

A Message about the *Fostering Futures 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 foster care services, the 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. Fostering Futures is the name of the foster care program which is available to you after age 18. Therefore, this document is called the “Fostering Futures 90-Day Transition Plan.” Just as the plans you developed before you were turning 18, this plan is to be updated every 12 months as long as you are participating in the program.

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 foster care and 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 plans for transitioning successfully from foster care to independence. The **Plan for Successful Transition** includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, work force supports/employment services, and information about the importance of designating a health care proxy. 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 **Transition Plan for Young Adults**.

Just as in the past, your 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 services. This section 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 of turning 18 <input type="checkbox"/> within 90 days of turning 20 <input type="checkbox"/> within 90 days of turning 19 <input type="checkbox"/> within 90 days of turning 21 <input type="checkbox"/> 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 this information, 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.</p>	
<input type="checkbox"/> Safety – I have the right to be in a safe home that is free of violence, abuse, neglect and mistreatment (exploitation).	
<input type="checkbox"/> Education – I have the right to go to school and get an education that fits my age and any special needs I may have. I also have the right to stay in the same school I was enrolled in before coming into foster care, if possible.	
<input type="checkbox"/> Health – I have the right to have regular appointments with doctors -including eye doctors- and dentists, for medical evaluation, medical care, and/or treatment as needed.	
<input type="checkbox"/> Appeal – I have the right to appeal the suspension, reduction, termination, delay or denial of services in my transition plan for services.	
<input type="checkbox"/> Court Participation – I have the right to attend court hearings involving my care, and to be consulted in the development of and any revisions to my case and permanency plan. I also have the right to tell the judge what is happening to me and what I want regarding my plan for permanency. I can choose up to two individuals to be part of my case and permanency planning team. I understand that the agency can disapprove these individuals only if it is determined that it is not in my best interest for them to participate.	
<input type="checkbox"/> Sibling Visitation – I have the right to have regular contact and visitation with my siblings (if I have siblings) if we are separated. My foster care plan shall take into account my wishes. Contact may include but is not limited to face-to-face visits, telephone calls, emails, texts, and video conferencing.	
<input type="checkbox"/> Credit Reports – I have the right to receive an annual credit report free of charge. If there are any inaccuracies on my credit report, the agency will help me to resolve them. Website: http://www.annualcreditreport.com/	
<input type="checkbox"/> Essential Documents – I have the right to receive my (1) certified birth certificate; (2) social security card; (3) health insurance information; (4) medical records; (5) driver's license or state-issued identification card documentation (if I leave foster care at age 18 or at any age up to 21).	

- I understand that when I turn age 18, I will enter the Fostering Futures program, a voluntary program which provides services and support to individuals who turn 18 in foster care. As a participant in the Fostering Futures program, I must be engaged in at least one of the following:
- Completing secondary education or equivalent
 - Enrolled full-time or half-time in post-secondary or vocational program; includes remedial work, online or correspondence courses, etc.
 - Participating in a program or activity designed to promote or remove barriers to employment; very broadly defined, e.g., could be working to obtain driver's license; is individualized based on needs of child
 - Employed at least 80 hours a month
 - Incapable of engaging in any of the above due to a medical condition
- I understand I must sign a **Fostering Futures Voluntary Continuing Services and Support Agreement** when I turn 18 years old in order to continue receiving services.
- I understand that during the 90 days before turning age 18, I will finalize my 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, local opportunities for mentors and continuing support services, work force supports, employment services and any other needs I identify.
- I understand I 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.
- I understand the importance of identifying someone to make health care treatment decisions on my behalf, if I become unable to make them and if I do not have or want a relative to make these decisions. I can identify a health care power of attorney using the form on the Virginia Department of Health's website, entitled "Virginia Advance Medical Directive."
<http://www.vdh.virginia.gov/OLC/documents/2008/pdfs/2005%20advanced%20directive%20form.pdf>
- I understand that I 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. I understand that if I participated in the NYTD survey at 17 years of age, I will be asked by LDSS to complete the NYTD survey on or around my 19th and 21st birthdays.
- I understand that if I am a man between the ages of 18 through 25 and living in the U.S., I 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. I understand that I may be denied benefits or a job if I have not registered. I can register at any U.S. Post Office or online at <https://www.sss.gov/RegVer/wfRegistration.aspx>.

