

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSITION PLAN FORM
PART ONE: TRANSITION PLAN DISCUSSION

PART ONE			
Identifying Information:			
NAME OF YOUTH:		CIN:	DATE OF BIRTH: / /
DATE ENTERED FOSTER CARE: / /	COUNTY OF ORIGIN:		DATE OF CURRENT PLACEMENT: / /
PLACEMENT TYPE: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home – Name of Agency: <input type="checkbox"/> Institution – Name of Agency:		PERMANENCY PLANNING GOAL:	SCHEDULED DISCHARGE DATE: / /
DATE OF LAST LIFE SKILL ASSESSMENT: / /	IMMIGRATION STATUS:		PREGNANT/PARENTING YOUTH: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of 90 day notice: / /		Date Transition Plan Discussion Initiated (180 days prior to discharge) / /	
1. Name ALL representatives involved in development of this transition plan:			
a. Youth		e. Community Service Provider	
b. Case Manager/Case Planner/Child's Case worker		f. Child Care Staff/Other Agency Staff	
c. Parent(s)/Adoptive Parent(s)		g. Attorney for the Child	
d. Adult Permanency Resource		h. Supportive Peer Resource	
<input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative <input type="checkbox"/> Non relative resource		i. Other	
Section I Trial Discharge/Final Discharge and Re-Entry into Foster Care: OCFS Regulations section 430.12 (f)(4)(i)(a) requires every child discharged to <i>another planned living arrangement with a permanency resource (APLA)</i> and every child deemed to have this goal be placed on a trial discharge status for at least six months after discharge and must remain in the custody of the local department of social services during the entire trial discharge status. The purpose and implications of trial discharge are to enable a youth over the age of 18 to re-enter foster care without applying to re-enter care, for example, should the youth become homeless. The youth must consent to a trial discharge. In accordance with Chapter 342 of the Laws of 2010, trial discharge may be extended at each scheduled permanency hearing, until the youth reaches the age of twenty-one, if a youth over the age of eighteen consents to such extension. Prior to finally discharging a youth aging out of foster care to another planned permanent arrangement, the local social services district must give the youth notice of the right to apply to re-enter foster care within the earlier of twenty-four months of the final discharge or the youth's twenty-first birthday. The notice must advise the youth that re-entry into foster care will only be available where the former foster care youth has no reasonable alternative to foster care and consents to enrollment in and attendance at an appropriate educational or vocational program.			
1. Was the youth offered a trial discharge (if applicable) and explained the purpose of leaving foster care on trial discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No Status?			
2. Youth response to Trial Discharge :			
3. Was the youth told and given written notice that he/she has the right to apply to the district or the court to re-enter foster care within 24 month of his/her final discharge, provided the youth is under the age of 21, and the conditions the youth would have to meet to re-enter care are present? Indicate the date the written notice was given to the youth and identify the attorney for the child and the attorney's contact information provided in the written notice. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Youth Comments/Feedback:

Section II Housing: OCFS Regulations section 430.12 (f)(3)(i)(c) requires that no child may be discharged to *APLA* unless the child has a residence other than a shelter for adults, shelter for families, single-room occupancy hotel or other congregate living arrangement which houses more than 10 unrelated persons and there is a reasonable expectation that the residence will remain available to the child for a least the first 12 months after discharge.

1. What safe and appropriate housing options have been explored?

2. What housing options has the youth suggested?

3. What specific steps are taking place to secure safe and stable housing (**for at least 12 months from discharge**)?

4. **Decision:** Where is the youth going to live?

5. What specific steps need to be addressed prior to discharge? What is the action plan?

6. In the event that the youth does lose his or her housing, what emergency housing plan has been discussed with the youth? Indicate what the youth would do, where they would go and who he or she would ask for help.

