Youth's Name:_________________________________ DOB:__________________

North Carolina Department of Health and Human Services | Division of Social Services

I. PART B: TRANSITIONAL LIVING PLAN – 90 DAY TRANSITION PLAN FOR YOUTH IN FOSTER CARE

(To be completed 90 days prior to the youth's 18th birthday)

FOSTER CARE 18 TO 21					
Has the Foster Care 18 to 21 Program Been explained to the youth?	☐ Yes ☐ No	Does the youth wish to participate in Foster Care 18 to 21?	☐ Yes ☐ No	Youth's initials:	____________
Note: If the youth plans to participate in Foster Care 18 to 21, the goals of the TLP must clearly reflect how the youth will meet eligibility requirements for the program.					

A. DETAILS AND RESOURCES

HOUSING	
Current address: *(number and street, city, state, and ZIP code)*	Telephone or other contact information:
Where youth plans to live upon exit from foster care: *(number and street, city, state, and ZIP code)*	Telephone or other contact information:
What is the youth's back-up living arrangement if the above plan falls through? *(number and street, city, state, and ZIP code)*	Telephone or other contact information:

HOUSING RESOURCES	
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*

EDUCATION			
Current grade level:	Current school youth is attending:	Expected graduation date:	Current GPA:
Does youth have an IEP? ☐ Yes ☐ No	Date of last IEP meeting:	If youth has/had an IEP, is youth involved with Vocational Rehabilitation? ☐ Yes ☐ No ☐ Not applicable	
Educational goal: ☐ Certificate ☐ HS Diploma ☐ GED ☐ Vocational Program ☐ Two-Year College ☐ Four-Year College ☐ Other: ______________________			
Has youth received a High School Diploma or GED? ☐ Yes ☐ No	Does youth plan to attend college or vocational program? ☐ Yes ☐ No	If yes: ☐ Full time ☐ Part time	
Has youth completed PSAT/SAT/ACT? ☐ Yes ☐ No ☐ Not applicable	Date completed: Score:	Has youth applied for any educational grants, scholarships, or financial aid, such as Pell Grant, Education Training Vouchers, and/or NC Reach scholarships? ☐ Yes ☐ No ☐ Not applicable	

Youth's Name:________________________________ DOB:__________________

List grants, scholarships, and financial aid the youth has applied for and the current status of the application:

EDUCATION, CONT.	
College or Vocational program application submitted? ☐ Yes ☐ No	Name of school(s) or program(s) applied and current status of the application:
Other educational referrals made:	
Is the youth enrolled in a college or vocational program? ☐ Yes ☐ No	Name of school or program:
If yes, ☐ Full time ☐ Part time	

Area of study:	Expected graduation date:	Current GPA:	Attached: ☐ Schedule ☐ Transcripts

EDUCATIONAL RESOURCES	
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*

EMPLOYMENT / TRAINING PROGRAM / VOLUNTEER			
Has youth been referred to WIOA through NCWorks? ☐ Yes ☐ No	Does youth have knowledge of how to complete an application for employment? *(If no, this should be a goal on the youth's TLP)* ☐ Yes ☐ No	Does youth have an updated resume? ☐ Yes ☐ No	Has youth submitted any applications for employment? ☐ Yes ☐ No
List applications submitted: *(attach additional sheets if needed)*			

Youth currently employed? ☐ Yes ☐ No	Name and address of employer: *(number and street, city, state, and ZIP code)*	Hours per week:
Is youth enrolled in a training program to limit or remove barriers to employment? ☐ Yes ☐ No	Name and address of program: *(number and street, city, state, and ZIP code)*	Hours per week:
List any referrals that have been made in regards to employment and/or training and the current status of the referral: *(attach additional sheets if needed)*		

Youth's Name:________________________________ DOB:__________________

Does the youth have an Internship? ☐ Yes ☐ No	Name and address of Internship: *(number and street, city, state, and ZIP code)*	
Does the youth volunteer? ☐ Yes ☐ No	Volunteer location(s):	Hours:

EMPLOYMENT / TRAINING / VOLUNTEER RESOURCES

Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*

TRANSPORTATION

Will youth have access to consistent transportation upon discharge? ☐ Yes ☐ No	Does youth have his/her own car, truck, bicycle, or other form of transportation? ☐ Yes ☐ No	Is there a public bus line near where the youth will be residing? ☐ Yes ☐ No	Other means of transportation:

