

**TRANSITIONAL LIVING PLAN FOR YOUTH/YOUNG ADULTS IN FOSTER CARE**

- This form must be completed within 30 days following the youth's 14<sup>th</sup> birthday, or when the youth enters foster care, if age 14 or older; and updated every 90 days thereafter.*
- The Emancipation Plan (DSS-5096b) must be completed 90 days prior to the youth's 18<sup>th</sup> birthday. At that time; the youth must be informed of their option to continue in the Foster Care 18 to 21 Program. If the youth elects to participate, the DSS-5096a Transitional Living Plan (TLP) must be updated to reflect how the youth will meet eligibility requirements. Once enrolled in the Foster Care 18 to 21 Program, the DSS-5096d Transitional Living Plan (TLP) will become the required TLP for ongoing case planning and documentation.***

Initial TLP     Follow-up TLP

**PART I: YOUTH/YOUNG ADULT INFORMATION**

Legal Name:				
Preferred Name:			Pronouns:	
Date of Birth:		Current Age:		Date of 18 <sup>th</sup> Birthday:
Date of Custody:		Date of Placement:		Placement Type:
Date of Initial TLP:			Date of last TLP Update:	

**PART II: PARTIES TO CASE PLAN**

Caseworker Name:			Caseworker Phone:	
Name:			Name:	
Address:			Address:	
Phone:			Phone:	
Email:			Email:	
Name:			Name:	
Address:			Address:	
Phone:			Phone:	
Email:			Email:	

**PART III: GOALS AND ACTIVITIES**  
*This section should be completed by youth and team.*

Date of Plan:		Next Plan Update By:	
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List the youth's strengths below:

Life Skills Assessment Completed?	Yes      No	Date Completed:	
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**GOAL #1**

<b>Goal 1:</b> <i>(What do I want to accomplish?)</i>	<b>Activities/Steps:</b> <i>(What needs to be done to reach my goal?)</i>	<b>Responsible Parties:</b> <i>(Who needs to do it?)</i>	<b>Projected Completion Date:</b> <i>(When will this step be done?)</i>	<b>Progress:</b>
				Goal Accomplished!  Satisfactory Progress – On Track!  Needs more time / Assistance*  Goal needs modification*  *Complete progress note identifying barriers

I can complete this goal in the next:  3 months 6 months 1 year More than 1 year				or additional modifications.
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Progress Notes: *(any updates or changes that have impacted the goals)*

**GOAL # 2**

<b>Goal 2:</b> <i>(What do I want to accomplish?)</i>	<b>Activities/Steps:</b> <i>(What needs to be done to reach my goal?)</i>	<b>Responsible Parties:</b> <i>(Who needs to do it?)</i>	<b>Projected Completion Date:</b> <i>(When will this step be done?)</i>	<b>Progress:</b>
				Goal Accomplished!  Satisfactory Progress – On Track!  Needs more time / Assistance*  Goal needs modification*  *Complete progress note identifying barriers or additional modifications.

I can complete this goal in the next:  3 months 6 months 1 year More than 1 year				
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Progress Notes: *(any updates or changes that have impacted the goals)*

**GOAL # 3**

<b>Goal 3:</b> <i>(What do I want to accomplish?)</i>	<b>Activities/Steps:</b> <i>(What needs to be done to reach my goal?)</i>	<b>Responsible Parties:</b> <i>(Who needs to do it?)</i>	<b>Projected Completion Date:</b> <i>(When will this step be done?)</i>	<b>Progress:</b>
				<p style="text-align: center;">           Goal Accomplished!             Satisfactory Progress – On Track!             Needs more time / Assistance*             Goal needs modification*             *Complete progress note identifying barriers or additional modifications.         </p>

I can complete this goal in the next:  3 months 6 months 1 year More than 1 year				
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Progress Notes: *(any updates or changes that have impacted the goals)*

**A. ADDITIONAL SERVICES NEEDED**

Are any additional services needed to assist the youth with independent living skills, medical treatment, counseling, educational support, employment preparation and placement, and/or development of support networks?

Yes    No   If yes, please list needed services below:

Service:	Who is responsible?	Has referral been made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Service:	Who is responsible?	Has referral been made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Service:	Who is responsible?	Has referral been made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

**B. SUPPORTIVE RELATIONSHIPS**

Name:	Relationship to Youth:	Address:	Email:	Social Media:	Telephone Number:
Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i>					
Name:	Relationship to Youth:	Address:	Email:	Social Media:	Telephone Number:
Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i>					
Name:	Relationship to Youth:	Address:	Email:	Social Media:	Telephone Number:
Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i>					
Name:	Relationship to Youth Young Adult:	Address:	Email:	Social Media:	Telephone Number:
Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i>					

**C. HOUSING**

Current address: <i>(number and street, city, state, and ZIP code)</i>	Telephone or other contact information:
If you were to turn 18 tomorrow, where would you live?	

**D. SIGNATURES**

SIGNATURES	DATE	I WOULD LIKE TO RECEIVE A COPY OF THE PLAN BY:	
Youth		Email: Date Emailed:	Physical Copy: Date Provided:
Care Provider		Email: Date Emailed:	Physical Copy: Date Provided:
Care Provider		Email: Date Emailed:	Physical Copy: Date Provided:
Parent (if applicable)		Email: Date Emailed:	Physical Copy: Date Provided:
Parent (if applicable)		Email: Date Emailed:	Physical Copy: Date Provided:
Caseworker		Email: Date Emailed:	Physical Copy: Date Provided:
Caseworker Supervisor		Email: Date Emailed:	Physical Copy: Date Provided:
Service Provider		Email: Date Emailed:	Physical Copy: Date Provided:
Service Provider		Email: Date Emailed:	Physical Copy: Date Provided:
Other		Email: Date Emailed:	Physical Copy: Date Provided:
Other		Email: Date Emailed:	Physical Copy: Date Provided: