

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSITION PLAN INSTRUCTIONS

Overview

The *Transition Plan Form* is a youth-led document that requires collaboration between the worker (case manager, case planner, or case worker may be used interchangeably throughout this plan) and youth. The worker must explain each section, answer any questions and concerns from the youth and facilitate an open and honest dialogue. Completion of the *Transition Plan Form* is an ongoing process involving both the youth and worker(s) and should not be done all at once. The intent is to empower youth and encourage them to express their goals, desired supports, strengths, and concerns and to better understand the preparation needed for life after foster care.

Required Timeline

Initial Transition Plan:

- Begin Transition Plan: **180 days** before youth turns 18 years old (age 17 ½) or at scheduled discharge where the youth will consent to remain in foster care after their 18th birthday.
- Complete Transition Plan: **90 days** before the youth turns 18 years old or at scheduled discharge.
- Copy Provided to Youth: **30 days** before the youth turns 18 years old or at scheduled discharge.

Review and Update Transition Plan:

- **Six months** after the youth turns 18, and every six months thereafter if the youth remains in foster care. Designated spaces for updates to each section of the *Transition Plan Form* are included at the end of the form. The Initial Transition Plan and any previous Six-Month Review and Update sections must be reviewed to help inform the information needed for the current Six-Month Review and Update.

Note: Regardless of whether the youth has completed a previous initial or amended Transition Plan on the previous forms, the youth must begin by completing the *Initial Transition Plan*, **OCFS-5112**, on pages 1-12 at the next time the *Transition Plan* is due. This must be based on the youth's current circumstances. The 6-Month Review and Update section must then be completed six months after the *Initial Transition Plan* is completed.

Electronic completion of the *Transition Plan Form* is strongly encouraged.

The worker should assist the youth to establish an email address and access to a computer so the plan can be completed with the youth electronically.

If the *Transition Plan Form* is completed with the youth on paper because electronic completion is not possible, the worker must do the following (for each Initial Transition Plan and Six-Month Review and Update):

- Include additional sheets of paper as necessary. Any additional sheets are considered and treated as part of the *Transition Plan Form*.
- Assess whether the *Transition Plan Form* is sufficiently legible and, if not, type the youth's responses into an electronic version of the Transition Plan.

The *Transition Plan Form* consists of the following:

Page 1 (demographics):

The Transition Plan Checklist (Parts 1 and 2)

The checklist has two parts, the essential documents (Part 1) and information (Part 2) that the youth **MUST** provide before they are discharged from foster care. While it is required that these items are completed prior to discharge, it is strongly recommended that they are completed prior to the youth's 18th birthday, even if the

youth is planning to remain in foster care. The item is only checked when it has been completed. The youth only initials when they are in possession of the document.

Transition Plan (topic sections)

Each of the seven sections covers a specific type of support that will benefit the youth as they transition out of foster care and includes information about status, goals, and desired supports/services.

- All sections of the Initial Transition Plan are to be completed with the youth.
- Section 2, “My Education/Vocational (Trades) Plan” is to be completed regardless of whether they plan to pursue college or a trade school to make sure that they have knowledge of resources should their plans change.
- Section 7, “Family Planning” – If the youth is not an expectant parent or parenting youth, they do not need to complete the entire section; however, the “I have a plan for the following” questions contained in that section must be completed with all youth.

Readiness Scale

Each section contains a scale where the **youth** can rate how ready they are on a scale from 1 *Needs Work* (not ready yet) to 5 *Prepared* (completely ready). The score is to help the worker(s) know how the youth views their own readiness and will help them track their progress. This is a good opportunity for the worker(s) to speak openly with the youth about ways to improve their confidence in reaching their transition plan goals. The readiness scale scores allow for comparison between the Initial Transition Plan scores and subsequent Six-Month Reviews and Updates.

Next Steps and Tasks

This must be completed during the Initial Transition Plan and at each six-month review to document the identified tasks, who completes them, and by when.

Youth Comments

A box is provided where a youth may enter comments to express their thoughts and feelings on that topic.

Required Signatures

The youth and worker(s) must sign and date (electronically or in writing) both the Initial Transition Plan AND each Six-Month Review and Update. Youth must initial the checklist part 1 and 2 once the document is received or the information is provided.

CONNECTIONS (CONNX)

The signed Initial Transition Plan and each Six-Month Review and Update must be:

- Uploaded into CONNECTIONS (tip sheets linked below).
 - [Uploading-Files-in-CONNECTIONS-Job-Aid-v4.0.pdf \(ny.gov\)](#)
 - [Tip-Sheet-Categories-and-Subcategories.pdf \(ny.gov\)](#)
 - [Required-Uploads-in-CONNECTIONS.pdf \(ny.gov\)](#)
- Emailed to the youth.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSITION PLAN FORM

Demographic Section			
INITIAL TRANSITION PLAN START DATE: / /		INITIAL TRANSITION PLAN ANTICIPATED COMPLETION DATE: / /	
DATE YOUTH PROVIDED A COPY OF THE COMPLETED INITIAL TRANSITION PLAN (AT LEAST 30 DAYS PRIOR TO DISCHARGE): / /			
Identifying Information: (Update as needed in subsequent reviews.)			CIN:
LEGAL NAME OF YOUTH:		PREFERRED NAME OF YOUTH:	DATE OF BIRTH: / /
MY PHONE NUMBER: () -	MY EMAIL ADDRESS:		MY ADDRESS:
DATE FIRST ENTERED FOSTER CARE: / /	DATE ENTERED CURRENT PLACEMENT: / /	COUNTY WITH CUSTODY:	
PERMANENCY PLANNING GOAL:			ANTICIPATED DISCHARGE DATE: / /
Placement Type: (Update as needed in subsequent reviews.) Check all that apply for current placement.			
<input type="checkbox"/> GROUP HOME <input type="checkbox"/> GROUP RESIDENCE <input type="checkbox"/> FOSTER HOME <input type="checkbox"/> AGENCY-OPERATED BOARDING HOME (AOBH) <input type="checkbox"/> INSTITUTION <input type="checkbox"/> EMPOWER <input type="checkbox"/> PRENATAL POSTPARTUM PARENTING (PPP) <input type="checkbox"/> OTHER: <input type="checkbox"/> SUPERVISED SETTING PROGRAM (SSP)			
Check <u>one</u> of the following if you are in an SSP: <input type="checkbox"/> COMMUNITY-SITE SSP <input type="checkbox"/> COLLEGE-OWEND HOUSING SSP <input type="checkbox"/> SUPERVISED INDEPENDENT LIVING PROGRAM (SILP)			
NAME OF AGENCY/LDSS:			PHONE NUMBER FOR AGENCY/LDSS: () -
Name and title of <u>ALL</u> involved in development of the initial and subsequent updates to the transition plan:			
a. YOUTH		e. NAME TITLE	
b. NAME TITLE		f. NAME TITLE	
c. NAME TITLE		g. NAME TITLE	
d. NAME TITLE		h. NAME TITLE	

PLEASE NOTE: For Part 1 and Part 2, if the item(s) are not obtained or discussed, then next steps will be created, and the check box will be left blank until documents and/or knowledge is known.

TRANSITION PLAN CHECKLIST PART 1 – Ask your caseworker if you want any of the documents explained OR if you have any questions.	County/Agency obtained, and youth has access	Youth must initial to confirm possession of document.	N/A
1. Photo identification (with date of birth) Type (check all that apply): <input type="checkbox"/> Learner’s permit <input type="checkbox"/> Driver’s license <input type="checkbox"/> State ID card <input type="checkbox"/> Other:	<input type="checkbox"/>		
2. U.S. Birth Certificate Type: <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/>		
3. <input type="checkbox"/> Social Security Card (Original) <input type="checkbox"/> Other: (Other meaning court documents, etc.)	<input type="checkbox"/>		
4. Green Card/Permanent Resident Card (<i>if applicable</i>)	<input type="checkbox"/>		
5. Tribal Documents (<i>if applicable</i>)	<input type="checkbox"/>		
6. Most Recent Annual Credit Report – Dates obtained from all three-credit reporting agencies. 1) / / 2) / / 3) / /	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
7. Medicaid Card (MA Card) and/or other health insurance card	<input type="checkbox"/>		
8. <i>Foster Care Placement Verification Form, OCFS-5184</i> , to confirm foster care status (18-OCFS-ADM-16)	<input type="checkbox"/>		
9. Copy of latest Individualized Education Plan (IEP) and/or 504 plan from school (<i>if applicable</i>), including discussion on the right to complete school through age 21	<input type="checkbox"/>		
10. Copy of Medical Records: Electronic or Paper (including annual physicals, immunization, dental, and mental health records, including a list of current medications)	<input type="checkbox"/>		

Transition Plan Checklist Part 2 – Check the complete box when you have discussed each item with your worker(s). If you do not understand the item listed below leave the box unchecked until information is obtained.	Check when complete <input checked="" type="checkbox"/>
11. I have a health care proxy.	<input type="checkbox"/>
12. I have discussed my post discharge Medicaid coverage with my worker(s). This includes maintaining Medicaid until age 21 <u>OR</u> until the age of 26 (based on circumstances).	<input type="checkbox"/>
13. I know how to obtain/access my current immunization records.	<input type="checkbox"/>
14. I understand I have the right to access sexual and reproductive health care, and I know how to access that care when I need it.	<input type="checkbox"/>
15. I understand what a copayment (co-pay) is.	<input type="checkbox"/>
16. I understand what a deductible is.	<input type="checkbox"/>
17. I was given information about registering to vote upon/after reaching age 18.	<input type="checkbox"/>
18. I was given instructions on how to register for military draft/conscription upon/after reaching age (required for cisgender males only)	<input type="checkbox"/>
19. Education – My current grade level: Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, highest grade completed:	<input type="checkbox"/>
19a. I know how to obtain my education transcripts and/or High School Equivalency (HSE) (if applicable).	<input type="checkbox"/>
20. I received the <i>New York State Bill of Rights for Children and Youth in Foster Care, Pub. 2001</i> , and the document was explained to me in a way I understood.	<input type="checkbox"/>

21. I was given information on trial discharge from foster care.	<input type="checkbox"/>
22. I was given information on my eligibility and the process to re-enter foster care after final discharge.	<input type="checkbox"/>
23. I have a plan in place to securely store essential documents.	<input type="checkbox"/>
24. I have discussed with my worker(s) how to replace any essential documents if lost or stolen.	<input type="checkbox"/>
25. I know how to navigate public transportation.	<input type="checkbox"/>
Explain next steps below for each item without a check. Label each response with the corresponding number for the item in Part 1 or 2. Attach additional sheets as needed.	
What needs to be completed for the checklist?	Who will do it?
How will it be completed?	Check when complete.
EXAMPLE: Item 11: I need to have a health care proxy.	EXAMPLE: Myself/my worker(s)
EXAMPLE: Discussing with my worker(s) the process and documents needed.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Section 1: My Housing Goal

Do you plan to still be in foster care in six months? Yes No I don't know

When you leave foster care, where do you plan to live?
I plan to live
 I don't know, I need additional help.

Pick TWO additional housing options to explore from below:

In an apartment or house College residence hall With parent(s) With relatives(s) With current foster family

On my own With friends/roommates With former foster family With supportive adult(s) Entering military Other:

Contact information for individuals I plan to live with after foster care (*names and phone numbers*):

My estimated total costs for housing: (rent, utilities, cell phone, internet, etc.) (Check the resource guide for a budget tool.)

Can I afford my choice of housing? Yes No I'm not sure.

I am exploring the following housing programs with my caseworker (Check all that apply.):

Housing Choice Voucher Program (Section 8 Voucher) Yes No N/A If no, why not?

New York City Housing Authority (NYCHA) Yes No N/A If no, why not?

Supportive Housing (New York City Only) Yes No N/A If no, why not?
• NY/NY III
• NYC 15

Family Unification Program Voucher (FUP) Yes No N/A If no, why not?

Foster Youth to Independence (FYI) Voucher Yes No N/A If no, why not?

Empire State Supportive Housing Initiative (ESSHI) Yes No N/A If no, why not?

Preventive Services Housing Subsidy Yes No N/A If no, why not?

Other:

I would like more information on the following programs listed above

How ready do I feel to live on my own? Be honest in your rating.	Not Ready <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Ready to live on my own
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Section 1: Next Steps and Tasks: Housing (Attach another sheet as necessary.)

This section must be completed for the Initial Transition Plan.

What needs to be done for the Initial Transition Plan?	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: I need to create a budget for my housing expenses.	EXAMPLE: Myself/my worker(s)	EXAMPLE: Discussing if my budget is realistic with my worker(s).	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Youth comments for housing:

Section 2: My Education/Vocational (Trades) Plan

I am currently attending

High School
 Dual Enrollment (High School/College)
 College
 Trade/Vocational Program
 None Other:

I plan to go directly into

College
 Job
 Trade/Vocational Program
 Apprenticeship
 Military
 I don't know.
 Other:


My strengths, talents, and skills/abilities:

What are your future education and/or vocational goals?

List anything you feel is in your way of reaching your goals.