TRANSPORTATION RESOURCES

Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*

HEALTH INSURANCE

The youth is eligible for the Extended Foster Care Medicaid Program as per the Affordable Care Act. ☐ Yes ☐ No Youth is scheduled to be enrolled in the Extended Foster Care Medicaid Program at age 18. ☐ Yes ☐ No	The youth has received information and assistance regarding application procedures for Medicaid and other state/federal funded health insurance. ☐ Yes ☐ No	Other private health insurance that will continue beyond the youth's 18th birthday: Insurer: ________________________________ Policy number: ______________________________

HEALTH INSURANCE RESOURCES

Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*

HEALTHCARE

Name of Medical Doctor:	Telephone Number: ( )

Youth's Name:_________________________________ DOB:___________________

Address: *(number and street, city, state, and ZIP code)*	
Name of Dentist:	Telephone Number: ( )
Address: *(number and street, city, state, and ZIP code)*	

HEALTHCARE, CONT.

Name of Mental Health Provider:	Telephone Number: ( )
Address: *(number and street, city, state, and ZIP code)*	

REQUIRED: Youth has received information on the importance of designating someone to make healthcare decisions on behalf of the youth, if the youth is unable to do so and does not have or want a relative who would otherwise be so designated under NC law to make such decisions. ☐ Yes ☐ No

The youth has been given information on how to designate a power of attorney or healthcare proxy. ☐ Yes ☐ No

The Healthcare Power of Attorney document can be found at: http://www.secretary.state.nc.us/ahcdr/forms.aspx

HEALTHCARE RESOURCES

Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*

INCOME / CREDIT REPORT

Will youth have income other than from employment? ☐ Yes ☐ No	If yes, list source(s) of income:	Amount of monthly supplemental income:	Is youth employed now, or will youth be employed at time of exit from foster care? ☐ Yes ☐ No	If yes, list monthly income:
Has the child welfare agency conducted a credit report check for the youth from all three credit bureaus (Equifax, Transunion, and Experian? ☐ Yes ☐ No If so, date of last check:_________________		Where there any issues on the youth's report? ☐ Yes ☐ No	If so, what were the issues?	
How were the credit issues resolved?			If a credit report check has not been conducted, list the date the check will be completed: _____________	

YOUTH: You are entitled to a credit report check from all three credit bureaus for each year you spend time in foster care between 14 and 17 years of age. You are also entitled to yearly credit checks when receiving Foster Care 18 to 21 services.

LINKS /INDEPENDENT LIVING

YOUTH: The LINKS program is available to you for services and resources until your 21st birthday. Contact the LINKS coordinator in your county of residence if you remain in North Carolina. If you move out of state, contact your home county, and ask for a referral to your new state of residence.

Youth's Name:___________________________________ DOB:____________________

LINKS Coordinator:		Telephone Number: ( )	Email:
Resource name:	Contact Information: *(include address, telephone number, website, and email, if applicable)*		

B. DOCUMENTS TO BE PROVIDED TO YOUTH AT DISCHARGE

- ☐ Original or certified copy of birth certificate
- ☐ Original or certified copy of Social Security Card
- ☐ Copies of all Child Health Status Components (DSS-5243) and the latest complete Immunization Record
- ☐ Copies of all Child Education Status Components (DSS-5245) or Education Record Summary
- ☐ Copies of any legal documents that the youth might need for employment or benefits, including verification of eligibility for Extended Foster Care Medicaid, legal residency documentation, etc.
- ☐ Driver's license or identification card
- ☐ Copies of any credit reports and documentation related to issues resolved on the credit report.
- ☐ The original and signed copy of this document

C. YOUTH'S CONTACT INFORMATION

We would like to stay in touch with you. LINKS services are available to you until your 21st birthday. Sometimes new benefits become available and we would like to let you know about them. Please give us the name and contact information of people who will know how to contact you in the future.

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D. SIGNATURES

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Signature of Youth Date

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Signature of Social Worker / LINKS Coordinator Date

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Signature of Agency Director / Designee Date