarding the plan and services.

Findings:

3. DHS has ensured that appropriate services are in place to safeguard the child/ren's safety, health and well being.

5. DHS made active efforts in accordance with the case plan to place the child in a timely manner, and complete the steps necessary to finalize the permanent placement, including an interstate placement if appropriate.

8. DHS is in compliance with the case plan and court orders.

10. There is a continuing need for placement.

Recommendations:

Youth Information	First name and initial William		Last name Donahue			
	Case No. and P/L 111111		Projected date youth will leave care (mm/dd/yy) June 2012?			
	Birth Date (mm/dd/yy) 1/1/1994		Age 18	Gender x Male <input type="checkbox"/> Female		
Independent Living Preparation	3 Participates in Independent Living Program (name) Lane Co ILP		Level of involvement Minimal: 1x 1:1/mo, no groups			
	3 Assessment completed (type) CLSA		Date completed 8/1/11d/yy		3 <input type="checkbox"/> Updated within six months?	
	5 x Comprehensive Transition Plan completed			Date completed (mm/dd/yy) 10/1/2011		
	5 x Youth approves plan 10/1/2011yy)		<input type="checkbox"/> Youth does not approve plan (mm/dd/yy)		Youth's initials WD	
Social Development and Supportive Relationships	15 Permanency Obtained		Permanency obtained with (name): Jack & Jill Joy			
	Legal relationship (Foster parent, guardian, adoptive home, etc.) FP			Phone ()		
	Street address 1234 Johnny Appleseed Dr		Apt. or Unit No.		E-mail	
	City Springfield		State OR		Zip code	
	Friend's Mom	5 Name Jane Soy		Phone ()		
Street address		Apt. or Unit No.		E-mail		
City EUgene		State		Zip code		
Supports offered Lets him stay at the house, is nice to him		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached				
Bio-Mom	Supportive Adults	5 Name JoAnne Donahue		Phone ()		
		Street address 1234 Cattle ST		Apt. or Unit No.		E-mail
		City Cottage Grove		State		Zip code
		Supports offered Family, mom		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
		5 Name		Phone ()		
Street address		Apt. or Unit No.		E-mail		
City		State		Zip code		
Supports offered		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached				
Score: 0	3 Peer support (name) Billy Soy		Relationship Best Friend		Phone number ()	

Youth's Initials:

Housing, Transportation/ Community Resources	After leaving foster care (only fill in within 3 months of exit date)						
	Housing	10	Address Unknown – wants to move back with mom	City	State	Zip Code	
		3	Emergency shelter (Identify) Mission / S7	3	<input type="checkbox"/> Participated in housing skills classes		
		3	<input type="checkbox"/> Sample rental application complete and attached	3	xHas mode of transportation LTD		
	Personal Docs	2	<input type="checkbox"/> Social Security card in youth's possession	Social Security Number (optional)			
		3	xPhoto ID in youth's possession	ID type School + State	ID number	Expiration date 2016	
		2	<input type="checkbox"/> Birth certificate in youth's possession	County/State of birth			
		1	<input type="checkbox"/> Registered to vote	1	<input type="checkbox"/> Selective Service Registration (males)		
Score- Part 1: 0	1	xPersonal filing system established	Location of personal filing system Backpack				

Community Resources	3	Spiritual support: list organization none	Contact person	Phone number ()
	3	Other community connections none	Contact person	Phone number ()
Score: 0				

Money Management	3	<input type="checkbox"/> Bank account open	3	xSavings account open	Institution Key Bank
	3	Savings for leaving Foster Care: Goal \$ Current bal. \$100	5	Other sources of income (list on separate sheet)	Monthly amt. \$
	3	Demonstrated money management skills (list): Knows bank account balance, how to use food stamps, estimating costs at the grocer,			
Score: 0					

Work and Study Skills Preparation for Education and Employment	Education	10	<input type="checkbox"/> High school diploma	School	Date obtained
		7	<input type="checkbox"/> GED	School	Date obtained
		10	<input type="checkbox"/> Enrolled in post secondary education		School
		6	Writing skills demonstrated Last class taken: 10 th GR ENG	5	Math skills demonstrated Last Class Taken: ALG 1
		3	<input type="checkbox"/> High school credits/transcripts attached		
Score- Part 1: 0					

Youth's Initials:

\Rating Scale: (+) = Positive Progress; (0) = No Change; (-) = Regression; (!) = Accomplished; (*) = New Objective

THIS FORM IS AVAILABE IN ALTERNATE FORMAT UPON REQUEST CF 0069 (12/04)

Work and Study Skills (Continued) Score- Part 2: 0	Employment	10	<input type="checkbox"/> Currently employed full-time OR	7	<input type="checkbox"/> Currently employed part-time	3	<input type="checkbox"/> Sample employment application							
		Current employer, address, phone number, and contact:												
		10	<input type="checkbox"/> Previously employed full-time OR	7	x	Previously employed part-time	-5	<input type="checkbox"/> If employment ended in firing						
Self-Care Score: 0	Health	5	<input type="checkbox"/> Medical coverage after care OR		<input type="checkbox"/> Applied for OHP before leaving foster care									
		Provider				ID number								
		3	Doctor's name Johnson	Phone number ()	3	Dentist's name Skipper	Phone number ()							
		2	Emergency Providers Identified (nearest urgent care or ER)		Provider Sacred Heart		Phone number ()							
		5	Mental health coverage		Provider Looking Glass		ID number							
		3	Demonstrated self-care skills (list) Shower, Brush Teeth, Listen to Music											
		Age	0	<input type="checkbox"/> 15 or under	1	<input type="checkbox"/> 16	5	<input type="checkbox"/> 17	10	x	18	15	19 +	
			5	x	Drug and alcohol free, or		3	<input type="checkbox"/> In treatment	4	<input type="checkbox"/> Non-smoker	Reporting method Self			
			5	x	Not currently on probation or parole		5	x	No felony		10	x	Non-Parent (No children, not expecting.)	
			10	Demonstrated daily living skills (one point per skill listed, max. of 10 points): How to use bus system, basic chores										
Daily Living Skills Score: 0														
Total T1 Score: 0 TRI DATE:														
TRI History	Date													
	Score													

Youth's Initials:

\Rating Scale: (+) = Positive Progress; (0) = No Change; (-) = Regression; (!) = Accomplished; (*) = New Objective

Comprehensive Transition Plan — T2

T T2 date: Initial plan OR Updated plan*

Youth information

First name and initial:
William

Last name:
Donahue

Case no. and P/L:
1111111

ILP case manager (*if available*):
Angela Davis

DHS/tribal worker:
John Doe

Date plan completed:
October 1, 2011

Six month update due:
April 2012

Referred to ILP?
Yes No

If yes, date of referral: 2/2011

Date of ACLSA:
8/1/2011

Teen parent?
Yes No

If yes, number of children: 0

Expectant parent?
Yes No

Youth's strengths (including hobbies and interests):
Youth chose not to answer

Identified needs:

Additional notes:

William sets many barriers to his success. When staff attempted to engage him in the transition planning process, he was unwilling to set goals in housing, supportive relationships, and health as he sees these areas that his bio-mom will help him with when his DHS case is closed.