What are some ways you can overcome these challenges to achieve your goals, and what supports do you need to make that happen?

*****NO response required*****

 Did you know?	<i>There are different test dates for exams like the SAT and ACT, and you need to register in advance. Check the school website to see what tests they require (some colleges and universities are test optional).</i>	
	<i>Are there college application due dates?</i>	<i>Can you schedule a college tour or even an overnight visit?</i>
	You can find THOUSANDS of scholarship opportunities at Fastweb.com – Fastweb.com is a free scholarship search platform that connects students to scholarships and financial aid tools.	

<p style="text-align: center;">This section is required for <u>ALL</u> youth even if you choose not to pursue higher education at this time.</p>		
Financial/Academic Resources	My worker(s) has discussed and explained the following resources with me.	Do I know what information (i.e., SS #) is required to complete the applications, including deadlines and annual renewals?
Free Application for Federal Student Aid (FAFSA) – *PELL Grants and Federal Student Loans	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need more information. <input type="checkbox"/> No, I need more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
Tuition Assistance Program (TAP)	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need more information. <input type="checkbox"/> No, I need more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
Excelsior Scholarship	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need more information. <input type="checkbox"/> No, I need more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
Scholarships/Grants	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need more information. <input type="checkbox"/> No, I need more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
Educational Training Voucher (ETV)	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need more information. <input type="checkbox"/> No, I need more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
Foster Youth College Success Initiative (FYCSI)	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need more information. <input type="checkbox"/> No, I need more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
Senator José Peralta New York State DREAM Act	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need more information. <input type="checkbox"/> No, I need more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
ACCES-VR	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need more information. <input type="checkbox"/> No, I need more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
College Choice Program (New York City only)	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need more information. <input type="checkbox"/> No, I need more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
College Opportunity Programs: EOP, HEOP, SEEK, College Discovery	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need more information. <input type="checkbox"/> No, I need more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
Alternative/Private Student Loans	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need more information. <input type="checkbox"/> No, I need more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
Other:		
I have college tour(s) scheduled <input type="checkbox"/> Yes <input type="checkbox"/> No		
I would like more information on fee waivers and exam dates (Check all that apply.): <input type="checkbox"/> AP exam(s) <input type="checkbox"/> IB exam(s) <input type="checkbox"/> SAT <input type="checkbox"/> ACT <input type="checkbox"/> SUNY application(s) <input type="checkbox"/> CUNY applications(s) <input type="checkbox"/> Private Colleges/University application(s)		
I would like more information on test-optional colleges <input type="checkbox"/> Yes <input type="checkbox"/> No		
How prepared do I feel to achieve my educational/vocational plan? Be honest in your rating.	Not Prepared <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Fully Prepared	

Section 2: Next Steps and Tasks: My Education/Vocational (Trades) Plan (Attach another sheet as necessary.)

This section must be completed for the Initial Transition Plan.

What needs to be done for the Initial Transition Plan?	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: I need more information on the due dates of ETV, FAFSA, TAP.	EXAMPLE: Myself/my worker(s)	EXAMPLE: Review the websites for FAFSA, TAP, and ETV.	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Youth comments for educational/vocational (trades) plan:

Section 3: Adult Connections in My Life

My Permanency Plan

My permanency planning goal is (check option from the following):

- Return to parents (reunification)
 Discharge to adoption
 Discharge to guardianship
 Placement with a fit and willing relative
 Discharge to Another Planned Permanent Living Arrangement (APPLA)

I understand my permanency planning goal Yes No Not sure

My lawyer is (name and organization):

My lawyer's contact information is (phone, email, mailing address):

Adult Connections (Use as many sheets as needed.)

Name: _____ Phone: _____

Address (optional): _____

City, State, Zip Code (optional): _____ Email: _____

Relationship to me:

List the things that this person helps you with (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.):

Do you want to explore this person as an option to live with after you leave foster care?

- Yes No Maybe

Name: _____ Phone: _____

Address (optional): _____

City, State, Zip Code (optional): _____ Email: _____

Relationship to me:

Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.):

Do you want to explore this person as an option to live with after you leave foster care?

- Yes No Maybe

Name: _____ Phone: _____

Address (optional): _____

City, State, Zip Code (optional):	Email:
Relationship to me:	
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc.):	
Do you want to explore this person as an option to live with after you leave foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
How comfortable do I feel with the adult connections in my life? Be honest in your rating.	Uncomfortable <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Comfortable

Section 3: Next Steps and Tasks: Adult Connections in My Life (Attach another sheet as necessary.)

