

A Message about Your 90-Day Transition Plan for Success

Because you are approaching your 18th birthday, or have already reached your 18th birthday and are continuing to receive independent living services, your Independent Living Transition Plan has a different name and includes two additional sections.

Why the New Name?

Federal law and state policies requires your plan to be developed during the 90-day period before you turn age 18. Therefore, it is called the “90-Day Transition Plan.” Just as the plans you developed before you were turning 18, this plan is to be updated every 12 months for as long as independent living services continue.

What are the New Sections?

First is a list of your **Rights and Responsibilities**.

When you turn 18, you are legally an adult. Your status in foster care changes and you may choose to stop independent living services. The **Rights and Responsibilities** list explains these changes in greater detail, the options you have, and conditions that are attached to the options.

Second is a section documenting your current **Plan for Successful Transition** from foster care to adulthood.

This section documents your specific plans for transitioning successfully from foster care to independence. It also confirms the status of your critical documents (such as birth certificate) and contains an updated list of your connections with trusted adults.

What Stays the Same?

The third section is your **Independent Living Services and Transition Plan for Young Adults**.

Just as in the past, your independent living transition plan is to be completed by you, with your service worker and your team. This is the plan you intend to follow for as long as you continue to receive independent living services.

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

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

		YOUTH INFORMATION	
Name:		Oasis Client ID:	
Address:			
Date of Birth: (MM/DD/YYYY)			
Current Age: <input type="checkbox"/> within 90 days prior to turning 18 <input type="checkbox"/> within 90 days prior to turning 20 <input type="checkbox"/> within 90 days prior to turning 19 <input type="checkbox"/> within 90 days prior to turning 21 Other: _____			
CURRENT LDSS WORKER'S CONTACT INFORMATION			
Name:		Phone #:	
E-mail Address:			
MY RIGHTS AND RESPONSIBILITIES			
<p>Directions: Please read the following information on your rights and responsibilities. If you do not understand, it is your service worker's responsibility to explain anything that is not clear to you. When you are sure you understand each statement, place a check mark beside each statement. At the end, you will be asked to sign the form. Your signature means you have reviewed and understand your rights and responsibilities.</p>			
<input type="checkbox"/> Safety - As a young person in foster care; you have the right to be in a safe home that is free of violence, abuse, neglect and mistreatment (exploitation).			
<input type="checkbox"/> Education – You have the right to go to school and get an education that fits your age and any special needs you may have. You also have the right to stay in the same school you were enrolled in before coming into foster care if possible.			
<input type="checkbox"/> Health – You have the right to be regularly taken to doctors and dentists, including eye doctors, for medical evaluation, medical care, and/or treatment as needed			
<input type="checkbox"/> Appeal – You have a right to appeal the suspension, reduction, termination, delay or denial of services in your transitional living plan for independent living services.			
<input type="checkbox"/> Court Participation – You have a right to attend court hearings involving your care, be consulted in the development of and any revisions to your case and permanency plan. You also have the right to tell the judge what is happening to you and what you want regarding your plan for permanency. You can choose up to two individuals for your case and permanency planning team (subject to agency disapproval if not in the best interest of the youth).			
<input type="checkbox"/> Sibling Visitation – You have a right to have regular contact and visitation with your siblings if you are separated. Your foster care plan shall take into account your wishes. The communication may include but are not limited to face-to-face visits, telephone calls, emails, and video conferencing.			
<input type="checkbox"/> Credit Reports – Beginning at age 14 until age 17, you shall be entitled to an annual credit report free of charge. If there are any inaccuracies, the agency will help to resolve them.			
<input type="checkbox"/> Essential Documents – If leaving foster care at age 18 or any age up to 21, you shall be provided an official or certified copy of your (1) birth certificate; (2) social security card; (3) health insurance information; (4) medical records; (5) driver's license or state-issued identification card documentation.			

