

# Chafee Program Transition Plan

**This is *your* plan.** It will specify in writing the goals you set, what you will do to achieve the goals, and the individualized services, activities, and supports that will be provided to help you transition to adulthood. All youth in foster care (including Fostering Futures) 14 years and older should have a transition plan that is regularly monitored and updated.

Transition plans are required to be *youth-driven* and developed through a team process. This means that you have a central role in all service planning and decision making when it comes to your plan. Your team should collaborate with you to develop your plan, as well as support you in achieving your goals, helping you to prepare for adulthood.

As a part of your team, your Family Services Specialist should help you:

- Understand your responsibility for developing a plan;
- Develop your personal goals;
- Identify your strengths, interests, and needs; and
- Make progress towards achieving your goals and developing your strengths and interests by accessing services and resources to meet your needs.

Your Family Services Specialist may invite co-workers, and/or an outside consultant, who specializes in working with youth on their successful transition to adulthood. Your Family Services Specialist should engage appropriate family members and other significant individuals in your life to work collaboratively as a team to help you prepare for adulthood. You are encouraged, and have the right, to invite additional people who are important to you and who are interested in helping you succeed to be a part of your team. This might include:

- Immediate or extended family members/relatives
- Current or former caretakers or foster parents
- Teacher, counselor, and/or coach
- Friend, neighbor, mentor, and/or spiritual leader

In order to help you develop your plan, you will first complete a life skills assessment. This is not a test – you do not get a “grade” and you cannot “fail”. Instead, it is a tool to help you identify your strengths and areas for further development. This assessment should be completed within the 30 days prior to developing your transition plan. Your first transition plan should be created when you turn 14 years old, or within the first 30 days of entering foster care if you are already 14 or older. You and your team should monitor your progress and your plan should be updated at least once a year.

The year you turn 18, your plan must be updated within the 90 days before your 18<sup>th</sup> birthday, in preparation for this significant milestone. If you choose to participate in Fostering Futures, you will continue to update your plan annually. If you leave and then return to Fostering Futures, you will update your plan upon your return. Turning 18 and participating in Fostering Futures means you will have additional rights and responsibilities, as well as additional considerations regarding your transition.

# Tips for Completing Your Transition Plan

## **Step 1. Think about preparing for adulthood.**

The transition plan is intended to help you prepare for adulthood. The goals of your plan are intended to promote positive outcomes in important areas of your early adulthood. These positive outcomes may be things like: supporting yourself financially; having positive, permanent connections with family and other trusted adults; knowing how to maintain your health and safety; pursuing and achieving your educational/vocational goals; having a stable place to live and avoiding homelessness; and having health insurance and access to medical and dental health services.

## **Step 2. Review the results of your life skills assessment and focus on your priorities.**

The life skills assessment you recently completed will help you to identify your strengths and needs in each of the eight life skills domains in this plan (daily living, self-care, relationships and communication, work and study, housing and money management, career and education planning, looking forward, and permanency). Your Family Services Specialist and other members of your team should help you review your life skills assessment to see your strengths (what you have already achieved) and areas for growth (where there is more to achieve).

If you have an IEP or 504 plan at school, it should be used to help you and your team develop your transition plan, as well. It has valuable information about your strengths and needs, as well as what supports your school and others are already providing you.

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

## **Step 3. Identify services that can help you achieve your goals.**

Collaborate with your Family Services Specialist and team to determine what services and supports might be available to you to help you achieve your goals. The services and supports listed in your plan should be unique to you. They may be provided by your Family Services Specialist, school, community, private providers, caretakers, family, friends, or religious organizations. Your team will help you to figure this out. (If you need some ideas, there are a few examples listed in Appendix A of this plan.)

## **Final Tip: Understanding goals, activities, and measures.**

Your transitional living plan will include goals, activities, and measures.

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

A single goal may have multiple activities and typically a single measure. (Ex. Goal – graduate high school. Activities – attend school regularly, complete required school work, and get help from the guidance counselor. Measure – high school graduation.) Your goals should reflect what you want to achieve. Your team should help you figure out how to achieve them.