This section must be completed for the Initial Transition Plan.

What needs to be done for the initial transition plan?	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: Who is my lawyer?	EXAMPLE: Myself/my worker(s)	EXAMPLE: Ask my worker(s) where I can find the information.	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Youth comments for adult connections:

Section 4: Community Resources and Supportive Services

Community Resources

Are there community resources that would be helpful to you in making your transition from foster care successful (mentor, religious leader, community center, etc.)? Yes No Maybe

If you answered "Yes" or "Maybe," what resources are interested in exploring?

Supportive Services

I am currently using or have the following services (check all the apply):
Anything with an asterisk (*) must have next steps to address these needs

<input type="checkbox"/> Healthy Relationship Services, including intimate partner violence and trafficking supports	<input type="checkbox"/> Primary Care Doctor	<input type="checkbox"/> Substance Use/Treatment Services
<input type="checkbox"/> Community Center	<input type="checkbox"/> Dentist	
<input type="checkbox"/> Parenting Resources	<input type="checkbox"/> Religious or Spiritual	<input type="checkbox"/> Support Groups
<input type="checkbox"/> Legal	<input type="checkbox"/> SSI Benefits	
<input type="checkbox"/> LGBTQ+	<input type="checkbox"/> Food Pantries/Food Banks *	<input type="checkbox"/> Pharmacy/Prescription Drugs
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Runaway/Homeless Youth Services *	<input type="checkbox"/> Other:

If you are not using any of the above services, has your worker explained to you how to locate and apply for them in the future if you need them? Yes No I'm not sure.

Do you need help in applying for any public assistance benefits? (SNAP, WIC, HEAP) Yes No I'm not sure.

Contact information for supports services I am currently using (Attach an additional sheet as needed.)

Type (such as: primary doctor, pharmacy, etc..)	Name/Title	Phone Number	Documents I need (Health insurance plan card, ID, transcripts, bank statements, etc.)

I have saved all the above contact information in my phone and I have it backed up. If I don't have a phone, I have saved the information in a place I can easily access. Yes No I need help.

Date(s) of last medical appointment(s):

Medical/Physical:	Dental:	Vision:	Mental Health:	Other types of appointments not listed:
/ /	/ /	/ /	/ /	Date: / / Type:
/ /	/ /	/ /	/ /	Date: / / Type:

Current medication list (and dosage):

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How comfortable do I feel with the supports I have in place? Be honest in your rating. I need more support 1 2 3 4 5 Fully Supported



Did you know?

Contraception including birth control pills, condoms, and IUDs can be discussed with a health care professional or trusted adult.

Section 4: Next Steps and Tasks: Community Resources and Supportive Services (Attach another sheet as necessary.)

This section must be completed for the Initial Transition Plan.

What needs to be done for the Initial Transition Plan?	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: I need to learn how to schedule my own appointments.	EXAMPLE: Myself/my worker(s)	EXAMPLE: Write down office information (phone/address) and keep my current appointment schedule.	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Youth comments for community resources and supportive services:


Section 5: 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).
 I know what exploitation means Yes No Maybe

- I have concerns that may be related to the following:
- Substance use disorder
 - Exploitation
 - Intimate Partner Violence
 - Unhealthy Relationships, including friendships.
 - Pregnancy (prevention, termination, and pre-natal needs)
 - Mental Health Concerns
 - Physical Safety
 - Emotional Safety
 - Reproductive and Sexual Health and Safety
 - LGBTQ+ identity and related safety concerns
 - Social Media and Internet Safety, including bullying and harassment, sharing personal images, etc.
 - Home Environment
 - School Environment
 - Work Environment
 - Other Safety Concerns:

After discussing these concerns with my caseworker, here are my safety plan(s) to address my concerns:

How safe do I feel leaving foster care? Be honest in your rating. Not safe 1 2 3 4 5 Safe

 Did you know?	<p><i>If you don't feel comfortable discussing these topics with your caseworker, you can ask your worker for a referral to someone you'd be more comfortable talking to.</i></p>
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Section 5: Next Steps and Tasks: Safety (Attach another sheet as necessary.)

This section must be completed for the Initial Transition Plan.

What needs to be done for the Initial Transition Plan?	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: I don't know what to do if I don't feel safe.	EXAMPLE: Tell my worker(s) my concerns.	EXAMPLE: Create safety plans with my caseworker so I can be prepared.	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Youth comments for safety:

Section 6: Workforce Supports and Employment Services

My interests/passions are

My dream job is

What draws you to this career/job?