- You understand that local departments of social services (LDSS) and licensed child-placing agencies may, but are not required to, provide independent living (IL) services to persons between 18 and 21 years of age who are in the process of transitioning from foster care to self-sufficiency. Even though anyone over age 18 is an adult under Virginia law, young adults who were in foster care before the age of 18 may continue to receive services from LDSS between ages 18 and 21 under certain conditions. These conditions include:
- You willingly agree to cooperate with all services and this is documented in your case record, and
 - You are making progress in an educational, treatment, or training program; or
 - You are in permanent foster care and require continuing foster care to assist you in participating in an educational, training, or treatment program, and you wish to continue receiving services.
- You understand that during the 90 days before you turn age 18, you will finalize your plans for successfully transitioning from foster care to adulthood. This Plan for Successful Transition will include the names of adult(s) who have agreed to help me during this transition and in the future. It will also address my specific needs, including housing, health insurance, education, mentors, workforce supports, employment services, and any other needs I identify.
- You understand that if you end IL services after reaching the age of 18 and 60 days have passed (from the time you ended services) and you are not yet 21 years of age, then there may be limited funds to purchase needed services on my behalf. Those services may include financial, housing, counseling, employment, education, and other appropriate services to help with my own efforts to achieve self-sufficiency.
- You understand you may be eligible for a federal program called Education and Training Vouchers (ETV), which is designed to help youth who were in foster care and those adopted from foster care after reaching the age of 16 with funding for qualified postsecondary school or vocation related expenses.
- You understand the importance of identifying someone to make health care treatment decisions on your behalf, if you become unable to make them and if you do not have or want a relative to make these decisions. You understand that you can identify a health care power of attorney using the form on the Virginia Department of Health's website, entitled "Virginia Advance Medical Directive."
- You understand that you may be asked to participate in a National Youth in Transition Database (NYTD) Survey asking questions of older youth and young adults who are or have been in foster care. The purpose of the survey is to learn how to better meet the needs of youth in foster care so they can be successful in life. You understand that if you participated in the NYTD survey at 17 years of age, you will be asked by LDSS or a private contractor to complete the NYTD survey on or around your 19th and 21st birthdays.
- You understand that if you are a man ages 18 through 25 and living in the U.S., then you must register with Selective Service. It's the law. According to law, a man must register with Selective Service within 30 days of his 18th birthday. You may be denied benefits or a job if you have not registered. You can register at any U.S. Post Office or online at <https://www.sss.gov/RegVer/wfRegistration.aspx>.

Your signature means you have reviewed and understand your rights and responsibilities.

Youth's Signature:		Date:	
Social Worker's Name:			
Social Worker's Signature:		Date:	
Other (Please Print Name):			
Relationship to Youth:			
Signature of Other:		Date:	
Other (Please Print Name):			
Relationship to Youth:			
Signature of Other:		Date:	

Plan for Successful Transition

YOUTH INFORMATION

Name:	Oasis Client ID:
Address:	
Date of Birth: (MM/DD/YYYY)	
Current Age: <input type="checkbox"/> within 90 days prior to turning 18 <input type="checkbox"/> within 90 days prior to turning 20	
<input type="checkbox"/> within 90 days prior to turning 19 <input type="checkbox"/> within 90 days prior to turning 21	
<input type="checkbox"/> Other: _____	

CURRENT LDSS WORKER'S CONTACT INFORMATION

Name:	Phone #:
E-mail Address:	

OTHER MEMBERS OF YOUTH'S TEAM

Name	Relationship to Youth

PURPOSE OF THE 90-DAY PLAN FOR SUCCESSFUL TRANSITION

This **Plan for Successful Transition** is required by federal law to be completed within the 90-day period before you reach 18 years of age. If you continue to receive independent living services after reaching age 18, then this plan must be updated within the 90-day period before your 19th, 20th, and 21st birthday. With the exception of the Education and Training Vouchers (ETV), IL services stop once a youth reach the age of 21.

Having this Plan ensures that you have all your important information in one place. This is especially important if you leave foster care or are no longer able to receive foster care independent living (IL) services after you reach age 18.

This Plan may be as detailed as you like. A copy of this Plan will be kept in your case record.

My Plans for Permanency

Permanency for young adults who have aged out of foster care means having connections to trusted adults, a community of support, and a network of interdependence.

Note: Area of Support should be based on FosterClub's Permanency Pact. The Pact may be found at <http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf> OR www.fosterclub.org.