## My Rights and Responsibilities

**Directions:** Please read the following information about your rights and responsibilities. If you do not understand, it is your Family Services Specialist's responsibility to explain anything that is not clear to you. When you are sure you understand each statement, place a check mark beside it. At the end, you will be asked to sign the form. Your signature means you have reviewed and understand your rights and responsibilities.

- Safety** – I have the right to be in a safe home that is free of violence, abuse, neglect, and mistreatment (exploitation)
- 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.
- 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.
- Appeal** – I have the right to appeal the suspension, reduction, termination, delay, or denial of services in my transition plan for services.
- Planning Team** – I have the opportunity to identify two (2) additional members for my service, permanency, and transition planning teams who are neither my foster parent nor my Family Services Specialist which I want to involve with the team to help represent my needs and provide me with support during the process. One of these individuals may serve, as necessary, as an advocate with respect to normalcy. I understand that my local department of social services may only reject the member(s) that I have selected if there is good cause to believe that the individual(s) would not act in my best interest.
- 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 the judge what is happening to me and what I want regarding my plan for permanency.
- Sibling Visitation** – I have the right to have regular contact and visitation with my 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.
- Credit Reports** – I have the right to receive an annual credit report free of charge. If there are any inaccuracies on my credit report, my Family Services Specialist will help me to resolve them. (<http://www.annualcreditreport.com>)
- Credit Freezes** – I have the right to remove any credit freeze placed on my account by my Family Services Specialist once I turn 16 and I will be provided any PINs needed to do so on my own when I turn 18.

## **18 and Up – Additional Rights and Responsibilities**

*Youth turning 18 within 90 days and those participating in Fostering Futures must complete this section. Youth 14-17 should skip this section for now.*

- Essential Documents** – Once I am 18, 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; 6) credit freeze PINs; and 7) signed proof of foster care statement from my local department of social services.
- I understand that when I turn 18, I can 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 part-time in a post-secondary or vocational program (which includes remedial work, online or correspondence course, etc.)
  - Participating in a program or activity designed to promote or remove barriers to employment
  - Employed at least 80 hours a month
  - Incapable of engaging in any of the above due to a medical condition
- I understand that when I turn 18 if I choose not to participate in Fostering Futures at any time, I may be eligible for time-limited **Housing Support** assistance equal to the room and board portion of the maintenance payment for Fostering Futures. This support can be accessed for a period of no more than six months (consecutive or non-consecutive) at any point between the ages of 18 until your 21<sup>st</sup> birthday.
- 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 transition plan 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 with funding for qualified post-secondary education or vocational training related expenses up to my 26<sup>th</sup> birthday.
- 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 Health Care Directives Registry](#)”.
- 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 have experienced 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 adulthood. I understand that if I participated in the NYTD survey at 17 years of age,

I will be asked by my local department of social services to complete the NYTD survey on or around my 19<sup>th</sup> and 21<sup>st</sup> birthdays.

- I understand that I have the right to complete the **Youth Exit Survey** on or after my 18<sup>th</sup> birthday in order to provide feedback to the Virginia Department of Social Services regarding my thoughts and feelings about my foster care experience, including how well I think my local department of social services and my Family Services Specialist did to provide for my safety, permanency, and wellbeing while I was in foster care.
- I understand that if I am a male 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, males must register with Selective Services within 30 days of their 18<sup>th</sup> 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](#).

*-End 18 and up section. All youth should complete the following:*

**Signatures**

My signature means that my rights and responsibilities have been explained to me in a way in which I understand.