Can you think of other jobs you might be interested in?

What exposure have you had to this type of job?

Will this job be able to support you and meet your basic needs (food, housing, clothing)? Yes No Not sure

I know how to

Research and locate employment opportunities Yes No I need help.

Complete an application for employment and the items I may need for the application process:
 Yes No I need help with

Write my resume and cover letter to meet the requirements for a job I am applying for:
 Yes No Not sure I need help.

File my income taxes: Yes No Not sure* I need help*
 *If you answered, "not sure" or "I need help," do you know what income taxes are? Yes No

Money Management

I know how to create and stick to a budget: Yes No I need help.

I have my own checking account: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.	I have my own savings account: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
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I have my own debit card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.	I know how to write/cash/deposit checks: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.	I have a credit card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I need help.
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I know what direct deposit is Yes No I need help.

I know how to pay for things using checks, debit card, credit card, mobile banking apps.
 Yes No I need help

I understand the benefits and risks of using online "buy now pay later" options like Apple Pay Later and Klarna
 Yes No I need help

I understand the importance of paying my bills including my credit card(s) on time and the consequences if I do not.
 Yes No I need help.

I understand credit and how a credit score works and the potential impacts to my credit history.
 Yes No I need help.

Employment/Volunteer/Internship (Attach another sheet if necessary.)

Current employment <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> No	Name and address of current employer	Hours per week
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Current Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of current volunteer location(s)	Hours per week
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Current Internship <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> No	Name and address of current internship	Hours per week
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If not employed, is this because you are attending school? Yes No Unable to work
 If "No" or "Unable to work," what are the reasons?

I have used the following resources to find a job (Check all that apply.)

Local Workforce Development Office
 Private Employment Agency
 Career Zone
 ACCES-VR
 Other:

How prepared do I feel to achieve my career goals? Be honest in your rating. Unprepared 1 2 3 4 5 Prepared

Section 6: Next Steps and Tasks: Workforce Supports and Employment Services (Attach another sheet as necessary.)

This section must be completed for the Initial Transition Plan.

What needs to be done for the Initial Transition Plan?	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: I don't really know what I'm interested in for a career.	EXAMPLE: Myself/my worker(s)	EXAMPLE: Explore different career paths using https://www.onetonline.org/	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Youth comments for workforce supports and employment services:

Section 7: Family Planning

I am expecting or have a child(ren): Yes No* *If no, skip to "I have a plan for the following" in this section.

My child(ren)'s date/s of birth: / /

I have custody of my child(ren). Yes, full Yes, partial No I'm not sure. I need help

Who does the child(ren) live with?

I have support from the other parent and/or extended family members Yes No

I need help finding or paying for child care Yes No I need help.

Will the child care costs be shared between both parents? Yes No

Anticipated weekly cost of child care for you:

I have a plan for the following (Check all that apply and fill in as needed.)

Pregnancy prevention/Family planning
 Contraception (condoms, birth control, emergency contraception, etc.)
 Prenatal care
 Safe sleep practices (separate sleeping place for my baby)
 Day care
 Services like, but not limited to, STD/STI testing, parenting classes, buying baby supplies, assistance with co-parenting, arranging preschool, custody, child support, etc.
 Stress management
 Contact list for child's school, pediatrician, day care
 Who to contact when I need something for my child/children
 Other:

What else might you need to care for your child? (Examples including but not limited to car seat, Pack 'n Play, etc.)

Programs that Might Help Me and my Family

Name/Type	Who do I contact/How to apply
Temporary Assistance for Needy Families (TANF)	
Supplemental Nutrition Assistance Program (SNAP)	
Women, Infants and Children (WIC)	
Home Energy Assistance Program (HEAP)	
Affordable Connectivity Program	
Low-Income Household Water Assistance Program (LIHWAP)	
Public Assistance	
Local Child Care Management Services (day care)	
Other:	
How prepared do I feel for family planning, including preventive and current needs? Be honest in your rating.	Unprepared <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Prepared

Section 7: Next Steps and Tasks: Family Planning (Attach another sheet as necessary.)

This section must be completed for the Initial Transition Plan.