Plan development (*please list how the youth was involved with development of the plan*):

Youth plan Have other community partners crafted a plan on behalf of the youth? Yes No

If yes, please check all that apply and attach a copy to this form:

Ansel-Casey Life Skills Plan
(www.caseylifeskills.org)

Development Disabilities Individual Support Plan (DD ISP)
Temporary Assistance to Needy Families (TANF/JOBS)

Individual Education Plan (IEP)

Workforce Investment Act (WIA)

Person centered plan

Other (*please list*):

Treatment Plan and Discharge Plan (D and A, residential, mental health, etc.)

Voc Rehab/IPE (Individual Plan for Employment)

* Use the full T2 (CF 69A) when completing the benchmark review.

Youth's initials:

Domain	Current status	Future goals or plans	Short term goals (who will assist with goals and how)	Steps and services (steps to achieve the short term goals and services to be offered)	Progress (rating scale below)
Education	Currently dropped out of high school and on the GED track, he is not sure if college is in the plan for his future	Get GED, not sure of future education plan	Attend GED classes Take tests Explore the college option		
Housing	Is currently in foster care but rarely stays in the foster home, typically will stay at friends' homes	Move back in with bio-mom	Did not want to set goals in this area		
Supportive relationships and community connections	Billy- friend / stays at his home a lot Joanne- Biomom		Did not want to set goals in this area		
Employment	Has odd jobs from time to time, currently not working, did NYC last summer and vector sales in August 2011	Mechanic?	Explore career options Get a PT Job	Build a resume Apply for jobs	
Health	Has OHP, Dr seen 3 mo ago Dentist seen 1 year ago Stopped seeing therapist,	Stay healthy, get off meds	See dentist	Have mom set up appt	

Rating Scale: (+) =Positive Progress, (O) =No Change, (-) =Regression; (!) =Accomplished, (*) =New Objective

on medication for
ADD

Transportation

Rides bike

License, Car

Life skills

Attend Court to
discuss case
closure

January 2012

Youth's initials:

Signatures

Participants or Youth Decision Meeting (YDM) members:

Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:
Initial:	Date:	Name:	Role:	Phone number:

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include *(but are not limited to)* large print, Braille, audio recordings, Web-based communications and other

electronic formats. E-mail dhs.forms@state.or.us, call 503-945-5684 (*voice*) or 503-945-5896 (TTY), or FAX 503-945-6969 to arrange for the alternative format that will work best for you.

Jenny Doe Age:18

Jenny is 18 years old and a Freshman at the University of Oregon. She is utilizing the ILP Subsidy housing program and lives in the campus dorms. She gets good grades and has a job lined up for the summer. Jenny has been working with ILP for 3 years and continues to be successful within the program and on her own.

Please read through Jenny's T1 and T2 and make findings and recommendations regarding the plan and services.

Findings:

Recommendations:

Jesse Magnusen Age: 17 ½

Jesse is 17 ½ years old. He is on track to graduate and is contemplating his future. Jesse is on the Subsidy Housing tract and will need to solidify his 40 hour plan before moving into his first apartment and starting the program. Jesse's best friend's family became certified foster parents for him. He has a large amount of support from this family. Jesse has been in foster care since he was 15. He has had the same DHS caseworker throughout his time in foster care.

Please read through Jesse's T1 and T2 and make findings and recommendations regarding the plan and services.

Findings:

Recommendations:

John Doe Age: 20

John is 20 years old and is approaching his 21st birthday within the next 6 months. John is hoping to get into JobCorps as his transition plan but is not sure if he will make it to JobCorps before he ages out of the system. John is not ready to live completely on his own and has not utilized an ILP housing program. John did not qualify for adult DD services but had an IEP and special support through high school. He has been working with ILP for 5 years and John considers his ILP worker a major support in his life. He has had 4 different DHS caseworkers. His newest DHS caseworker has been very helpful with thinking about the future and assisting with John's needs. John needs to explore other options than just Jobcorps for housing after 21.

Please read through John's T1 and T2 and make findings and recommendations regarding the plan and services.

Findings:

Recommendations:

Youth Information	First name and initial Jesse		Last name Magnusen		
	Case No. and P/L 1231231		Projected date youth will leave care (mm/dd/yy) 9/30/2013		
	Birth Date (mm/dd/yy) 9/1/1994		Age 17 1/2	Gender x Male <input type="checkbox"/> Female	
Independent Living Preparation	3 Participates in Independent Living Program (name) Lane Co ILP		Level of involvement Meets frequently, attends weekly groups		
	3 Assessment completed (type) CLSA		Date completed 3/1/2009 (mm/dd/yy)		3 <input type="checkbox"/> Updated within six months?
	5 x Comprehensive Transition Plan completed		Date completed (mm/dd/yy) 3/1/2012		
	5 x Youth approves plan 3/1/2012 (mm/dd/yy)		<input type="checkbox"/> Youth does not approve plan (mm/dd/yy)		Youth's initials JM
Social Development and Supportive Relationships	15 Permanency Obtained		Permanency obtained with (name): Craig and Mindy Christoferson		
	Legal relationship (Foster parent, guardian, adoptive home, etc.) FP		Phone ()		
	Street address 769769 Pleasant Hill LN		Apt. or Unit No.	E-mail	
	City Pleasant Hill		State OR	Zip code	
FP	5 Name Craig and Mindy Christoferson		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City P Hill		State	Zip code	
	Supports offered Like Family, driving, food, emo		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
CW	5 Name Bill Shmidt		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City Eugene		State	Zip code	
	Supports offered Keeps on track, helps w/ anything		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
Aunt	5 Name Susan Jacobson		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City Oakridge		State	Zip code	
	Supports offered Talk on phone and see regularly, holidays together		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
Score: 0	3 Peer support (name) George Christoferson		Relationship Best Friend	Phone number	

Youth's Initials:

	()
--	-----

Youth's Initials:

\Rating Scale: (+) = Positive Progress; (0) = No Change; (-) = Regression; (!) = Accomplished; (*) = New Objective

THIS FORM IS AVAILABE IN ALTERNATE FORMAT UPON REQUEST CF 0069 (12/04)

Housing, Transportation/ Community Resources	After leaving foster care (only fill in within 3 months of exit date)						
	Housing	10	Address	City	State	Zip Code	
		3	Emergency shelter (Identify) S7, Safe Place	3	<input type="checkbox"/> Participated in housing skills classes		
		3	<input type="checkbox"/> Sample rental application complete and attached	3	x Has mode of transportation - LTD		
	Personal Docs	2	x Social Security card in youth's possession	Social Security Number (optional)			
		3	x Photo ID in youth's possession	ID type Permit	ID number	Expiration date 2013	
		2	<input type="checkbox"/> Birth certificate in youth's possession	County/State of birth			
		1	<input type="checkbox"/> Registered to vote	1	<input type="checkbox"/> Selective Service Registration (males)		
1		x Personal filing system established	Location of personal filing system Folders				
Score- Part 1: 0							

Community Resources	3	Spiritual support: list organization 1 st Christian Church	Contact person	Phone number ()
	3	Other community connections ILP	Contact person	Phone number ()
Score: 0				

Money Management	3	<input type="checkbox"/> Bank account open	3	x Savings account open	Institution Umpqua bank
	3	Savings for leaving Foster Care: Goal \$4000 Current bal. \$1000	5	Other sources of income (list on separate sheet)	Monthly amt. \$
	3	Demonstrated money management skills (list): Has done budgeting skills activities, how to read a paycheck, Plans for large purchases,			
Score: 0					

Work and Study Skills Preparation for Education and Employment	Education	10	<input type="checkbox"/> High school diploma	School	Date obtained	
		7	<input type="checkbox"/> GED	School	Date obtained	
		10	<input type="checkbox"/> Enrolled in post secondary education		School	
		6	Writing skills demonstrated Tested into WRI 80	5	Math skills demonstrated Tested into MTH 60	
		3	x High school credits/transcripts attached			
Score- Part 1: 0						

Youth's Initials:

\Rating Scale: (+) = Positive Progress; (0) = No Change; (-) = Regression; (!) = Accomplished; (*) = New Objective

THIS FORM IS AVAILABE IN ALTERNATE FORMAT UPON REQUEST CF 0069 (12/04)

Work and Study Skills (Continued)	Employment	10 <input type="checkbox"/> Currently employed full-time OR	7 <input type="checkbox"/> Currently employed part-time	3 <input type="checkbox"/> Sample employment application			
		Current employer, address, phone number, and contact:					
		10 <input type="checkbox"/> Previously employed full-time OR	7 x <input type="checkbox"/> Previously employed part-time	-5 <input type="checkbox"/> If employment ended in firing			
Score- Part 2: 0	Employment	9 Demonstrated work and study skills (1 point per skill listed, max. of 9 points) NYC, building trails, land mngmt, babysitting, organizing					
		Self-Care					
Self-Care	Health	5 <input type="checkbox"/> Medical coverage after care OR		<input type="checkbox"/> Applied for OHP before leaving foster care			
		Provider OHP		ID number			
		3 Doctor's name Shlitz	Phone number ()	3 Dentist's name Jones	Phone number ()		
		2 Emergency Providers Identified (nearest urgent care or ER)		Provider Dexter Urgent Care	Phone number ()		
		5 Mental health coverage		Provider OSLC	ID number		
		3 Demonstrated self-care skills (list) Play guitar, hygiene/ shower/brush teeth, talk to Aunt, sleep, work out					
Score: 0	Age	0 <input type="checkbox"/> 15 or under	1 <input type="checkbox"/> 16	5 x 17	10 <input type="checkbox"/> 18	15 19 +	
		5 x <input type="checkbox"/> Drug and alcohol free, or	3 <input type="checkbox"/> In treatment	4 x <input type="checkbox"/> Non-smoker	Reporting method Self		
		5 x <input type="checkbox"/> Not currently on probation or parole	5 x <input type="checkbox"/> No felony	10 x <input type="checkbox"/> Non-Parent (No children, not expecting.)			
		Daily Living Skills					
10 Demonstrated daily living skills (one point per skill listed, max. of 10 points): Budgeting skills, knows bus system, learning how to drive, does own laundry, cooks weekly family meal, pays cell phone bill, good organizing skills							
Score: 0							
Total T1 Score: 0							
TRI DATE:							
TRI History	Date	3/1/12					
	Score						

Youth's Initials:

\Rating Scale: (+) = Positive Progress; (0) = No Change; (-) = Regression; (!) = Accomplished; (*) = New Objective

THIS FORM IS AVAILABE IN ALTERNATE FORMAT UPON REQUEST CF 0069 (12/04)



Oregon Department of Human Services
Children, Adults and Families
Independent Living

Comprehensive Transition Plan (T2)

T2 date: 3/1/2012 Initial plan Updated plan Benchmark review

Youth information

First name and initial: Jesse		Last name: Magnusen	
Case no. and P/L: 1231231	ILP case manager (<i>if available</i>): Bob Beloni		DHS/tribal worker: Bill Shmidt
Date plan completed: 3/1/2012	Six month update due: 0/2012	Referred to ILP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of referral: 3/1/2009
Date ACLSA completed: 3/1/09, 8/2011	Teen parent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of children:	Expectant parent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Youth's strengths (*including hobbies and interests*):

Strong at Math and English
Friendly, easily makes friends

Identified needs:

40 hours of productive time for housing program

Additional notes:

Plan development (*Please list how the youth was involved with development of the plan.*):

Jesse, ILP worker, DHS worker, and foster parents were present for the T2 Benchmark Review. Jesse plans to utilize the ILP housing program and to go to college in the fall.

Youth plan Have other community partners crafted a plan on behalf of the youth?

Yes No

If yes, please check all that apply and attach a copy to this form:

T2 Comprehensive Transition Plan

- Ansell-Casey Life Skills Plan (www.caseylifeskills.org)
- Individual Education Plan (IEP)
- Person centered plan
- Treatment plan and discharge plan (*D&A, residential, mental health, etc.*)
- Voc rehab/IPE (*Individual Plan for Employment*)
- Development Disabilities Individual Support Plan (DD ISP)
- Temporary Assistance to Needy Families (TANF/JOBS)
- Workforce Investment Act (WIA)
- Other (*please list*):

Youth's initials:

Youth name: Jesse Magnusen Case no. and P/L: 1231231

Education

Current educational status (*Example: currently in school, what grade; how are grades; IEP; graduated; GED; other program?*):

Senior at Pleasant Hill High School

GPA = 3.25

Will be graduating in June 2012

Has applied and received L# from LCC, taken Placement tests once in October, tested into Reading 80, WRI 80, MTH 60

Has filled out the FAFSA but has not filled out the Chafee Grant or OSAC app yet

Future plans and goals: (*Example: attend college; type of program — two year, four-year, graduate degree; vocational training; job military?*):

Start at LCC and then transfer to a 4 year school. UNSure of what he wants to study, possibly anthropology or economics, has also thought about teaching

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Improve PLCMT Test Scores	Study, Retake every 3 months	
Go to LCC in Fall	Attend Orientation Learn how to and enroll in classes	
Keep financial aid up to date	Apply for Chafee Grant and OSAC Scholarships! Learn about financial aid packages (loans v grants, etc) w/ ILP	

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth's initials:

T2 Comprehensive Transition Plan

Youth name: Jesse Magnusen

Case no. and P/L: 1231231

Housing

Current living situation (estimated date of independence, resources, concerns, risks, obstacles):

Lives with Craig and Mindy Christoferson, has been in home for 1 year, friend's family who were certified to house J

Member sin household provide quite a bit of support

Plans to move out in September when he goes to school

Plan for housing upon discharge (Where/with whom will you live? Transition to adult foster care?):

Complete when youth is within six months of exiting care.

