

Youth's Name:	Date:
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I am age 14 or over. Current age: _____

I am anticipating to be discharged from DFS custody within 6 months or have an anticipated date of discharge: _____ .

Referred to Transitional Living Coordinator (TLC)? Yes No If yes, date: _____

I have completed a life skills assessment(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s): _____	The following areas are priorities for me:	
<input type="checkbox"/> Daily living skills	<input type="checkbox"/> Self Care	<input type="checkbox"/> Housing
<input type="checkbox"/> Social Skills	<input type="checkbox"/> Emergency/Safety skills	<input type="checkbox"/> Community resources
<input type="checkbox"/> Support System	<input type="checkbox"/> Employment skills	<input type="checkbox"/> Education plan
<input type="checkbox"/> Transportation	<input type="checkbox"/> Money management *	<input type="checkbox"/> Parenting skills (if applicable)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

The items that are checked below have been discussed with me. I have circled items I want more information on or help with:

<input type="checkbox"/> Educational opportunities Study skills/ academic support* Post-secondary educational support* Career planning/preparation* Employment programs* Vocational training* Education plans** Preparing for college* Education financial assistance*	<input type="checkbox"/> Housing education* Independent living needs assessment* Supervised independent living* Housing education* Home management training* Housing** Room and board financial assistance* <input type="checkbox"/> Employment Work life Assistance in job preparation <input type="checkbox"/> Financial Supporting myself financially** Budget and financial management* Cleaning up credit reports Establishing credit	<input type="checkbox"/> Transportation <input type="checkbox"/> Substance abuse needs <input type="checkbox"/> Mentoring* <input type="checkbox"/> Support network Permanent family Positive connection with adult(s)** Relationships Communication Ethnicity and culture Family support and healthy marriage education* <input type="checkbox"/> Activities: Social Extracurricular Cultural Enrichment <input type="checkbox"/> Other: _____
<input type="checkbox"/> Health Health education & risk prevention information* ** Identifying physical, mental and dental health care needs* Identifying resources to help meet health care needs* Health insurance** Health care providers		

National Youth in Transition Database: *Independent Living Services Categories. **Outcomes

I have been provided with information on the following (as applicable, attach copy of information sheet(s) to this plan). I have circled items I want more information on or help with:

<input type="checkbox"/> Transitional living services <input type="checkbox"/> Medicaid to age 26 <input type="checkbox"/> How to access records <input type="checkbox"/> SSI application (if applicable) <input type="checkbox"/> How to obtain my credit report	<input type="checkbox"/> Educational Training Vouchers (ETV) <input type="checkbox"/> Voter registration <input type="checkbox"/> Wyoming Advance Health Care Directive <input type="checkbox"/> FAFSA application for college <input type="checkbox"/> Other: _____
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I have been provided with (if the answer to any of these questions is "no" please develop a plan for who will obtain them, and by when):

Yes <input type="checkbox"/> No <input type="checkbox"/> Driver's License or Photo ID	Yes <input type="checkbox"/> No <input type="checkbox"/> Certified copy of birth certificate
Yes <input type="checkbox"/> No <input type="checkbox"/> Social Security Card	Yes <input type="checkbox"/> No <input type="checkbox"/> Court dependency documents (for financial aid)
Yes <input type="checkbox"/> No <input type="checkbox"/> Education records	Yes <input type="checkbox"/> No <input type="checkbox"/> Letter verifying dependency of court status
Yes <input type="checkbox"/> No <input type="checkbox"/> Health records	Yes <input type="checkbox"/> No <input type="checkbox"/> Immunization records
Yes <input type="checkbox"/> No <input type="checkbox"/> Credit reports – date(s): _____	
Yes <input type="checkbox"/> No <input type="checkbox"/> Resume or resources on how to develop a resume	
Yes <input type="checkbox"/> No <input type="checkbox"/> Assistance completing Permanency Pact	
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Verification of tribal membership	

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Contact Information

Name:		E-mail:
Phone #(s):		Address:
Work		
Cell		
Home		
Relationship and how they can/will help:		

Name:		E-mail:
Phone #(s):		Address:
Work		
Cell		
Home		
Relationship and how they can/will help:		

Name:		E-mail:
Phone #(s):		Address:
Work		
Cell		
Home		
Relationship and how they can/will help:		

Name:		E-mail:
Phone #(s):		Address:
Work		
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Home		
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