Name of Supportive Adult	Relationship to Youth	Contact Number	Email Address	How This Person Will Support Me

Name of Supportive Adult	Relationship to Youth	Contact Number	Email Address	How This Person Will Support Me

My plans for housing
Where I plan to live when I leave care (check and complete all that apply):

	Name, Address, Phone #
<input type="checkbox"/> In an apartment or house	
<input type="checkbox"/> College dormitory	
<input type="checkbox"/> With parent(s)	
<input type="checkbox"/> With relative(s)	
<input type="checkbox"/> With current foster family	
<input type="checkbox"/> With former foster family	
<input type="checkbox"/> With supportive adult	

<input type="checkbox"/> With friend(s)	
<input type="checkbox"/> With roommate(s)	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> I don't know	

I have applied for a Section 8 Voucher Yes No If no, why not?

My plans for school and career (check all that apply and insert date(s) as applicable):

<input type="checkbox"/> Attending high school. If so, what is your current grade: _____	<input type="checkbox"/> Graduated high school
<input type="checkbox"/> Will start a GED Program by what date? _____	<input type="checkbox"/> Will attain my GED by what date? _____
<input type="checkbox"/> Obtained a GED	<input type="checkbox"/> Attending community college
<input type="checkbox"/> Will enroll in a community college by what date: _____	<input type="checkbox"/> Participating in a vocational training program
<input type="checkbox"/> Will enroll in a vocational training program by what date: _____	<input type="checkbox"/> Completed a vocational program
<input type="checkbox"/> Attending a 4 year college or university	<input type="checkbox"/> Will enroll a 4 year college or university by what date: _____
<input type="checkbox"/> Will enroll in Job Corp by what date? _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	I have a copy of my most recent IEP
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have obtained or know how to obtain a copy of my school records
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have been to a Job Corp orientation meeting (if appropriate)
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have spoken to my case manager about obtaining ETV funds for my education

My plans for current/future employment	
I am currently working	<input type="checkbox"/> part time <input type="checkbox"/> fulltime <input type="checkbox"/> unemployed
I have spoken to my social worker about the Department of Rehabilitative Services. (DRS can assist with job coaching, job seeking, career interest and ability assessments.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently enrolled in a community resource/employment agency	<input type="checkbox"/> Yes <input type="checkbox"/> No
My career plans	
<input type="checkbox"/> Enlist in the military	<input type="checkbox"/> Stay and advance at current employer
<input type="checkbox"/> Obtain a vocational certificate	<input type="checkbox"/> Continue my education
<input type="checkbox"/> Other (specify):	
Plans for my money	
My credit:	
I have had a credit check within last 12 months:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, I will have a credit check by:	
If yes, what were the results?	
Is there anything that I need to do to repair or correct my credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what?	
Financial assistance for education after high school:	
I understand the benefits and limitations of ETV funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the requirements for maintaining my financial aid benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
My bank account(s):	
I have a savings account	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a checking account	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a budget	<input type="checkbox"/> Yes <input type="checkbox"/> No
I follow my budget	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have money saved for unexpected financial obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health Care (e.g., contact information, policy numbers)			
I have health insurance:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of insurance company:			
Policy ID #:			
Phone number of insurance provider:			
Date of last medical exam:		Date of next medical exam:	
Date of last dental exam:		Date of next dental exam:	
SSI Application (if applicable)			
<p>The Social Security Administration (SSA) may accept an SSI application from a disabled youth in foster care up to 90 days before federal foster care payments are expected to end. This is an exception to the general rule of accepting an SSI application in the month before the month of eligibility. This policy will aid disabled youth in foster care to make the transition to adult life by helping to insure that they have income and health benefits in place.</p>			

My essential documents (e.g., numbers, where they are, how to get them if lost)		
Check each item if applicable to youth	Who currently has it?	Name and phone number of contact to get it? (Leave blank if the youth already has it)
<input type="checkbox"/> Birth certificate		
<input type="checkbox"/> Social Security Card		
<input type="checkbox"/> Driver license or State (DMV) Issued ID		
<input type="checkbox"/> Medical/Immunization records		
<input type="checkbox"/> Dental records		
<input type="checkbox"/> Green card or school visa		
<input type="checkbox"/> Family medical history		
<input type="checkbox"/> Health Insurance Card		
<input type="checkbox"/> Psychological/Psychiatric Records		
<input type="checkbox"/> Voter Registration Other:		
<input type="checkbox"/> Selective Service Registration- Males Only:		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

CONTACTS

Who I contact from my current social service agency if I leave foster care and want to restart independent living services after my 18th birthday and before my 21st birthday:

Name:

Phone Number:

E-mail Address:

Physical Address:

Name, address & contact information for five adults who will always know how to reach me:

1.