**Youth's signature:** \_\_\_\_\_

**Date:** [Click here to enter a date.](#)

**Family Services Specialist's name:** [Click here to enter text.](#)

**Family Services Specialist's signature:** \_\_\_\_\_

**Date:** [Click here to enter a date.](#)

**Name of other witness:** [Click here to enter text.](#)

**Relationship to youth:** [Click here to enter text.](#)

**Signature of other witness:** \_\_\_\_\_

**Date:** [Click here to enter a date.](#)

**Name of other witness:** [Click here to enter text.](#)

**Relationship to youth:** [Click here to enter text.](#)

**Signature of other witness:** \_\_\_\_\_

**Date:** [Click here to enter a date.](#)

# Chafee Program Transition Plan

## Youth Information

**Name:** [Click here to enter text.](#)

**Today's Date:** [Click here to enter a date.](#)

**OASIS client ID:** [Click here to enter text.](#)

**Date of birth:** [Click here to enter text.](#)

**Current age:** [Choose an age.](#)

**Current grade:** [Click here to enter text.](#)

**IEP or 504 plan:** None; IEP; 504 plan

**Current educational goal:**

High school diploma type: Standard; Advanced Studies; Applied Studies;

General Educational Development (GED) certificate;

Vocational certificate;

Associate's degree;

Bachelor's degree;

Other: [Click here to enter text.](#)

### **Local Department of Social Services**

**Agency name:** [Click here to enter text.](#)

**Family Services Specialist's name:** [Click here to enter text.](#)

**Phone number:** [Click here to enter text.](#)

**Email:** [Click here to enter text.](#)

### **Life Skills Assessment**

**Name of assessment:** [Click here to enter text.](#)

**Date completed:** [Click here to enter a date.](#)

**Other assessment(s) used:** [Click here to enter text.](#)

**Date completed:** [Click here to enter a date.](#)

### **Timeframe**

**Are you turning 18 within the next 90 days?** Yes No

**Are you participating in Fostering Futures?** Yes No

*\*If you said yes to either of these questions, you will need to fill complete the sections "18 and up" throughout. If you said no to both, you will skip those sections.*

## **Team Members**

Name, relationship to youth, and contact info (email, phone number, etc.)

**Name:** [Click here to enter text.](#)

**Relationship to youth:** [Click here to enter text.](#)

**Contact info:** [Click here to enter text.](#)

**Name:** [Click here to enter text.](#)

**Relationship to youth:** [Click here to enter text.](#)

**Contact info:** [Click here to enter text.](#)

**Name:** [Click here to enter text.](#)

**Relationship to youth:** [Click here to enter text.](#)

**Contact info:** [Click here to enter text.](#)

**Name:** [Click here to enter text.](#)

**Relationship to youth:** [Click here to enter text.](#)

**Contact info:** [Click here to enter text.](#)

**Name:** [Click here to enter text.](#)

**Relationship to youth:** [Click here to enter text.](#)

**Contact info:** [Click here to enter text.](#)

**Name:** [Click here to enter text.](#)

**Relationship to youth:** [Click here to enter text.](#)

**Contact info:** [Click here to enter text.](#)

## **Renewal**

This plan may be renewed at any time with your Family Services Specialist and your team. It must be renewed and signed no later than **[Click here to enter a date](#)** (one year from today).

## Daily Living

This includes meal planning and preparation, cleaning and food storage, home maintenance, and computer and internet basics.

Strengths: [Click here to enter text.](#)

Areas for Growth: [Click here to enter text.](#)

Goal	Activities	Responsible parties	Dates for completion	Progress
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/> Met activity;  <input type="checkbox"/> Met goal;  <input type="checkbox"/> Satisfactory Progress;  <input type="checkbox"/> Needs more time/assistance;  <input type="checkbox"/> Activities/goal needs to be changed;</p>
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/> Met activity;  <input type="checkbox"/> Met goal;  <input type="checkbox"/> Satisfactory Progress;  <input type="checkbox"/> Needs more time/assistance;  <input type="checkbox"/> Activities/goal needs to be changed;</p>
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/> Met activity;  <input type="checkbox"/> Met goal;  <input type="checkbox"/> Satisfactory Progress;  <input type="checkbox"/> Needs more time/assistance;  <input type="checkbox"/> Activities/goal needs to be changed;</p>



## Self-Care

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

Strengths: [Click here to enter text.](#)

Areas for Growth: [Click here to enter text.](#)

