Young Adult Name:________________________________ DOB:__________________

North Carolina Department of Health and Human Services | Division of Social Services
TRANSITIONAL LIVING PLAN FOR YOUNG ADULTS IN FOSTER CARE 18-21

Case Worker Name: ______________________ **Case Worker Phone Number:** (_____) ________________

Eligibility Is the young adult eligible? Is there verification in the record? *(verification is required every three months)*
If yes, complete and provide documentation
If no, has a 60-day notice been provided? ☐Yes ☐No ☐N/A

☐High School Diploma / GED	Name of School: Address of School: Telephone Number:	Grade level: Anticipated graduation date:
☐College / Vocational	Name of School: Address of School: Telephone Number: Type of Program:	Hours/Semester: Total credits earned:
☐Program to remove barriers to employment	Name of Program: Address: Telephone Number:	Hours/week:
☐Employment	Name of Employer: Address of Employer: Telephone Number:	Hours/week:
☐Medical condition / disability	Condition Exempting Participation:	Documentation of condition in case record? ☐Yes ☐No

Are there any barriers with their current eligibility?*(ex. school attendance, lost employment, SSDI pending determination, etc.)*

If the current plan does not work, what would a backup eligibility plan be?

Young Adult Name:________________________________ DOB:__________________

Living Arrangement (Foster Care Home; Group Home/Facility; College On/Off Campus Dormitory; Semi-Supervised Settings)
Current Address:
(moving frequency)
Are there any barriers regarding living arrangement?
If the current plan does not work, what backup housing options do you have?

Life Skills: Has the young adult completed a recent life skills assessment? These can include Casey Life Skills Assessment, Self Sufficiency Matrix, a Well-Being Indicator, etc.? Yes ___ No___
Are there any areas or topics to ensure the plan includes because of that assessment?
Are there any areas or topics within life skill development that need to be prioritized for the young adult now?

GOALS AND ACTIVITIES

Young Adult's Strengths: *(include hobbies, interests, extracurricular, enrichment, cultural, and social activities)*	Young Adult's Identified Worries?

Young Adult Name:_________________________________ DOB:__________________

Goals: *(What do I want to accomplish?)*	**Activities/Steps:** *(What needs to be done to reach my goal?)*	**Responsible Parties:** *(Who needs to do it?)*	**Projected Completion Date:** *(When will this step be done?)*	**Progress:**
Money Management: Money management must be a goal for all young adults and should be developed by the young adult. Options include but are not limited to creating and reviewing a budget regularly, practicing saving money, developing habits of paying bills timely, and learning and applying financial literacy, to include financial preparation for their future including retirement. This is a goal I can complete in the next: ☐ 3 months ☐ 6 months ☐ 1 year ☐ more than 1 year				☐ Goal Accomplished! ☐ Satisfactory Progress – On Track! ☐ Needs more time / Assistance* ☐ Goal needs modification* *Complete progress note identifying barriers or additional modifications.

Who are the people that can help me with this goal?
Name: _______________________________________ Phone: ___________________

Progress Notes: *(any updates or changes that have impacted the goals)*

Young Adult Name:________________________________ DOB:__________________

Goals: *(What do I want to accomplish?)*	**Activities/Steps:** *(What needs to be done to reach my goal?)*	**Responsible Parties:** *(Who needs to do it?)*	**Projected Completion Date:** *(When will this step be done?)*	**Progress:**
				□ Goal Accomplished! □ Satisfactory Progress – On Track! □ Needs more time / Assistance* □ Goal needs modification* *Complete progress note identifying barriers or additional modifications.
This is a goal I can complete in the next: ☐ 3 months ☐ 6 months ☐ 1 year ☐ more than 1 year				

Progress Notes: *(any updates or changes that have impacted the goals)*

Young Adult Name:______________________________ DOB:_________________

Goals: *(What do I want to accomplish?)*	**Activities/Steps:** *(What needs to be done to reach my goal?)*	**Responsible Parties:** *(Who needs to do it?)*	**Projected Completion Date:** *(When will this step be done?)*	**Progress:**
				□ Goal Accomplished! □ Satisfactory Progress – On Track! □ Needs more time / Assistance* □ Goal needs modification* *Complete progress note identifying barriers or additional modifications.
This is a goal I can complete in the next: ☐ 3 months ☐ 6 months ☐ 1 year ☐ more than 1 year				
Progress Notes: *(any updates or changes that have impacted the goals)*				

Young Adult Name:_________________________________ DOB:__________________

HEALTH SERVICES

Identify any follow up for medical, dental, or mental health:
What support does the young adult need to ensure they are taking care of their own health?

SERVICES NEEDED

Are any additional supports needed to assist the youth/young adult with independent living skills, medical treatment, counseling, educational support, employment preparation and placement, and/or development of support networks? If yes, please list needed services below:		☐Yes ☐No
Service:	Who is responsible?	Has referral been made? ☐Yes ☐No Date:_______
Service:	Who is responsible?	Has referral been made? ☐Yes ☐No Date:_______
Service:	Who is responsible?	Has referral been made? ☐Yes ☐No Date: _______

SUPPORTIVE RELATIONSHIPS

While this work is to help young adults on their journey to independence, humans are not truly independent. We rely on others for support in different ways and build our own supportive network. Who is in your network?

Name:	Relationship to Young Adult:	Address:	Email:	Social Media:	Telephone Number: ( )
In What ways can this person support me?					
Name:	Relationship to Young Adult:	Address:	Email:	Social Media:	Telephone Number: ( )
In What ways can this person support me?					
Name:	Relationship to Young Adult:	Address:	Email:	Social Media:	Telephone Number: ( )
In What ways can this person support me?					
Name:	Relationship to Young Adult:	Address:	Email:	Social Media:	Telephone Number: ( )
In What ways can this person support me?					

Young Adult Name:________________________________ DOB:__________________

How can you build out your support network? (Help text: In what ways can they connect to family members and their community – consider both physical communities and communities of shared interest. What are their thoughts on how to cultivate all their relationships?)

Young Adult Name:________________________________ DOB:__________________

SIGNATURES

SIGNATURES	DATE	I HAVE RECEIVED A COPY OF THIS PLAN	EMAIL ADDRESS
Young Adult		☐Yes ☐No	
Support Person		☐Yes ☐No	
Support Person		☐Yes ☐No	
Service Provider		☐Yes ☐No	
Service Provider		☐Yes ☐No	
Social Worker		☐Yes ☐No	
Social Work Supervisor		☐Yes ☐No	
Other		☐Yes ☐No	
Other		☐Yes ☐No	