Youth Comments/Feedback:

Section III Health/Health Insurance/Health Care Proxy: OCFS regulation section 441.22(n) requires that each child discharged to another planned living arrangement with a permanency resource must have a comprehensive medical examination prior to discharge, unless the child has undergone such an examination within one year prior to the date of discharge. Effective January 1, 2009, section 366 (3-a) of the Social Services Law (SSL) provides that youth who remain in care until age 18 or older are eligible to have his or her Medicaid coverage continued until the youth's 21st birthday without regard to income or resources. The youth must still meet Medicaid citizenship/immigration status and residency requirements. OCFS has developed a standardized letter with information about Medicaid eligibility and contact information specific to the youth that must be given to the youth at final discharge. (Refer to 09-OCFS-ADM15) A youth participating in the Education and Training Voucher (ETV) program when he or she attains 21 years of age may remain eligible until the youth attains 23 years of age. The federal Patient Protection and Affordable Care Act (P.L.111-148) requires that the transition plan include information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, and provides the child with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State law.

1. Indicate the date of the youth's last comprehensive medical exam and whether the youth will need a medical exam prior to discharge.

2. If the last medical exam indicates a medical condition that requires post discharge follow-up, what steps will be taken to address that need?

3. For youth under the age of 21, has post discharge Medicaid coverage been explained? Has the youth been given a copy of the standardized letter explaining the youth's right to receive medical coverage without regard to income and resources? Indicate the date the letter was given to the youth and identify the contact person provided on the letter in the event the youth needs assistance with his or her MA coverage.

4. Has the worker communicated the youth's discharge address to the appropriate parties to provide Medicaid coverage to 21? (Indicate the name of the person and title) Yes No

5. Is the youth aware that he or she must inform the local department of social services (Idss) or in NYC the Human Resources Administration (HRA) of any change in address for Medicaid purposes?

Yes No

6. What steps have been taken by the worker to have Medicaid coverage for the youth:

7. Has the youth been informed when he or she should expect to be given his or her own Benefit (Medicaid) Card?

8. If applicable, have Managed Care Plans been explained to the youth and has the youth been informed when he or she should expect to given his/her own Managed Care Health Plan card?

9. Has the youth been advised that they must go to a provider that accepts his or her health insurance plan? Yes No
Indicate who the youth's medical providers are and who they will be when the youth is discharged. Include the provider(s) name, address and phone number.

10. Has the youth been advised of the importance of designating a health care proxy to make health care treatment decisions on his or her behalf if they become unable to participate in such decisions? If the youth wants to identify a health care proxy, indicate what assistance is being provided to the youth in obtaining, and executing a health care proxy?

Indicate the name of the person who the youth would like as their health care proxy.

11. If the youth is approaching 21, what health insurance options have been explored?

12. **Decision:** Health Insurance Status
Health Care Proxy status:

13. What specific steps still need to be addressed prior to discharge? What is the action plan?

Youth Comments/Feedback:

Section IV Education/Vocational: Section 477 of the Social Security Act, targets additional resources specifically to meet the education and training needs of youth aging out of foster care. Under this program, eligible youth may receive up to \$5,000 per year to attend a post-secondary education or vocational training program. The federal law specifies that youth eligible for vouchers under this program include foster care youth and former foster care youth who have not yet attained the age of 21 years who are eligible for services under the Chafee Foster Care Independence Program (CFCIP), and youth adopted from foster care after the age of 16. A youth participating in the Education and Training Voucher (ETV) program when he or she attains 21 years of age may remain eligible until the youth attains 23 years of age.

1. What is the youth's current educational/vocational program status?

2. If applicable, what steps have been taken to maintain the current educational/vocational program status?

3. What are the youth's educational/vocational training goals?

4. What steps have been taken to address the youth's educational/vocational training needs and goals?

5. Has the Education and Training Voucher (ETV) program been discussed with the youth, and if appropriate, has the youth completed/resubmitted an on-line ETV application?

6. What other financial resources have been explored to support the youth in his or her current/future educational/vocational program(s)?

7. **Decision:** What educational/vocational program is the youth pursuing?