2.

3.

4.

5.

Independent Living Services and Transition Plan for Young Adults

This section is to be completed only if you continue to receive IL services. It identifies the goals and activities you are pursuing as a young adult and the assistance and supports you that will use to achieve your goals.

YOUTH INFORMATION			
Name:		Oasis Client ID:	
Address:			
Date of Birth: (MM/DD/YYYY)			
Current Age:		<input type="checkbox"/> within 90 days prior to turning 18 <input type="checkbox"/> within 90 days prior to turning 20 <input type="checkbox"/> within 90 days prior to turning 19 <input type="checkbox"/> within 90 days prior to turning 21 <input type="checkbox"/> Other: _____	
Current Grade/Classification: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> College <input type="checkbox"/> Other: _____			
CURRENT EDUCATIONAL GOAL			
<input type="checkbox"/> Educational Development certificate (GED)	<input type="checkbox"/> High School Modified Diploma	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> High School Advanced Diploma
<input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Other:
CURRENT LDSS WORKER'S CONTACT INFORMATION			
Name:		Phone #:	
E-mail Address:			
INDEPENDENT LIVING (IL) NEEDS ASSESSMENT			
Name of IL Needs Assessment Completed:		Date Completed:	
Name of Other Assessment(s) Completed (used to help complete transition plan)		Date Completed:	
Note: The most recent Independent Living (IL) needs assessment must have been completed within the last 30 days prior to completing this form. Use the IL assessment as a reference when completing this document.			
TIMEFRAME OF THIS TRANSITION PLAN			
From (MM/DD/YYYY):		To (MM/DD/YYYY):	

OTHER MEMBERS OF YOUTH'S TEAM	
Name	Relationship to Youth

Daily Living:

(includes meal planning and preparation, cleaning and food storage, home maintenance and computer and internet basics)

Youth's Strengths:

Areas for Growth:

Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal #2: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal # 3: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing

Self Care:

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

Youth's Strengths:

Areas for Growth:

Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal #2: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal # 3: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing

Relationships and Communication

(includes developing and sustaining healthy relationships, cultural competency and permanent connections with caring adults)

Youth's Strengths:

Areas for Growth:

Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal #2: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal # 3: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing

Work and Study

(includes basics of employment, legal issues, study skills and time management)

Youth's Strengths:

Areas for Growth:

Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal #2: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal # 3: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing

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

Housing and Money Management

(includes banking and credit, finding and keeping affordable housing, budgeting and living within one's means)

Youth's Strengths:

Areas for Growth:

Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal #2: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal # 3: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing

Career and Education Planning

(includes planning for career and postsecondary education pertinent to older youth)

Youth's Strengths:

Areas for Growth:

Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal #2: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal # 3: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing

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

Looking Forward

(includes youth's level of confidence and internal feelings important to their success)

Youth's Strengths:

Areas for Growth:

Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal #2: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal # 3: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing

Permanency

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

Youth's Strengths:

Areas for Growth:

Goal	Activity	Responsible Parties	Dates for Completing Planned Goal/Activity	Progress Date
Goal #1: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal #2: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing
Goal # 3: Measure:				<input type="checkbox"/> Met activity/goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance <input type="checkbox"/> Activity/goal needs changing

Signing this document means that we all agree with this plan and that we will all work to complete the steps necessary to help _____ reach his or her goals.

Youth's signature

Date

Caregiver's signature

Date

Service Worker's signature

Date

Other –Print Name

Relationship to youth

Signature

Date

Other –Print Name

Relationship to youth

Signature

Date

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