Live in own apartment while utilizing Subsidy Housing

Future plans/goals for housing (long range goals after discharge or emancipation – rent apartment, own a home; live in a dorm; shared housing; live with relatives?):

Live on own, own a home

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Prepare for Subsidy Housing program	- Follow steps to get on housing - Attend ILP housing groups 40 hours of productive time Complete housing paperwork Set up housing committee	
Move into an Apartment	- Roommates? Applications / How to search Learn about utilities Deposit assistance from housing program	
Obtain furnishings for apartment	-Donations, storage unit, Start up costs	

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

--	--	--

Youth's Initials:

T2 Comprehensive Transition Plan

Youth name: Jesse Magnusen

Case no. and P/L: 1231231

Supportive relationships and community connections

Current community support, activities and interests (*Who is currently your support system? How are they a support? How are you involved in your community?*):

Craig and Mindy Christoferson - Foster Parents, Like family, Assist with teaching J how to drive

George Christoferson - best friend, possible roommate when J moves into apartment

Bill Schmidt - DHS caseworker, helpful, checks in, keeps on track

Future goals or plans for supportive relationships and community connections (*Whom can you count on for support? How are they a support? What is your plan for community involvement? Where in the community do you go when you need to find resources?*) Consider completing a permanency pact agreement see (<http://transition.fosterclub.com/article/permanency-pact>) for more details:

Maintain relationships,

Stay eligible for tuition waiver by volunteering

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered)</i>	<i>(Rating scale below.)</i>
Volunteer when college starts	w/ ILP? LCC?	

Youth's Initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: Jesse Magnusen

Case no. and P/L: 1231231

Employment

Current employment status (*skills needed, job search, placement, maintenance*):

Does not have a current job, is interested in having a job while going to school as he may go to LCC part-time

Has a resume but needs to be updated

Has been in Northwest Youth Corps, used to babysit for church, volunteered at local library for a few months restocking shelves

Future goals or plans for employment/career (*What career field do you want to pursue? How will you gain the skills necessary for your career choice? Who can help obtain work experience in this career area? Plan for job shadow or internship?*):

Unsure of career goal, has toyed with the idea of being a teacher or something with the economy

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Get a part-time job	Applications Update Resume Mock Interviews	
	Look into One-Stop Centers or WIA?	

Youth's initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: Jesse Magnusen

Case no. and P/L: 1231231

Health

Current health status (physical, mental, emotional strengths and needs):

Doctor - Last year for physical, is up to date on shots and immunizations

Dentist - Last year, has a tooth that's nagging him

Does not see therapist

Is on the football, basketball, and track team

Future goals or plans for maintaining good health (Is next dental and physical exam scheduled? What is plan to meet ongoing physical or mental health needs? What is plan for obtaining medical insurance? Do you understand the medication you are taking, if any, and why you are taking it?):

Stay active, have healthcare as an adult

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Get on LCC's basketball team	Talk to coach, tryout	
See dentist about tooth	J will set up appt	

Youth's initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: Jesse Magnusen

Case no. and P/L: 1231231

Transportation

Current transportation status (How does youth get to appointments? Who or what does youth rely on for transportation? Is youth taking driver's education class? Does youth know how to make minor repairs or provide proper maintenance for mode of transportation?):

Has permit, foster parenta are teaching him how to drive
 Has bus pass but is in rural area, gets rides from FP most of the time

Future goals or plans for transportation (Will youth have a driver's license? Will youth own a car? How will insurance be covered? Will youth know bus routes and other transportation options?):

Own a car, have insurance, have a license

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Get license	- Complete driver's ed - Take driver's test Talk w / supports about insurance coverage	
Save for a car	- Budgeting	

Youth's Initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: Jesse Magnusen Case no. and P/L: 1231231

Life skills

Independent living skill area:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Daily living skills | <input checked="" type="checkbox"/> Money management | <input type="checkbox"/> Interpersonal/social |
| <input type="checkbox"/> Nutrition/safety | <input type="checkbox"/> Consumerism | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Other: _____ | |

Current status:

Future goals or plans:

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
When move out, get food stamps	- Learn about eligibility - How to effectively shop with foodstamps	
Budgeting and Money management Skills	- Save receipts and practice budgeting with ILP for housing program	
Do free credit report	With DHS worker	

Youth's initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: Jesse Magnusen Case No. and P/L: 1231231

Signatures

Participants or Youth Decision Meeting (YDM) members:

Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include *(but are not limited to)* large print, Braille, audio recordings, Web-based communications and other electronic formats. E-mail dhs.forms@state.or.us, call 503-945-5684 (voice) 503-945-5896 (TTY), or FAX **503-945-6969** to arrange for the alternative format that will work best for you.

Youth Information	First name and initial Jenny		Last name Doe		
	Case No. and P/L		Projected date youth will leave care (mm/dd/yy) 9/30/2012		
	Birth Date (mm/dd/yy) 7/1/1993		Age 18	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Independent Living Preparation	3 Participates in Independent Living Program (name) ILP Lane County		Level of involvement Subsidy Housing, 2 mtgs/mo, attends group		
	3 Assessment completed (type) ACLSA		Date completed 1/2/2008, 1/2/09, 1/9/10, 1/2/11		3 Updated within six months? <input checked="" type="checkbox"/> x
	5 x Comprehensive Transition Plan completed		Date completed (mm/dd/yy) 4/1/2012		
	5 x Youth approves plan 4/1/2012 (mm/dd/yy)		<input type="checkbox"/> Youth does not approve plan (mm/dd/yy)		Youth's initials JD
Social Development and Supportive Relationships	15 Permanency Obtained		Permanency obtained with (name): Jackie and Joey Doe		
	Legal relationship (Foster parent, guardian, adoptive home, etc.) Family Foster Care		Phone ()		
	Street address 321 gold street		Apt. or Unit No.	E-mail	
	City Eugene		State	Zip code	
NAACP mentor	5 Name Jake Jones		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City Eugene		State	Zip code	
	Supports offered Cultural, general assistance, mentor		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
Best Friend's Mom	5 Name Jenna Bloomberg		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City Springfield		State	Zip code	
	Supports offered Stays w/ fam over holiday breaks, taxes		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
Academic Advisor	5 Name Josh KNowles		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City Eugene		State	Zip code	
	Supports offered Helped a lot w/ academic questinos		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
Score: 0	3 Peer support (name) Stacey Bloomberg		Relationship Best Friend		Phone number

Youth's Initials:

_____ () _____

Youth's Initials:

\Rating Scale: (+) = Positive Progress; (0) = No Change; (-) = Regression; (!) = Accomplished; (*) = New Objective

THIS FORM IS AVAILABE IN ALTERNATE FORMAT UPON REQUEST CF 0069 (12/04)

