

Young Adult Name: _____ DOB: _____

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

I. PART C: TRANSITIONAL LIVING PLAN – 90 DAY TRANSITION PLAN FOR YOUNG ADULTS IN FOSTER CARE 18 TO 21

(To be completed 90 days prior to the young adult's 21st birthday, or planned exit from Foster Care 18 to 21)

FOSTER CARE 18 TO 21	
Has the Re-entry into Foster Care 18 to 21 policy been explained to the young adult? <input type="checkbox"/> Yes <input type="checkbox"/> No	Young adult's initials: _____

A. DETAILS AND RESOURCES

HOUSING	
Current address: <i>(number and street, city, state, and ZIP code)</i>	Telephone or other contact information:
Where young adult plans to live upon exit from Foster Care 18 to 21: <i>(number and street, city, state, and ZIP code)</i>	Telephone or other contact information:
What is the young adult's back-up living arrangement if the above plan falls through? <i>(number and street, city, state, and ZIP code)</i>	Telephone or other contact information:

HOUSING RESOURCES	
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

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

Young Adult Name: _____ DOB: _____

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

EDUCATION, CONT.

College or Vocational program application submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		Name of school(s) or program(s) applied and current status of the application:		
Other educational referrals made:				
Is the young adult enrolled in a college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		Name of school or program:		
If yes, <input type="checkbox"/> Full time <input type="checkbox"/> Part time				
Area of study:	Expected graduation date:	Current GPA:	Attached: <input type="checkbox"/> Schedule <input type="checkbox"/> Transcripts	

EDUCATIONAL RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

EMPLOYMENT / TRAINING PROGRAM / VOLUNTEER

Has young adult been referred to WIOA through NCWorks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Does young adult have knowledge of how to complete an application for employment? <i>(If no, this should be a goal on the TLP)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Does young adult have an updated resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has young adult submitted any applications for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
List applications submitted: <i>(attach additional sheets if needed)</i>			
Young adult currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of employer: <i>(number and street, city, state, and ZIP code)</i>		Hours per week:
Is young adult enrolled in a training program to limit or remove barriers to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of program: <i>(number and street, city, state, and ZIP code)</i>		Hours per week:
List any referrals that have been made in regards to employment and/or training and the current status of the referral: <i>(attach additional sheets if needed)</i>			

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Does the young adult have an Internship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of Internship: <i>(number and street, city, state, and ZIP code)</i>	
Does the young adult volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer location(s):	Hours:

EMPLOYMENT / TRAINING / VOLUNTEER RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>	
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>	
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>	

TRANSPORTATION

Will young adult have access to consistent transportation upon discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does young adult have his/her own car, truck, bicycle, or other form of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a public bus line near where the young adult will be residing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other means of transportation:
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TRANSPORTATION RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

HEALTH INSURANCE

The young adult is eligible for the Extended Foster Care Medicaid Program as per the Affordable Care Act. <input type="checkbox"/> Yes <input type="checkbox"/> No	The young adult has received information and assistance regarding application procedures for Medicaid and other state/federal funded health insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No	Other private health insurance: Insurer: _____ Policy number: _____
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HEALTH INSURANCE RESOURCES

Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>

HEALTHCARE

Name of Medical Doctor:	Telephone Number: ()
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Young Adult Name: _____ DOB: _____

Address: *(number and street, city, state, and ZIP code)*

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

HEALTHCARE, CONT.

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

REQUIRED: Young adult has received information on the importance of designating someone to make healthcare decisions on their behalf, if the young adult 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 young adult 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: <i>(include address, telephone number, website, and email, if applicable)</i>
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Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
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Resource name:	Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i>
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INCOME / CREDIT REPORT

Will young adult have income other than from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list source(s) of income:	Amount of monthly supplemental income:	Is young adult employed now, or will youth be employed at time of exit from foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly income:
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Has the child welfare agency conducted a credit report check for the young adult from all three credit bureaus (Equifax, Transunion, and Experian)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, date of last check: _____	Where there any issues on the young adult's report? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what were the issues?
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How were the credit issues resolved?	If a credit report check has not been conducted, list the date the check will be completed: _____
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YOUNG ADULT: You are entitled to a yearly credit report check from all three credit bureaus (Equifax, Transunion, and Experian).

LINKS /INDEPENDENT LIVING

YOUNG ADULT: The LINKS program is available to you for services and resources until your 21st birthday. Foster Care 18 to 21 services are also available to you up to your 21st birthday. You can re-enter this program at any time. You can contact the LINKS Coordinator in your county of residence whether or not it is the same county in which you were in foster care.

Young Adult Name: _____ DOB: _____

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

B. DOCUMENTS TO BE PROVIDED TO YOUNG ADULT AT DISCHARGE

- Original or certified copy of birth certificate
- Original or certified copy of Social Security Card
- Copies of any legal documents that the young adult 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

A. YOUNG ADULT'S CONTACT INFORMATION

We would like to stay in touch with you. Please give us the name and contact information of people who will know how to contact you in the future.

B. SIGNATURES

Signature of Youth

Date

Young Adult Name: _____ DOB: _____

Signature of Social Worker / LINKS Coordinator

Date

Signature of Agency Director / Designee

Date