What needs to be done for the Initial Transition Plan?	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: I need a crib/place to sleep for my baby.	EXAMPLE: Myself/my worker(s)	EXAMPLE: Work with my worker(s)	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Youth comments for family planning (reproductive and sexual health):

Signatures

When the *Transition Plan Form* is completed, it must be signed by the case manager/case planner/child’s caseworker, and the supervisor **at least 90 days prior to the youth’s 18th birthday or prior to discharge where the youth consents, to remain in foster care after the youth’s 18th birthday.** When a youth does not sign their *Transition Plan Form*, a note must be entered in the space for youth signature regarding the circumstances (for example, youth refuses to sign). The youth must be given a copy of their *Transition Plan Form*. A copy of the *Transition Plan Form* must be placed in the case record and must be uploaded into CONNECTIONS as it will be considered an official part of their record.

CASE MANAGER/CASE PLANNER/YOUTH’S CASEWORKER:	Date: / /
SUPERVISOR:	Date: / /
YOUTH:	Date: / /

Do you have any other comments or concerns related to when you leave foster care?

Youth overall *Transition Plan Form* comments:

My overall preparedness for discharge. <i>Be honest in your rating.</i>	Unprepared <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Prepared
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Readiness Scale Summary*	
Transition Plan Completed Sections	Initial Transition Plan - Date of First Score:
<input type="checkbox"/> Section 1: My Housing Goal	, / /
<input type="checkbox"/> Section 2: My Education/Vocational (Trades) Plan	, / /
<input type="checkbox"/> Section 3: Adult Connections in My Life	, / /
<input type="checkbox"/> Section 4: Community Resources and Supportive Services	, / /
<input type="checkbox"/> Section 5: Safety	, / /
<input type="checkbox"/> Section 6: Workforce Supports and Employment Services	, / /
<input type="checkbox"/> Section 7: Family Planning	, / /
<input type="checkbox"/> Overall preparedness for discharge	, / /

*Readiness scales are not to be totaled but used as a tool to guide next steps for each section for youth preparedness.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSITION PLAN FORM
Required Six-Month Review and Updates

LEGAL NAME:	PREFERRED NAME:	DATE: / /
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Indicate date of each completed Six-Month Review and Update, at ages:						
Age: Date: / /	Age: Date: / /	Age: Date: / /	Age: Date: / /	Age: Date: / /	Age: Date: / /	Age: Date: / /
Staff: Youth:	Staff: Youth:	Staff: Youth:	Staff: Youth:	Staff: Youth:	Staff: Youth:	Staff: Youth:

Staff and youth must initial below each review date above.

Section 1: Six-Month Review and Update of Transition Plan			
Next Steps and Tasks: Housing (Attach another sheet as necessary.)			
This section must be filled out every six (6) months from the completion of the Initial Transition Plan.			
Do you plan to still be in foster care in six months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know.			
Next steps or tasks remaining from my initial plan OR new items to address for housing	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: I can no longer stay where I planned after foster care and need to find new housing.	EXAMPLE: Myself/my worker(s)	EXAMPLE: Exploring new options, applying for housing vouchers, and discussing staying in foster care.	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Youth comments for housing review:			
How ready do I feel to live on my own? Be honest in your rating.	Not ready <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Ready to live on my own.		

Section 2: Six-Month Review and Update of Transition Plan			
Next Steps and Tasks: My Education/Vocational (Trades) Plan (Attach another sheet as necessary.)			
This section must be filled out every six (6) months from the completion of the Initial Transition Plan.			
Next steps or tasks remaining from my Initial Transition Plan OR new items to address for educational or vocational (trades) plan	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: I want to explore vocational training programs like car mechanics or electrician.	EXAMPLE: Myself/my worker(s)	EXAMPLE: Explore training programs in BOCES or within 100 miles of me with my worker(s).	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

		<input type="checkbox"/>
		<input type="checkbox"/>
Youth review comments for education/vocational (trades) plan:		
How prepared do I feel to achieve my Education/Vocational (Trades) Plan? Be honest in your rating.	Not Prepared <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Fully Prepared	

Section 3: Six-Month Review and Update of Transition Plan			
Next Steps and Tasks: Adult Connections in My Life (Another sheet as necessary.)			
This section must be filled out every six (6) months from the completion of the Initial Transition Plan.			
Next steps or tasks remaining from my Initial Transition Plan OR new items to address for adults, community resources, and services	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: I want to ask the supportive adult in my life if they'll be a permanency option for me	EXAMPLE: Myself/my worker(s)	EXAMPLE: Discuss with my worker(s) how to talk to the adult about it.	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Youth review comments for adult connections in my life:			
How comfortable do I feel with the adult connections in my life? Be honest in your rating.	Uncomfortable <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Comfortable		