Goal	Activities	Responsible parties	Dates for completion	Progress
<p><b>Goal:</b> Click here to enter text.</p> <p><b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.</p> <p><input type="checkbox"/> Met activity;</p> <p><input type="checkbox"/> Met goal;</p> <p><input type="checkbox"/> Satisfactory Progress;</p> <p><input type="checkbox"/> Needs more time/assistance;</p> <p><input type="checkbox"/> Activities/goal needs to be changed;</p>
<p><b>Goal:</b> Click here to enter text.</p> <p><b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.</p> <p><input type="checkbox"/> Met activity;</p> <p><input type="checkbox"/> Met goal;</p> <p><input type="checkbox"/> Satisfactory Progress;</p> <p><input type="checkbox"/> Needs more time/assistance;</p> <p><input type="checkbox"/> Activities/goal needs to be changed;</p>
<p><b>Goal:</b> Click here to enter text.</p> <p><b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.</p> <p><input type="checkbox"/> Met activity;</p> <p><input type="checkbox"/> Met goal;</p> <p><input type="checkbox"/> Satisfactory Progress;</p> <p><input type="checkbox"/> Needs more time/assistance;</p> <p><input type="checkbox"/> Activities/goal needs to be changed;</p>

## Relationships and Communication

This includes developing and sustaining healthy relationships, cultural competency, and permanent connections to caring adults.

Strengths: [Click here to enter text.](#)

Areas for Growth: [Click here to enter text.](#)

Goal	Activities	Responsible parties	Dates for completion	Progress
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>

## Work and Study

This includes basics of employment, legal issues, study skills, and time management.

Strengths: [Click here to enter text.](#)

Areas for Growth: [Click here to enter text.](#)

Goal	Activities	Responsible parties	Dates for completion	Progress
Goal: <a href="#">Click here to enter text.</a> Measure: <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter a date.</a>	Date: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Met activity; <input type="checkbox"/> Met goal; <input type="checkbox"/> Satisfactory Progress; <input type="checkbox"/> Needs more time/assistance; <input type="checkbox"/> Activities/goal needs to be changed;
Goal: <a href="#">Click here to enter text.</a> Measure: <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter a date.</a>	Date: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Met activity; <input type="checkbox"/> Met goal; <input type="checkbox"/> Satisfactory Progress; <input type="checkbox"/> Needs more time/assistance; <input type="checkbox"/> Activities/goal needs to be changed;
Goal: <a href="#">Click here to enter text.</a> Measure: <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter a date.</a>	Date: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Met activity; <input type="checkbox"/> Met goal; <input type="checkbox"/> Satisfactory Progress; <input type="checkbox"/> Needs more time/assistance; <input type="checkbox"/> Activities/goal needs to be changed;

*\*Please note – In applying for employment, you will likely need certain documents, such as your social security card or birth certificate. Your Family Services Specialist will assist you in obtaining these.*

## Housing and Money Management

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

Strengths: [Click here to enter text.](#)

Areas for Growth: [Click here to enter text.](#)

Goal	Activities	Responsible parties	Dates for completion	Progress
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>

## Career and Education Planning

This includes planning for career and post-secondary education pertinent to older youth.

Strengths: [Click here to enter text.](#)

Areas for Growth: [Click here to enter text.](#)

Goal	Activities	Responsible parties	Dates for completion	Progress
Goal: <a href="#">Click here to enter text.</a> Measure: <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter a date.</a>	Date: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Met activity; <input type="checkbox"/> Met goal; <input type="checkbox"/> Satisfactory Progress; <input type="checkbox"/> Needs more time/assistance; <input type="checkbox"/> Activities/goal needs to be changed;
Goal: <a href="#">Click here to enter text.</a> Measure: <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter a date.</a>	Date: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Met activity; <input type="checkbox"/> Met goal; <input type="checkbox"/> Satisfactory Progress; <input type="checkbox"/> Needs more time/assistance; <input type="checkbox"/> Activities/goal needs to be changed;
Goal: <a href="#">Click here to enter text.</a> Measure: <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter a date.</a>	Date: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Met activity; <input type="checkbox"/> Met goal; <input type="checkbox"/> Satisfactory Progress; <input type="checkbox"/> Needs more time/assistance; <input type="checkbox"/> Activities/goal needs to be changed;

*\*Please note – Upon high school graduation or GED completion, you may be eligible for the Tuition Grant Program and/or the Education and Training Vouchers (ETV) program. Ask your Family Services Specialist about these and learn what steps you may 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

This includes level of confidence and internal feelings important to success.