Work and Study Skills (Continued)	Employment	10	<input type="checkbox"/> Currently employed full-time OR	7	<input type="checkbox"/> Currently employed part-time	3	<input type="checkbox"/> Sample employment application						
		Current employer, address, phone number, and contact:											
		10	<input type="checkbox"/> Previously employed full-time OR	7	x	Previously employed part-time	-5	<input type="checkbox"/> If employment ended in firing					
Score- Part 2: 0	Employment	9	Demonstrated work and study skills (1 point per skill listed, max. of 9 points) Parks and Rec, babysitting, office aid in high school, customer service, time mngmt										
		Self-Care											
Self-Care	Health	5	<input type="checkbox"/> Medical coverage after care OR		<input type="checkbox"/> Applied for OHP before leaving foster care								
		Provider OHP			ID number								
		3	Doctor's name Johnson	Phone number ()	3	Dentist's name Doolittle	Phone number ()						
		2	Emergency Providers Identified (nearest urgent care or ER)		Provider Peacehealth		Phone number ()						
		5	Mental health coverage		Provider UO		ID number						
		3	Demonstrated self-care skills (list) Read for fun, hygiene, talk w/ friends and family, clean appearance, work out										
		Score: 0	Age	0	<input type="checkbox"/> 15 or under	1	<input type="checkbox"/> 16	5	<input type="checkbox"/> 17	10	x	18	15
5	<input type="checkbox"/> Drug and alcohol free **Alcohol occasionally			3	<input type="checkbox"/> In treatment	4	x	Non-smoker	Reporting method Self				
5	x			Not currently on probation or parole	5	x	No felony	10	x	Non-Parent (No children, not expecting.)			
Daily Living Skills													
10 Demonstrated daily living skills (one point per skill listed, max. of 10 points): Pays phone bill, knows LTD system, sets up meetings, on time, laundry, budgeting and money management, keeps dorm clean, Positive social group, studies and passes classes													
Score: 0													
Total T1 Score: 0													
TRI DATE:													
TRI History	Date	4/1/12											
	Score												

Youth's Initials:

\Rating Scale: (+) = Positive Progress; (0) = No Change; (-) = Regression; (!) = Accomplished; (*) = New Objective

THIS FORM IS AVAILABE IN ALTERNATE FORMAT UPON REQUEST CF 0069 (12/04)



Oregon Department of Human Services
Children, Adults and Families
Independent Living

Comprehensive Transition Plan (T2)

T2 date: _____ Initial plan Updated plan Benchmark review

Youth information

First name and initial: Jenny		Last name: Doe	
Case no. and P/L:	ILP case manager <i>(if available)</i> :		DHS/tribal worker:
Date plan completed: April 1 2012	Six month update due: October 2012	Referred to ILP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of referral: 1/2/2008
Date ACLSA completed: 1/2/2008, updated annually	Teen parent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of children:	Expectant parent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Youth's strengths *(including hobbies and interests)*:

organized, involved with community, friendly, outgoing, reading, sports

Identified needs:

Solidified 40 hour plan for summer to stay on Subsidy housing

Additional notes:

Plan development *(Please list how the youth was involved with development of the plan.)*:

Jenny is doing well in school and her main focus is continuing to be successful in the classroom. She was able to clearly identify goals to work on for the next 6 months along with DHS CW and ILP's assistance.

Youth plan

Have other community partners crafted a plan on behalf of the youth?

Yes No

If yes, please check all that apply and attach a copy to this form:

T2 Comprehensive Transition Plan

- Ansell-Casey Life Skills Plan (www.caseylifeskills.org)
- Individual Education Plan (IEP)
- Person centered plan
- Treatment plan and discharge plan (*D&A, residential, mental health, etc.*)
- Voc rehab/IPE (*Individual Plan for Employment*)
- Development Disabilities Individual Support Plan (DD ISP)
- Temporary Assistance to Needy Families (TANF/JOBS)
- Workforce Investment Act (WIA)
- Other (*please list*):

Youth's initials:

Youth name: Jenny Doe Case no. and P/L: _____

Education

Current educational status (*Example: currently in school, what grade; how are grades; IEP; graduated; GED; other program?*):

Graduated from CCHS in June 2011

Currently attending the UofO, Freshman standing

Fall term got 3.2 GPA

Currently taking: Communication 101, MTH 110, Af Am Literature, and a Yogalates class

Has filled out the FAFSA, Chafee Grant, and the OSAC Scholarships for the 2012-2013 school year

Future plans and goals: (*Example: attend college; type of program — two year, four-year, graduate degree; vocational training; job military?*):

Is not 100% sure on what she wants to declare as her major, is toying around with the idea of a B.A. in Family and Human Services, Sociology, or Journalism

Has thought about going to grad school but not sure what for

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Register for Fall 2012 Classes	Can do on May 5 th , 2012	
Explore potential majors	Review the Book of Majors Talk to academic advisor	
Look into other outside scholarships and apply		

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Maintain eligibility for Tuition Waiver	See supportive relationships	

Youth's initials:

T2 Comprehensive Transition Plan

Youth name: Jenny Doe

Case no. and P/L: _____

Housing

Current living situation (estimated date of independence, resources, concerns, risks, obstacles):

Lives in the dorms and is utilizing ILP subsidy housing program, will be off of Subsidy on 9/30/2012
Roommate is Rebecca, they get along for the most part and utilize compromising skills when necessary

Plan for housing upon discharge (Where/with whom will you live? Transition to adult foster care?):

Complete when youth is within six months of exiting care.

UO Dorms

Future plans/goals for housing (long range goals after discharge or emancipation – rent apartment, own a home; live in a dorm; shared housing; live with relatives?):

Live on own, own a home

Next year live off campus with friends

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Maintain compliance with Subsidy Housing	Monthl budgets 40 hour plan for school year + during the summer	
Get apartment for next year figured out	Apply for apartments ILP letters of support v cosigner Utilize ILP deposit assistance	
Get furnishings for apartment	ILP storage unit Subsidy start up costs Learn about thrifty shopping	

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

Youth's Initials:

T2 Comprehensive Transition Plan

Youth name: Jenny Doe

Case no. and P/L: _____

Supportive relationships and community connections

Current community support, activities and interests (*Who is currently your support system? How are they a support? How are you involved in your community?*):

1. Jake Jones - NAACP Mentor, cultural connections, general help
2. Jenna Bloomberg - Best friend's mom - stays w/ the family over holiday breaks
3. Josh Knowles - Academic Advisor, has helped out a lot with academic questions
4. ILP - housing/education/emo support

BSU on campus, NAACP, Attends OFYC meetings

Future goals or plans for supportive relationships and community connections (*Whom can you count on for support? How are they a support? What is your plan for community involvement? Where in the community do you go when you need to find resources?*) Consider completing a permanency pact agreement see (<http://transition.fosterclub.com/article/permanency-pact>) for more details:
Continue to stay connected with the community,

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered)</i>	<i>(Rating scale below.)</i>
Start a long term volunteer opp	Meet with service learning programs on campus	
Attend BSU meetings		
Maintain eligibility for tuition waiver	30 hours of documented community service	

Youth's Initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: Jenny Doe

Case no. and P/L: _____

Employment

Current employment status (*skills needed, job search, placement, maintenance*):

Is eligible for work study but has not found a work study position

Will be working at the Parks and Rec department over the summer like last eyar

Future goals or plans for employment/career (*What career field do you want to pursue? How will you gain the skills necessary for your career choice? Who can help obtain work experience in this career area? Plan for job shadow or internship?*):

Wants to do something with social/human services

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Continue to work seasonally with the Parks and Rec dept	Talk with Parks and Rec Dept to make sure she is signe dup to work again this summer	
Get Work Study Position Soph Year	Over summer apply	

Youth's initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: Jenny Doe Case no. and P/L: _____

Health

Current health status (physical, mental, emotional strengths and needs):

OHP, considers self healthy, takes gym classes to maintain healthy lifestyle

Dr - saw 4 months ago to get flu shot

Dentist - saw 6 months ago, has next appointment scheduled

No longer sees a therapist

Medications: birth control

Future goals or plans for maintaining good health (Is next dental and physical exam scheduled? What is plan to meet ongoing physical or mental health needs? What is plan for obtaining medical insurance? Do you understand the medication you are taking, if any, and why you are taking it?):

Continue to stay healthy, have health insurance after 21/college

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Go to scheduled dentist appointment	June 25	
Learn about healthy food options / meal planning	For when she moves into the apartments	

Youth's initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: Jenny Doe

Case no. and P/L: _____

Transportation

Current transportation status (How does youth get to appointments? Who or what does youth rely on for transportation? Is youth taking driver's education class? Does youth know how to make minor repairs or provide proper maintenance for mode of transportation?):

Has a license, does not have a car
Has a bike and utilizes the local bus system

Future goals or plans for transportation (Will youth have a driver's license? Will youth own a car? How will insurance be covered? Will youth know bus routes and other transportation options?):

Own a car

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Start saving towards a car	- ILP IDA?, Once have job can save portion while on Subsidy, continue utilizing a budget	

Youth's Initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: Jenny Doe Case no. and P/L: _____

Life skills

Independent living skill area:

- | | | |
|--|---|---|
| <input type="checkbox"/> Daily living skills | <input type="checkbox"/> Money management | <input type="checkbox"/> Interpersonal/social |
| <input type="checkbox"/> Nutrition/safety | <input type="checkbox"/> Consumerism | <input type="checkbox"/> Spiritual |
| <input checked="" type="checkbox"/> Legal | <input type="checkbox"/> Other: _____ | |

Current status:

CRB is coming up, she would like to attend

Future goals or plans:

Short term goals	Steps and services <i>(Who will assist youth?)</i>	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Attend CRB	DHS or ILP will provide transportation	

Youth's initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: Jenny Doe Case No. and P/L: _____

Signatures

Participants or Youth Decision Meeting (YDM) members:

Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include *(but are not limited to)* large print, Braille, audio recordings, Web-based communications and other electronic formats. E-mail dhs.forms@state.or.us, call 503-945-5684 (voice) 503-945-5896 (TTY), or FAX **503-945-6969** to arrange for the alternative format that will work best for you.

Youth Information	First name and initial John		Last name Doe		
	Case No. and P/L XXXXXX		Projected date youth will leave care (mm/dd/yy) Feburary 1 2012		
	Birth Date (mm/dd/yy) 2/1/91		Age 20	Gender x Male <input type="checkbox"/> Female	
Independent Living Preparation	3 Participates in Independent Living Program (name) Lane Co ILP		Level of involvement 1 group / mo, 1:1 mtg 2x/mo, participant since 2008		
	3 Assessment completed (type) ACLSA		Date completed (mm/dd/yy)	3 <input type="checkbox"/> Updated within six months?	
	5 <input type="checkbox"/> Comprehensive Transition Plan completed		Date completed (mm/dd/yy)		
	5 <input type="checkbox"/> Youth approves plan (mm/dd/yy)		5 <input type="checkbox"/> Youth does not approve plan (mm/dd/yy)	Youth's initials	
Social Development and Supportive Relationships	15 Permanency Obtained		Permanency obtained with (name): Foster Mom 1 and Foster Dad 2		
	Legal relationship (Foster parent, guardian, adoptive home, etc.) Foster parents		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City		State	Zip code	
Family friends	5 Name Jane and Joe		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City Oakridge		State	Zip code	
	Supports offered Emo, visit monthly, potential emergency housing		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
Forer foster family,	5 Name Jake and Kelly		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City Eugene		State	Zip code	
	Supports offered Considers as "family", potential housing, stays in constant contact		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		
Voc Rehab Worker	5 Name Tammy F		Phone ()		
	Street address		Apt. or Unit No.	E-mail	
	City Springfield		State	Zip code	
	Supports offered Assists with job finding , advocated for J		5 <input type="checkbox"/> PPA (Permanency Partnership Agreement) completed and attached		

Youth's Initials:

Score: 0

3	Peer support (name)	Relationship	Phone number
	Misty	Girlfriend	()

Youth's Initials:

\Rating Scale: (+) = Positive Progress; (0) = No Change; (-) = Regression; (!) = Accomplished; (*) = New Objective

THIS FORM IS AVAILABE IN ALTERNATE FORMAT UPON REQUEST CF 0069 (12/04)

Housing, Transportation/ Community Resources	After leaving foster care (only fill in within 3 months of exit date)			
	Housing	10	Address Unsure, hopefully job corps	City State Zip Code
		3	Emergency shelter (Identify) The Mission	3 x Participated in housing skills classes
		3 x	Sample rental application complete and attached	3 x Has mode of transportation - Bike
	Personal Docs	2 x	Social Security card in youth's possession	Social Security Number (optional)
		3 x	Photo ID in youth's possession	ID type ID number Expiration date State 2015
		2	<input type="checkbox"/> Birth certificate in youth's possession	County/State of birth
		1 x	Registered to vote	1 x Selective Service Registration (males)
1 x		Personal filing system established	Location of personal filing system FY13 Folder, bankers box under bed	
Score- Part 1: 0				

Community Resources	3	Spiritual support: list organization none	Contact person Phone number ()
	3	Other community connections Voc Rehab,	Contact person Phone number ()
Score: 0			

Money Management	3	<input type="checkbox"/> Bank account open	3 x Savings account open	Institution Key
	3	Savings for leaving Foster Care: Goal \$ Current bal. \$100	5 Other sources of income (list on separate sheet)	Monthly amt. \$
	3	Demonstrated money management skills (list): Calculating a tip, estimating costs at grocer, budgeting practice		
Score: 0				

Work and Study Skills Preparation for Education and Employment	Education	10 x	High school diploma	School CHS	Date obtained 2010
		7	<input type="checkbox"/> GED	School	Date obtained
		10	<input type="checkbox"/> Enrolled in post secondary education		School
		6	Writing skills demonstrated 40 on CC placement test, did not test into credit level class	5 Math skills demonstrated Tested into MTH 10, has taken through Algebra 2	
		3 x	High school credits/transcripts attached		
Score- Part 1: 0					

Youth's Initials:

\Rating Scale: (+) = Positive Progress; (0) = No Change; (-) = Regression; (!) = Accomplished; (*) = New Objective

THIS FORM IS AVAILABE IN ALTERNATE FORMAT UPON REQUEST CF 0069 (12/04)

Work and Study Skills (Continued)	Employment	10	<input type="checkbox"/> Currently employed full-time OR	7	<input type="checkbox"/> Currently employed part-time	3	<input type="checkbox"/> Sample employment application		
		Current employer, address, phone number, and contact:							
		10	<input type="checkbox"/> Previously employed full-time OR	7	x Previously employed part-time	-5	<input type="checkbox"/> If employment ended in firing		
Score- Part 2: 0	Employment	9	Demonstrated work and study skills (1 point per skill listed, max. of 9 points) Certified flagger, NWYC, on time, customer services, babysitting						
		Self-Care							
Self-Care	Health	5	<input type="checkbox"/> Medical coverage after care OR		x Applied for OHP before leaving foster care				
		Provider OHP			ID number				
		3	Doctor's name Dr. kavorkian	Phone number ()	3	Dentist's name Dr. klingon	Phone number ()		
		2	Emergency Providers Identified (nearest urgent care or ER)		Provider Peacehealth		Phone number ()		
		5	Mental health coverage		Provider OHP		ID number		
		3	Demonstrated self-care skills (list) Hygiene, shower, brush teeth, reads and draws to destress						
		0	<input type="checkbox"/> 15 or under	1	<input type="checkbox"/> 16	5	<input type="checkbox"/> 17	10	<input type="checkbox"/> 18
Score: 0	Age	5	x Drug and alcohol free, or	3	<input type="checkbox"/> In treatment	4	x Non-smoker	Reporting method Self	
		5	x Not currently on probation or parole	5	x No felony	10	x Non-Parent (No children, not expecting.)		
Daily Living Skills	Age	10	Demonstrated daily living skills (one point per skill listed, max. of 10 points): Knows how to utilize the bus system, basic house chores, cooking (names 5 meals he can make), how to develop a grocery list						
Score: 0									
Total T1 Score: 0									
TRI DATE:									
TRI History	Date								
	Score								

Youth's Initials:

\Rating Scale: (+) = Positive Progress; (0) = No Change; (-) = Regression; (!) = Accomplished; (*) = New Objective

THIS FORM IS AVAILABE IN ALTERNATE FORMAT UPON REQUEST CF 0069 (12/04)

Comprehensive Transition Plan (T2)

T2 date: _____ Initial plan Updated plan Benchmark review

Youth information

First name and initial: John		Last name: Doe	
Case no. and P/L: xxxxxxx	ILP case manager (if available): Jane Doe		DHS/tribal worker: Jane Doe
Date plan completed: September 1, 2011	Six month update due:	Referred to ILP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of referral: 1/11/2008
Date ACLSA completed: 2/18/2008,2/22/2010,11/22/2011	Teen parent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of children:	Expectant parent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Youth's strengths (including hobbies and interests):

Friendly Singing Honest
 Hardworker Loveable
 Punctual
 Football / Sports

Identified needs:

Housing after 21

Additional notes:

This will be John's final transition plan as he turns 21 in February. The primary focus is to prepare John to move out on own and live successfully outside of foster care. John has not tested high enough to take credit classes at the local community college and is now contemplating JobCorps.

Plan development (Please list how the youth was involved with development of the plan.):

John is very focused on the plan to get into JobCorps but has not applied yet. He developed goals with assistance of ILP worker and DHS caseworker. John chose not to create future goals for supportive relationship / community connections even after staff suggested doing so. John also chose not to create future goals in the area of health.

Youth plan

Have other community partners crafted a plan on behalf of the youth?
 Yes No

If yes, please check all that apply and attach a copy to this form:

T2 Comprehensive Transition Plan

- Ansell-Casey Life Skills Plan (www.caseylifeskills.org)
- Individual Education Plan (IEP)
- Person centered plan
- Treatment plan and discharge plan (*D&A, residential, mental health, etc.*)
- Voc rehab/IPE (*Individual Plan for Employment*)
- Development Disabilities Individual Support Plan (DD ISP)
- Temporary Assistance to Needy Families (TANF/JOBS)
- Workforce Investment Act (WIA)
- Other (*please list*):

Youth's initials:

Youth name: John Doe Case no. and P/L: xxxxxxx

Education

Current educational status (*Example: currently in school, what grade; how are grades; IEP; graduated; GED; other program?*):

Graduated with regular high school diploma as a super senior from JH High School in June 2010
Tested into non-credit CORE classes at the local community college

Future plans and goals: (*Example: attend college; type of program — two year, four-year, graduate degree; vocational training; job military?*):

Go to a community college then a 4 year college

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Get into JobCorps and attend	* See employment	
Learn about financial aid and complete	Fafsa, Chafee Grant, OSAC, other scholarships? Loans v Grants v Scholarships	
Retake placement exams at community college	Study Set up testing time	

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth's initials:

T2 Comprehensive Transition Plan

Youth name: John Doe

Case no. and P/L: xxxxxxx

Housing

Current living situation (estimated date of independence, resources, concerns, risks, obstacles):

Will be living with foster parents until age 21, no issues in the home, youth has wondered if he can stay with foster parents after turning 21 if he pays rent

Plan for housing upon discharge (Where/with whom will you live? Transition to adult foster care?):

Complete when youth is within six months of exiting care.

JobCorps housing or finding a supportive adult to rent from

Future plans/goals for housing (long range goals after discharge or emancipation – rent apartment, own a home; live in a dorm; shared housing; live with relatives?):

Live on own

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
The focus is on John moving into JobCorps, due to waitlists we will also prepare John to move out on his own	Brainstorm possible supports who he could live with after age 21 for a short period of time, or who he can rent from until he gets into jobcorps	
	Learn how to apartment search Fill out apartment applications Learn how to set up utilities Go to ILP storage unit to find housing items he will need when ages out	
Figure out a back up plan if Jobcorps falls through		

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

--	--	--

Youth's Initials:

T2 Comprehensive Transition Plan

Youth name: John Doe

Case no. and P/L: xxxxxxx

Supportive relationships and community connections

Current community support, activities and interests (*Who is currently your support system? How are they a support? How are you involved in your community?*):

Supportive adults who are not part of DHS and who will be supports past DHS closure:

Jane and Joe - family friends/provide emo support/ visits 1x a month / could be a potential emergency housing provider

Jake and Kelly - advocates for John's best interest, considers "family", former foster family, could potentially stay with for a brief period of time if need be

Other supports:

Tammy F - provides education assistance, was a teacher in high school, advocate for John

Voc Rehab - will work with John until he has successfully completed 3 months at a job or is in JobCorps

ILP participant since 2008

Future goals or plans for supportive relationships and community connections (*Whom can you count on for support? How are they a support? What is your plan for community involvement? Where in the community do you go when you need to find resources?*) Consider completing a permanency pact agreement see (<http://transition.fosterclub.com/article/permanency-pact>) for more details:

No future goals

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered)</i>	<i>(Rating scale below.)</i>
Stay in contact with supports		
Explore potential housing with supports in case jobcorps waitlist is too long		
Learn about resources available to John after foster care	ILP will give John a booklet of resources and explain potential servicesw John may want to access in the future	