My signature means I have received a copy of my most recent Foster Care Plan and my Transition Plan and my rights have been explained to me in an age appropriate manner.

Youth's Signature:		Date:	
Social Worker's Name:		Date:	
Social Worker's Signature:		Date:	
1) Other (Please Print Name):			
Relationship to Youth:			
Signature:		Date:	
2) Other (Please Print Name):			
Relationship to Youth:			
Signature:		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 of turning 18		<input type="checkbox"/> within 90 days of turning 20	
	<input type="checkbox"/> within 90 days of turning 19		<input type="checkbox"/> within 90 days of 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				
<p>This Plan for Successful Transition is required by federal law to be completed within the 90-day period before a youth reaches 18 years of age. If I continue services after reaching age 18, then this plan must be updated within the 90-day period before my 19th, 20th, and 21st birthday. With the exception of the Education and Training Vouchers (ETV), Independent Living (IL) services stop once a youth reach the age of 21.</p> <p>Having this Plan ensures I have all my important information in one place.</p> <p>This Plan may be as detailed as I like. A copy of this Plan will be kept in my case record.</p>				
My Plans for Permanency/Permanent Connections				
<p>Permanency for young adults who have aged out of foster care means having connections to trusted adults, a community of support, local opportunities for mentors and continuing support services.</p> <p>Note: Area of Support should be based on FosterClub's Permanency Pact. The Pact may be found at https://www.fosterclub.com/transition/article/permanency-pact</p>				
Name of Supportive Adult	Relationship to Me	Contact Number	Email Address	How This Person Will Support Me

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

My plans for Housing
Where I plan to live next year (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 <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	
My plans for Education (check all that apply and insert date(s) as applicable):	
<input type="checkbox"/> Attending high school. If so, may current grade is: _____	<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 (if applicable)
<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 Work Force Supports/Employment Services	
I am currently working (place of employment, if applicable): _____	<input type="checkbox"/> part time <input type="checkbox"/> full time <input type="checkbox"/> unemployed
If unemployed, is it because you are a full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 received information about my credit report within last 12 months:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, I will get a credit report 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 and Insurance (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:	
<p>I have identified someone to make health care treatment decisions on my behalf if I become unable to make them (a Health Proxy/ Healthcare Power of Attorney) using the form on the Virginia Department of Health's website, entitled "Virginia Advance Medical Directive". Yes No (circle one)</p>			
<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. A SSI application has been completed. Yes No (circle one)</p>			

My Essential Documents (e.g., numbers, where they are, how to get them if lost)		
Check each item if applicable	Who currently has it?	Name and phone number of contact to get it? (Leave blank if I already have it)
<input type="checkbox"/>		
<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:		

CONTACTS		
Who I will contact from my current social service agency if I leave the Fostering Futures program and want to restart services after my 18 th birthday but before my 21 st birthday:	Name:	
	Phone Number:	
	E-mail Address:	
	Physical Address:	
Name, address & contact information for four adults who will always know how to reach me:		
1.		
2.		
3.		
4.		
Name, address & contact information of my Health Care Proxy (Medical Advance Living Will):		

Independent Living Services and Transition Plan for Young Adults

This section is to be completed only if you plan to 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:		Current Age:	
<input type="checkbox"/> within 90 days of turning 18		<input type="checkbox"/> within 90 days of turning 20	
<input type="checkbox"/> within 90 days of turning 19		<input type="checkbox"/> within 90 days of 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
■	■	■	■
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)

Strengths:

Areas for Growth:

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

Self-Care:

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

Strengths:

Areas for Growth:

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

Relationships and Communication

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

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)

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)

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)

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 level of confidence and internal feelings important to success)

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.

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