Strengths: [Click here to enter text.](#)

Areas for Growth: [Click here to enter text.](#)

Goal	Activities	Responsible parties	Dates for completion	Progress
<p><b>Goal:</b> <a href="#">Click here to enter text.</a>  <b>Measure:</b> <a href="#">Click here to enter text.</a></p>	<p><a href="#">Click here to enter text.</a></p>	<p><a href="#">Click here to enter text.</a></p>	<p><a href="#">Click here to enter a date.</a></p>	<p><b>Date:</b> <a href="#">Click here to enter a date.</a>  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>
<p><b>Goal:</b> <a href="#">Click here to enter text.</a>  <b>Measure:</b> <a href="#">Click here to enter text.</a></p>	<p><a href="#">Click here to enter text.</a></p>	<p><a href="#">Click here to enter text.</a></p>	<p><a href="#">Click here to enter a date.</a></p>	<p><b>Date:</b> <a href="#">Click here to enter a date.</a>  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>
<p><b>Goal:</b> <a href="#">Click here to enter text.</a>  <b>Measure:</b> <a href="#">Click here to enter text.</a></p>	<p><a href="#">Click here to enter text.</a></p>	<p><a href="#">Click here to enter text.</a></p>	<p><a href="#">Click here to enter a date.</a></p>	<p><b>Date:</b> <a href="#">Click here to enter a date.</a>  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>

### Permanency

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

Strengths: [Click here to enter text.](#)

Areas for Growth: [Click here to enter text.](#)

Goal	Activities	Responsible parties	Dates for completion	Progress
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>
<p><b>Goal:</b> Click here to enter text. <b>Measure:</b> Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter a date.</p>	<p><b>Date:</b> Click here to enter a date.  <input type="checkbox"/>Met activity;  <input type="checkbox"/>Met goal;  <input type="checkbox"/>Satisfactory Progress;  <input type="checkbox"/>Needs more time/assistance;  <input type="checkbox"/>Activities/goal needs to be changed;</p>

## 18 and Up – Plan for Successful Transition

Youth turning 18 within 90 days and those participating in Fostering Futures must complete this section. Youth 14-17 may skip this section for now.

This section includes specific options and plans for housing, health care and insurance, education, work/career, finances, and status of essential documents.

Check and complete all that apply.

### Housing

Where I plan to live next year.

Plan	Name, address, phone number
<input type="checkbox"/> In an apartment/house	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> College dormitory	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> With parent(s)	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> With relative(s)	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> With current foster family	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> With former foster family	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> With supportive adult	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> With friend(s)	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> With roommate(s)	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Other:	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> I don't know	

I have applied for a Section 8 Voucher:  Yes  No

- If no, why not? [Click here to enter text.](#)

My LDSS has assisted me with accessing a Foster Youth to Independence (FYI) Housing Voucher:

Yes  No

- If no, why not? [Click here to enter text.](#)

### Education

My educational plans for the next year.

#### High School

Continue attending high school

Grade: [Click here to enter text.](#)

Graduate high school

Date: [Click here to enter a date.](#)

#### GED

Begin a GED Program

Date: [Click here to enter a date.](#)

Complete GED Program

Date: [Click here to enter a date.](#)

#### Vocational Training Program

Enroll/Participate in a vocational training program

By: [Click here to enter a date.](#)



Complete a vocational training program

Date: [Click here to enter a date.](#)

### **Community College**

Enroll/Attend in a community college

By: [Click here to enter a date.](#)

Graduate from a community college program

Date: [Click here to enter a date.](#)

### **4-year College or University**

Enroll/Attend a 4-year college or university

Date: [Click here to enter a date.](#)

Graduate from 4 year college or university

Expected completion date: [Click here to enter a date.](#)

### **Job Corps**

Enroll/Participate in Job Corps

Date: [Click here to enter a date.](#)