Section 4: Six-Month Review and Update of Transition Plan			
Next Steps and Tasks: Community Resources and Supportive Services (Attach another sheet as necessary.)			
This section must be filled out every six (6) months from the completion of the Initial Transition Plan.			
Next steps or tasks remaining from my Initial Plan OR new items to address for safety	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: How do I get the most current bus schedule for my area?	EXAMPLE: Myself/my worker(s)	EXAMPLE: Talk to my worker(s) and make a list.	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Youth review comments for community resources and supportive services:			
How comfortable do I feel with the supports I have in place? Be honest in your rating.	I need more Support <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Fully Supported		

Section 5: Six-Month Review and Update of Transition Plan Next Steps and Tasks: Safety (Attach another sheet as necessary.)			
This section must be filled out every six (6) months from the completion of the Initial Transition Plan.			
Next steps or tasks remaining from my Initial Transition Plan OR new items to address for safety	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: Are there numbers I can call if I need help at night?	EXAMPLE: Myself/my worker(s)	EXAMPLE: Talk to my worker(s) and make a list.	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Youth review comments for safety:			
How safe do I feel leaving foster care? Be honest in your rating.		Not secure <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Secure <input type="checkbox"/> N/A	

Section 6: Six-Month Review and Update of Transition Plan Next Steps and Tasks: Workforce Supports and Employment Services (Attach another sheet as necessary.)			
This section must be filled out every six (6) months from the completion of the Initial Plan.			
Next steps or tasks remaining from my Initial Plan OR new items to address for workforce supports and employment services	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: I want to get a credit card, but don't know how.	EXAMPLE: Myself/my worker(s)	EXAMPLE: Look at options with my worker(s).	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Youth review comments for workforce supports and employment services:			
How prepared do I feel to achieve my career goals? Be honest in your rating.		Unprepared <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Prepared	

Section 7: Six-Month Review and Update of Transition Plan Next Steps and Tasks: Family Planning and Sexual Health (Attach another sheet as necessary.)			
This section must be filled out every six (6) months from the completion of the Initial Transition Plan.			
Next steps or tasks remaining from my Initial Transition Plan OR new items to address for expectant parent/parenting youth	Who will do it?	How will it be completed?	Check when complete.
EXAMPLE: I need help with daycare/child care.	EXAMPLE: Myself/my worker(s)	EXAMPLE: Talk about services I can receive with my worker(s).	<input checked="" type="checkbox"/>

			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Youth review comments for family planning (reproductive and sexual health):

How prepared do I feel for family planning, including preventive and current needs? Be honest in your rating.	Unprepared <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Prepared
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Six-Month Review and Update Signature and Readiness Scale(s)

This page must be completed every six months following the Initial Transition Plan.

Age at review/update:

The transition plan review must be completed and signed by the case manager/case planner/child’s caseworker, and the supervisor **must sign and complete the readiness scale every six months following the completion of the Initial Transition Plan.** When a youth does not sign their *Transition Plan Form*, next to the youth’s signature a note must be entered in the space for youth signature regarding the circumstances (for example, youth refuses to sign). The youth must be given a copy of their *Transition Plan Form*. A copy of the *Transition Plan Form* must be placed in the case record and must be uploaded into CONNECTIONS as it will be considered an official part of their record.

CASE MANAGER/CASE PLANNER/YOUTH’S CASEWORKER:	Date: / /
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SUPERVISOR:	Date: / /
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YOUTH:	Date: / /
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Do you have any other comments or concerns related to your discharge?

Youth overall transition plan comments:

Review of my overall preparedness for discharge. Be honest in your rating.	Unprepared <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Prepared
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Readiness Scale Summary Comparisons

Transition Plan Completed Sections	Initial Plan Score	Review(s) of Plan Score
<input type="checkbox"/> Section 1: My Housing Goal <input type="checkbox"/> Section 2: My Education/Vocational (Trades) Plan <input type="checkbox"/> Section 3: Adult Connections in My Life <input type="checkbox"/> Section 4: Community Resources and Supportive Services <input type="checkbox"/> Section 5: Safety <input type="checkbox"/> Section 6: Workforce Supports and Employment Services <input type="checkbox"/> Section 7: Family Planning (Reproductive and Sexual Health) <input type="checkbox"/> Overall preparedness for discharge		

Readiness scales are not to be totaled but used as a tool to guide next steps for each section for youth preparedness.