FOSTER CARE YOUTH TRANSITION CHECKLIST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FOSTER CARE DIVISION
SFN 494 (8-2015)

Clear Fields

Name of Youth	Date of Birth	Projected Discharge Date

A transition plan is required for all foster youth turning age 18 and must be completed within 90 days prior to their 18th birthday. The transition plan must be developed and personalized at the direction of the youth and made part of their foster care case plan (either attached or embedded). This document will assist the Child and Family Team in developing transition goals and provide required information to a youth aging out of ND foster care. Foster youth should attend and co-facilitate their CFT meetings upon transition into adulthood.

Transition Goals: Case managers and youth can use the space below to identify goals for each transition area.

******* indicates these items are required for foster youth who have been in care for six months or greater. However, it is suggested that case managers make concerted efforts to gather all documentation listed on this checklist regardless of length of time in foster care.

TO BE COMPLETED WITHIN 90 DAYS PRIOR TO THEIR 18TH BIRTHDAY.

Date Completed	Initials	
		The youth was informed of "**ND 18+ Continued Foster Care**" (DN 1174). The youth understands they can choose to remain in foster care upon reaching the age of 18. In addition, the youth understands they may choose to return to foster care within six months of discharge (if applicable). If a youth chooses to exit foster care and later wants to return, they must contact their former custodial case manager.
Is the youth interested in remaining in 18+ Continued Care?		☐ Yes ☐ No ☐ Unsure

GENERAL INDEPENDENCE GOAL

It is important for youth to have personal documentation, information to protect their identity, and conversations acknowledging their relationships and support system (family, friends, community, church, boyfriend/girlfriend, etc.) before discharge. Set a goal that is inclusive of personal independence, but also explores the ability to develop or enhance youths social and family support system upon discharge.

Date Completed	Initials	
		The youth was informed of the **Chafee Independent Living Program**. The youth is aware that Chafee Independent Living services and resources are available upon discharge from foster care until their 21st birthday.
Chafee Independent Living Contact		Telephone Number

Date Completed	Initials	
		*******The youth was provided copies of their consumer **credit report/s**, was assisted with interpreting results and resolving any inconsistencies prior to discharge from foster care.
		*******The youth was provided a certified copy of their **birth certificate**.
		*******The youth was provided an original **Social Security card**.
		*******The youth was provided a current state issued **photo ID** or **driver's license**.
		The male youth was informed of the requirement to register for **Selective Services**. Refer to: http://www.sss.gov/
		The youth was informed of the importance of **money management**; how to select a bank, set up a savings or checking account, develop a budget, and the possible need for a co-signer.
		The youth was informed of the importance of **personal safety;** how to avoid exploitation and victimization.

GENERAL INDEPENDENCE GOAL (continued)

Date Completed	Initials	
		Permanency and ongoing support is important for successful outcomes post discharge. The youth was informed of the importance of engaging with positive role models. The youth identified **5 adults** who they felt they could contact if they need help. in addition to their professional Chafee IL Coordinator, Case Manager, etc.

Adult Name	Telephone Number
1)	
2)	
3)	
4)	
5)	

EDUCATION GOAL

It is important for youth to have input on their current and future education plans. Set a goal that is inclusive of short and long term planning to identify needs and specify special considerations related to the youths education and training needs.

Education Status Today
Goal

Date Completed	Initials	
		The youth was provided a copy of their **High School Diploma or GED transcript**. If not completed prior to turning age 18, the youth understands the resources available to assist them in completing their high school educational requirements.
		If applicable, the youth has been provided a copy of their **Individual Education Plan** (IEP).
		The youth was informed of the **Education & Training Voucher (ETV).** Youth who “age out of care” may qualify for this benefit if they apply before turning age 21. The ETV will assist with paying for college expenses. See brochure DN#1464.

EMPLOYMENT GOAL

It is important for youth to have input on their current and future employment plans. Set a goal that is inclusive of short and long term employment goals that identify issues/concerns or special considerations related to the youth securing and maintaining employment.

Employment History
Employment Status Today
Employment Interests/Strengths
Goal

EMPLOYMENT GOAL (continued)

Date Completed	Initials	
		The youth was informed of necessary skills to maintain employment (reliability, timeliness, appropriate dress, appropriate verbal and nonverbal communication skills, customer service, work expectations, etc).
		The youth was informed of the process to create an employment resume. If applicable, a resume was created providing previous employment history and contact information.
		The youth was informed of how to register with Job Service and was made aware of how to complete an online employment search.

HEALTH GOAL

It is important for youth to have knowledge of their medical history (physical, mental, substance use).