8. What specific steps still need to be addressed, prior to discharge? What is the action plan? Include whether the youth needs help in filling out financial aid forms (such as FAFSA, TAP, etc) and who they will go to for help if they need such assistance.

Youth Comments/Feedback:

Section V Opportunities for Adult Permanency Resource(s) or Mentor(s): OCFS regulations section 430.12 (f) defines an *adult permanency resource* as a caring committed adult who has been determined by a social services district to be an appropriate and acceptable resource for a youth and is committed to providing emotional support, advice and guidance to the youth and assisting the youth as the youth makes the transition from foster care to responsible adulthood.

1. Has an Adult Permanency Resource or Mentor(s) been identified? Yes No

2. **If No**, has the youth been given the opportunity to identify an Adult Permanency Resource(s) or Mentor(s)?

3. What opportunities have been explored with the youth surrounding the potential for developing other Adult Permanency Resource(s) or Mentor(s)?

4. **Decision:** Who is the youth's Adult Permanency Resource(s) or Mentor(s)? Indicate the *name, contact information and relationship to the youth and whether this person(s) is able to assist the youth with all the major areas that the youth may need assistance with.*

5. What specific steps still need to be addressed prior to discharge? What is the action plan? (Include steps being taken to identify other supportive adults, if needed).

Youth Comments/Feedback:

Section VI Continuing Support Services: OCFS regulations section 430.12 (f)(3)(i)(a) requires that for each child who will be discharged to APLA, the district must identify any persons, services or agencies which would help the child maintain and support himself or herself and must assist the child to establish contact with such agencies, service providers or persons by making referrals and by counseling the child about these referrals prior to discharge.

1. Identify current support services being utilized by the youth (Include support services for any medical issues identified in Section III Health/Health Insurance):

2. List the services the youth has identified that he/she needs.

3. Has an assessment been conducted to identify needed services? If so, indicate date of assessment(s).

4. What local/accessible/appropriate services have been explored with the youth? *(Check all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Medical/Physical Health | <input type="checkbox"/> Child Care | <input type="checkbox"/> Banking Services |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Education | <input type="checkbox"/> Adult Services |
| <input type="checkbox"/> Community Based | <input type="checkbox"/> Employment | <input type="checkbox"/> Adult Protective Services |
| <input type="checkbox"/> Food Pantries/Food Banks | <input type="checkbox"/> Financial | <input type="checkbox"/> Applying for SSI Benefits |
| | | <input type="checkbox"/> Other |

5. Has the worker explained to the youth how to locate and secure necessary services including how to secure information on his or her rights?

6. **Decision:** What specific support services have been identified as necessary?

7. What specific steps need to be addressed prior to discharge? What is the action plan?

Youth Comments/Feedback:

Section VII Important Documents/Access to Case Record: The documents listed below are documents that youth need in order to make a successful transition from foster care to self-sufficiency. For example, in order for a youth who leaves care after age 18 to continue Medicaid coverage, the Medicaid office must have on file documentation of the youth's immigration status (birth certificate/green card), and social security number. In order to qualify for financial aid for college, a youth will need documentation of legal immigration status. Health insurance (MA card) medical records including immunization records are important to the youth's well-being. In addition, OCFS regulation section 357.3(j) requires that to the extent available, an authorized agency must provide a copy of a foster child's education record at no cost to the child when the child is discharged to his/her own care. OCFS regulation section 428.8 requires that a former foster child 18 years of age or older who has been discharged from foster care on either a trial or final basis and was not adopted, may receive access to his or her foster care records from an authorized agency.

1. Check off which documents listed below the youth has received a copy of for his or her records.

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate (Certified copy) | <input type="checkbox"/> Green Card (if applicable) |
| <input type="checkbox"/> Social Security Number or Card | <input type="checkbox"/> Photo Identification |
| <input type="checkbox"/> MA Card | <input type="checkbox"/> Selective Service (if applicable) |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Tribal Documents (if applicable) |
| <input type="checkbox"/> Education Records | <input type="checkbox"/> Other |

2. What specific documents are still needed by the youth? What steps are being taken to secure these necessary documents?

3. Has the youth been given an explanation of the steps to take to replace lost documents?

4. Has the youth been informed of the right to apply for access to his or her foster care records upon trial or final discharge and the methods for requesting access to his or her case record?

Youth Comments/Feedback:

Section VIII Workforce Supports and Employment Services: Career preparation and work-based learning experiences are essential in order to form and develop aspirations and to make informed choices about careers. These experiences can be provided during the school day, through after-school programs and will require collaborations with other organizations, such as VESID. All youth need information on career options. In order to identify and attain career goals, youth need to be exposed to a range of experiences. Transition planning that provides students with both an understanding of and experiences in how academic skills are applied to their career goals empowers students to make informed and realistic career and life choices.

1. Has the youth had a career assessment(s) to help the youth identify his/her interests? If yes, indicate date(s) of such assessment(s). No Yes

2. What are the youth's career goals as indicated by the youth?

3. Has the youth had the opportunity to learn first hand about the his or her career choice(s) and the skills needed for the career(s)? Include participation by the youth in on the job training or other structured programs that the youth has been involved in related to his/her career choice(s).

4. Has the youth been exposed to career opportunities that ultimately lead to a living wage, including information about educational requirements, entry requirements, income and benefits?

5. What workforce supports and employment services have been explored with the youth? (Include whether the youth has a job and whether the youth will have sufficient income for rent, and other items upon discharge. Indicate any information about the youth's ability to manage credit.)

6. What ideas does the youth have about the kinds of workforce supports and employment services he/she will need?

7. Has the youth been informed where he/she can secure information on available employment?

8. **Decision:** What work supports and employment services have been identified for the youth?

Youth Comments/Feedback:

Section IX Pregnant/Parenting Youth (If Applicable): For guidance, refer to the *Handbook for Youth In Foster Care* and the Youth In Progress (YIP) Need to Know Series: "*Pregnancy and Parenting Issues for Youth in Care*".

In addition, refer to OCFS Helpful Tips to Keep Your Baby Safe: Safe To Sleep Publication 5008.

1. Identify needs of the pregnant youth:

2. Identify needs of the parenting youth:

3. List minor children and dates of birth:

4. For youth who are parenting has an individual been adjudicated as the baby's father?

5. Has the custodial parent or local department of social services filed for child support?

6. Has the OCFS Publication 5008, Helpful Tips to Keep Your Baby Safe: Safe to Sleep been discussed with the youth?

7. What specific needs have been explored for the pregnant youth, parenting youth and child(ren):

8. **Decision:** List the services identified for the youth and/or child(ren):

9. What specific steps still need to be taken prior to discharge? What is the action plan?

Youth Comments/Feedback:

Section X Other (Safety): The purpose of this section is to identify if a youth is in immediate danger of serious harm. Evidence that there is an immediate safety concern for the child will need to be documented. Please identify the safety concern(s) and how they will be addressed.

1. Are there any safety concerns related to the youth's discharge from foster care?

2. Has the youth identified any safety concerns related to his/her discharge?

3. Are there any other comments or concerns related to the youth's discharge?

4. **Decision:** What is the resolution of issues identified in this section?

5. What specific steps need to be taken prior to discharge? What is the action plan?

Youth Comments/Feedback:

Signatures: The Transition Plan must be completed and signed by the Case Manager/Case Planner/Child's Caseworker and the Supervisor at least **90 days prior to a planned discharge**. When a youth does not sign his or her Transition Plan, next to youth 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 his/her Transition Plan. A copy of the Transition Plan must be placed in the case record and will be considered an official part of the record.

Case Manager/Case Planner/Child's caseworker:

Date: / /

Supervisor:

Date: / /

Youth:

Date: / /