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

Youth's Initials:

T2 Comprehensive Transition Plan

Youth name: John Doe

Case no. and P/L: xxxxxxx

Employment

Current employment status (skills needed, job search, placement, maintenance):

Unemployed

Has been searching for a job (applied to 7 in the past 2 weeks), has had one interview in the past month for a grocery store

Voc Rehab got John certified as a flagger, he had an on-call job for approximately 1 month but due to transportation issues and inconsistent work he has stopped

Future goals or plans for employment/career (What career field do you want to pursue? How will you gain the skills necessary for your career choice? Who can help obtain work experience in this career area? Plan for job shadow or internship?):

Career goal: Carpenter or mason worker

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Connect to Prosperity Center / Goodwill Job Center / Worksource Lane	ILP will bring to PC to do orientation John will sign up for classes at program John will use as a resource to look for jobs	
Get into Job Corps	Apply Get Releases of Info signed Get on waitlist, continue to check in on status of app	
Get a job to tide over until Jobcorps starts	actively apply for jobs work on interview skills create a professional voicemail Voc Rehab will also help	

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

Youth's initials:

T2 Comprehensive Transition Plan

Youth name: John Doe

Case no. and P/L: xxxxxxx

Health

Current health status (*physical, mental, emotional strengths and needs*):

John considers himself in perfect health

Doctor seen in August of 2011

Dentist 2 years ago

No longer sees a counselor

Takes medication for ADD

John stays healthy by eating a variety of foods, sleeping, and exercising

Future goals or plans for maintaining good health (*Is next dental and physical exam scheduled? What is plan to meet ongoing physical or mental health needs? What is plan for obtaining medical insurance? Do you understand the medication you are taking, if any, and why you are taking it?*):

No future goals

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
See dentist	John will set up appointment	
Get Adult Health Insurance	Apply for adult OHP before turning 21	

Youth's initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: John Doe

Case no. and P/L: xxxxxxx

Transportation

Current transportation status (How does youth get to appointments? Who or what does youth rely on for transportation? Is youth taking driver's education class? Does youth know how to make minor repairs or provide proper maintenance for mode of transportation?):

Rides Bike, knows bus system and actively uses the city bus

Future goals or plans for transportation (Will youth have a driver's license? Will youth own a car? How will insurance be covered? Will youth know bus routes and other transportation options?):

Get license, own a car, pay insurance

Short term goals	Steps and services (Who will assist youth?)	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Keep bus pass updated		
At JobCorps get license	Behind the wheel classes at facility	

Youth's Initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: John Doe Case no. and P/L: xxxxxxx

Life skills

Independent living skill area:

- | | | |
|--|---|---|
| <input type="checkbox"/> Daily living skills | <input type="checkbox"/> Money management | <input type="checkbox"/> Interpersonal/social |
| <input type="checkbox"/> Nutrition/safety | <input type="checkbox"/> Consumerism | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Other: _____ | |

Current status:

Future goals or plans:

Short term goals	Steps and services <i>(Who will assist youth?)</i>	Progress
<i>(To help achieve long term goals/plans.)</i>	<i>(Steps to achieve the short term goals and services to be offered.)</i>	<i>(Rating scale below.)</i>
Get original birth certificate	From DHS	
Increase money management skills	Financial literacy activities with ILP Budgeting Learning about credit Learning about bills	

Youth's initials:

Rating scale: (+) =Positive progress, (0) =No change, (-) =Regression; (!) =Accomplished, (*) =New objective

T2 Comprehensive Transition Plan

Youth name: John Doe Case No. and P/L: xxxxxxx

Signatures

Participants or Youth Decision Meeting (YDM) members:

Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:
Initial:	Date:	Name:	Role:	Phone:

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include *(but are not limited to)* large print, Braille, audio recordings, Web-based communications and other electronic formats. E-mail dhs.forms@state.or.us, call 503-945-5684 (voice) 503-945-5896 (TTY), or FAX **503-945-6969** to arrange for the alternative format that will work best for you.

Requirements at Independence: “Transition Tool Kit” Checklist

When the court relieves the Department of custody of the child/young adult, the caseworker must provide the child or young adult with a “Transition Tool Kit.” These are the essential documents, written records, and official forms that youth transitioning out of care need to have regarding their medical history, for employment purposes, or to continue their post-secondary education. It is important to sit down with the youth to go through the information and to **be open to answering questions of significance to them**. Most of these important documents should already be in the case file. If they are not, then the caseworker should start to gather these at least 60 days prior to the court hearing (some will take longer to obtain, so the caseworker should plan accordingly).

This includes:

- Information about family/placement history/tribal affiliation unless the information would endanger themselves or another child.
- Location & status of siblings & contact information the child/young adult can use should he/she want to obtain this information in the future unless the information would endanger themselves or another child.
- Health and immunization records, including whether they have identified a Health Care Representative and completed an Oregon Advanced Directive. The Chafee Medical Referral form should have previously been completed with the youth. If not, complete referral at this time and submit to the FRS.
- Birth Certificate (original, with copy in file as the majority of situations requiring a birth certificate as documentation require the original).
- Official proof of citizenship or residency
- Social Security Card (original, as the majority of situations requiring a social security card as documentation require the original).
- Driver’s License or other form of state photo ID
- If applicable, copy of parent’s death certificate
- Written verification of placement in substitute care through the Department or one of the recognized tribes between the ages of 14 to 18. This information will assist a youth should s/he decide to move out-of-state and attempt to access Chafee ILP or ETG services.
- Copy of the youth’s credit report

CRB 2012 Spring Conference Transition Planning and Services Workshop

Suggested Findings:

- The child/young adult does (or does not) have a T1 Transition Readiness Index and/or The child/young adult does (or does not) have a T2 Comprehensive Transition Plan.
- The child/young adult does (or does not) have a current T1 Transition Readiness Index and/or The child/young adult does not have a current T2 Comprehensive Transition Plan. (must be updated every six months)
- The Transition Plan is (or is not) adequate to ensure the child's successful transition to independent living.
- DHS has (or has not) offered appropriate services pursuant to the Transition Plan.
- DHS has (or has not) involved the child in the development of the Transition Plan.

Suggested Recommendations:

- DHS complete (or update) a T1 Transition Readiness Index for xxx within xxx days.
- DHS complete (or update) a T2 Comprehensive Transition Plan for xxx within xxx days.
- DHS provide additional services pursuant to the Transition Plan. (i.e. referral to the Independent Living Program, academic support, ILP Subsidy Program, etc.)
- DHS modify the Transition Plan to ensure that it is adequate to meet the transition needs of the child.
- DHS/ILP ensure that the child has the opportunity to be involved in the development of the Transition Plan.
- DHS/ILP convene a Youth Decision Meeting to develop (or update) the Transition Plan.
- DHS ensure that a Benchmark review of the Transition Plan occurs by xxx.
- DHS/Court ensure that there is an adequate Transition Plan and services in place for the young adult prior to dismissing wardship and custody.