Describe Plan for Meeting Continued Medical Needs Post Discharge			
Goal			
Date Completed	**Initials**		
		******* The youth was informed of the eligibility requirements and process to continue **ND Medicaid until the age of 26.**	
		******* The youth was provided a copy of necessary **medical records.** *The extent of the medical history and records is to be determined by the case manager. Ex: Immunizations and medications prescribed to the youth. Immunizations are required for college admissions.*	
		The youth was given the date of their last medical exam.	
Clinic Name			Clinic Telephone Number
Doctor Name			Date of Last Exam
Date of Next Exam		☐ OR date to be determined based on need	
Date Completed	**Initials**		
		The youth was given the date of their last vision exam.	
Clinic Name			Clinic Telephone Number
Doctor Name			Date of Last Exam
Date of Next Exam		☐ OR date to be determined based on need	
Date Completed	**Initials**		
		The youth was given the date of their last dental exam.	
Dental Office			Office Telephone Number
Doctor Name			Date of Last Exam
Date of Next Exam		☐ OR date to be determined based on need	

HEALTH GOAL (continued)

Date Completed	Initials	
		If applicable, the youth was informed of the use of their prescribed medication/s.

Medication Name	Reason for Taking
When to Take Medication	How to Refill Medication
Medication Name	Reason for Taking
When to Take Medication	How to Refill Medication
Pharmacy to Fill Medication	

Date Completed	Initials	
		In addition, the youth was informed on how to pay for these medications post discharge.
		If applicable, the youth was informed of services to meet their **Mental Health needs.**
		If applicable, the youth was informed of services to meet their **Substance Abuse needs.**
		If applicable, the youth was informed of services to meet their **Developmental Disabilities needs.**
		If applicable, the youth was provided with the application packet to reapply for **Social Security Benefits** through the Social Security Administration.
		The youth was informed of resources available to **postpone parenthood.**
		The youth was informed of the **ND Health Care Directive** (DN-35) describing the designation of an individual to make health care treatment decisions on their behalf.

HOUSING GOAL

It is important for youth to have input in their future living arrangement. Set a goal that is inclusive of short and long term housing goals that identify issues/concerns or special considerations related to the youth securing and maintaining housing.

Living Arrangement Today

Plan for Housing

☐ Live with Family ☐ Live with Friends ☐ Live in an Apartment ☐ Live in College Dorm

☐ Other (specify): _____

Goal

Date Completed	Initials	
		The youth was provided information on how to apply for housing assistance through the local Housing Authority.

Local Resource Contact Information

Date Completed	Initials	
		In an effort to prevent homelessness, the youth was provided information on local resources (ex: rental assistance, shelters, etc.).

Local Resource Contact Information

Date Completed	Initials	
		The youth was provided a copy of the book, “Landlord & Tenant Rights in North Dakota”.

NATIVE AMERICAN YOUTH

The following items pertain to the needs of a Native American youth transitioning to independence from the Foster Care System:

Date Completed	Initials	
		If applicable, the youth has been enrolled in their Tribe.

North Dakota Tribe	Tribal Office Telephone Number	Enrollment Office Telephone Number
Mandan, Hidatsa, Arikara Nation	(701) 627-4781	(701) 627-4238
Sisseton Wahpeton Oyate	(605) 698-3911	(605) 698-8206
Spirit Lake Nation	(701) 766-4221	(701) 766-1219
Standing Rock Sioux Tribe	(701) 854-8500	BIA (701) 854-7522
Turtle Mountain Band of Chippewa	(701) 477-2600	BIA (701) 477-6141

Date Completed	Initials	
		If applicable, the youth has a Tribal enrollment card.
		If applicable, the youth has a Certificate of Degree of Indian Blood (CDIB).
Date Completed	**Initials**	
		The youth has a copy of the "**Foster Care Verification**" (SFN 1612) completed by the custodian to verify they exited foster care on a specific date. This verification form will be signed upon discharge and will indicate the date of discharge from ND foster care. This form will assist youth in applying for school scholarships, entry into Chafee Independent Living as a Foster Care Alumni, access to ND Medicaid, etc.

Additional Notes/Comments

This transition checklist was completed in partnership by those listed below. By signing this, each party is acknowledging they had input in creating the transition plan.

Youth Name	Date
Custodial Case Manager	Date
Chafee IL Coordinator (if applicable)	Date

☐ The youth has received a final copy of this transition plan along with all the necessary documents listed above. The youth understands they are responsible for keeping this form and all documents in a safe place.

☐ Copy in case file.