Complete Job Corps

Date: [Click here to enter a date.](#)

### **Educational Records**

I have a copy of my most recent IEP (if applicable)

I have obtained or know how to obtain a copy of my school records

I have been to a Job Corps orientation meeting (if appropriate)

I have spoken to my Family Services Specialist about obtaining ETV funds for my education

## **Work Force Supports/Employment Services**

My plans for working in the next year

I am currently working

Part-time/seasonal

Full-time

- Place of employment: [Click here to enter text.](#)

I am currently in school full-time and not seeking immediate employment

I have spoken to my Family Services Specialist about the Department of Rehabilitative Services. (DRS can assist with job coaching, job seeking, career interest, and ability assessments)

I am currently enrolled in a workforce program through a community resource or employment agency

- Name of program: [Click here to enter text.](#)

## **Career**

My short-term plans for my career

Continue my education

Obtain a vocational certificate

Stay and advance with current employer

Enlist in the military

Other: [Click here to enter text.](#)

## Money

Information about my current finances and options

### My credit

- I have received information about my credit report within the last 12 months
  - If no, I will get a credit report by: [Click here to enter a date.](#)
  - If yes, are there any concerns? Yes No
    - If yes, the following will be done to repair/correct my credit: [Click here to enter text.](#)
- I have discussed the status of a credit freeze on my credit account
  - I currently have a credit freeze and want it to continue
  - I currently have a credit freeze and want it to be lifted
    - My Family Services Specialist will help me lift my credit freeze by: [Click here to enter a date.](#)
  - I do not have a current credit freeze
    - I would like assistance in placing a credit freeze on my account

### Financial assistance for education after high school

- I understand the benefits and limitations of ETV funds
  - My Family Services Specialist will provide me with information by: [Click here to enter a date.](#)
- I understand the requirements for maintaining my financial aid benefits
  - My Family Services Specialist will help me obtain this information by: [Click here to enter a date.](#)

### My bank account(s)

- I have a savings account
- I have a checking account
- I have a budget
- I follow my budget
- I have money saved for unexpected financial obligations

## Health Care and Health Insurance

My health care and health insurance information

- I have health insurance
  - Managed Care Organization (MCO): [Click here to enter text.](#)
  - MCO Care Coordinator (name/phone number): [Click here to enter text.](#)
  - Medicaid number: [Click here to enter text.](#)
  - Private insurance: [Click here to enter text.](#)
  - Policy number: [Click here to enter text.](#)
  - Phone number: [Click here to enter text.](#)
  - Date of last medical exam: [Click here to enter a date.](#)
  - Date of next medical exam: [Click here to enter a date.](#)
  - Date of last dental exam: [Click here to enter a date.](#)
  - Date of next dental exam: [Click here to enter a date.](#)
  - Date of last eye exam: [Click here to enter a date.](#)
  - Date of next eye exam: [Click here to enter a date.](#)

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 Virginia Advance Medical Directive form from the Department of Health.

- Proxy's name, email address, and/or phone number: [Click here to enter text.](#)

My SSI application has been completed. (The Social Security Administration may accept an SSI application from a youth who is disabled and 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.)

### **My Essential Documents**

Where my essential documents are or where to get them

<b>Document</b>	<b>Who currently has it</b>	<b>Contact name and phone number to get it</b>
<input type="checkbox"/> Birth certificate	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Social security card	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Driver's license or state (DMV) issued ID	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Medical/immunization records	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Dental records	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Green card or school visa	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Family medical history	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Health insurance card	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Psychological/psychiatric records	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Voter registration	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Selective service registration (males only)	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Proof of foster care statement	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Credit freeze PINs	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Other:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<input type="checkbox"/> Other:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

-End 18 and up section. All youth should complete the following.-

### Permanent Connections

These are trusted adults in my life who are supportive of me and I expect to maintain a relationship with. (The FosterClub’s [Permanency Pact](#) is a useful tool in determining permanent connections.)

Name	Relationship	Phone number	Email	How this person will support me
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

### Agreement

By signing this document, my team and I agree with this plan. We agree to work together to complete the steps necessary to support my successful transition to adulthood.

#### Youth

Name: [Click here to enter text.](#)

Signature: \_\_\_\_\_ Date: [Click here to enter a date.](#)

#### Family Services Specialist

Name: [Click here to enter text.](#)

Signature: \_\_\_\_\_ Date: [Click here to enter a date.](#)

#### Current Caretaker

Name: [Click here to enter text.](#)

Signature: \_\_\_\_\_ Date: [Click here to enter a date.](#)

#### Other Team Member

Name: [Click here to enter text.](#)

Signature: \_\_\_\_\_ Date: [Click here to enter a date.](#)

#### Other Team Member

Name: [Click here to enter text.](#)

Signature: \_\_\_\_\_ Date: [Click here to enter a date.](#)

#### Other Team Member

Name: [Click here to enter text.](#)

Signature: \_\_\_\_\_ Date: [Click here to enter a date.](#)

*\*Copies are to be provided to all members of the team, as well as retained in the youth’s file.*

## **Appendix A**

### **Examples of Services to Help You Reach Your Goals**

- Academic support – services to help you complete high school or a GED, including academic preparation, tutoring, study skills training, and help in accessing educational resources over and above general attendance in high school
- Career preparation – vocational and career exploration, assessment, and planning; help in matching interests/abilities with vocational goals; training in a vocation or trade; participation in an apprenticeship or internship
- Work readiness/employment – training in the basics of employment, related legal issues, and job readiness; assistance with job search and placement; job coaching; assistance in securing work permits
- Counseling – assistance in resolving problems that may be barriers to your success
- Budget and financial management – assistance and training on budgeting, money management, establishing credit, filing taxes
- Home management instruction – assistance in learning food preparation, housekeeping, shopping and meal planning, and basics of minor home maintenance and repair
- Housing – assistance and training in finding and keeping affordable housing and understanding costs associated with establishing an independent living arrangement
- Youth leadership development – assistance and training in developing your leadership qualities and learning effective strategies in advocating for yourself
- Mentoring – a one-on-one relationship with a selected trusted adult who can provide longer-term support and guidance
- Post-high school education support – services to help you enter or complete additional education after high school including SAT/ACT preparation, information about financial aid and scholarships, help in completing applications, and tutoring while in college
- Post-high school education financial assistance – upon high school graduation or GED completion, you may be eligible for the Tuition Grant Program, Education and Training Voucher (ETV) program, or other needs-based assistance
- Permanency – assistance in establishing family connections and permanent connections to other trusted adults
- Other assistance – under certain conditions, a supervised independent living arrangement or room and board financial assistance may be appropriate; these options can be discussed with your foster care worker

### Examples of Goals, Activities, and Measures

Goals	Activities	Measures
I want to graduate from high school	<ul style="list-style-type: none"> <li>• I will attend school regularly</li> <li>• I will complete all required school work</li> <li>• I will meet with my guidance counselor for help when needed</li> </ul>	I will graduate from high school
I want to get experience in working for pay or volunteering while I am in high school	<ul style="list-style-type: none"> <li>• I will participate in training that teaches me how to search for a job, complete an employment application, and interview for a job</li> <li>• I will develop an understanding about wages, deductions, benefits, and taxes by participating in training offered</li> <li>• With assistance from my foster parent, I will explore volunteer opportunities in my community and identify those I am interested in</li> </ul>	I will successfully hold a part-time job, paid or volunteer
I want to know how to manage my money before I leave foster care	<ul style="list-style-type: none"> <li>• I will participate in money management training offered through my school and other resources</li> <li>• With assistance from my foster parents, I will complete the Casey Foster Youth Money Guide, <i>I know Where I'm Going (But Will My Cash Keep Up?)</i>, parts <a href="#">one</a> and <a href="#">two</a></li> <li>• I will develop a written plan, showing income, expenses, and primary strategies for living within my means in the first year after leaving foster care</li> </ul>	I will have a realistic plan for living within my means in the year after I leave foster care

**Additional information and resources may be found at the Virginia Foster Care Portal for Youth:**  
[www.FosterMyFuture.com](http://www.FosterMyFuture.com)