## Transition Plan Overview Worksheet

### Youth Information

<table>
<thead>
<tr>
<th>First Name and Initial</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Independent Living Provider or Case Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Plan Completed</th>
<th>Six month follow-up due</th>
<th>Projected emancipation date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth date (mm/dd/yy)</th>
<th>Current age</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Transition Domains

Indicate the domains included in this transition plan, along with the Readiness Score (optional)

<table>
<thead>
<tr>
<th>Completed domains</th>
<th>Date of 1st score</th>
<th>Date of 2nd score</th>
<th>Date of 3rd score</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

- Finances & Money Management
- Education
- Job & Career
- Permanence
- Life Skills
- Community, Culture, & Social Life
- Transportation
- Identity
- Housing
- Self Care & Health
- Other (please list):

Total Readiness Score: ____________

### Additional Plans

Have other community partners crafted a plan on behalf of the youth?  Yes  No

If Yes, consider including as part of this transition plan in order to reduce redundant planning and improve agency collaboration in serving the youth:

- Ansell-Casey Life Skills Plan (www.caseylifeskills.org)
- Individual Education Plan (IEP)
- Person Centered Plan
- Treatment Plan and Discharge Plan (D&A, Residential, Mental Health, etc.)
- Voc Rehab/IEP (Individual Plan for Employment)
- Development Disabilities Individual Support Plan (DD ISP)
- Temporary Assistance to Needy Families (TANF/JOBS)
- Workforce Investment Act (WIA)
- Other (please list):

### Transition Team

Attach additional sheets as necessary

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Phone Number</th>
<th>e-Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Phone Number</th>
<th>e-Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

I participated in creating and approve of this Transition Plan. Youth’s Signature:

---

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**WHAT I HAVE**
Looking for instructions? Download at www.fosterclub.org

<table>
<thead>
<tr>
<th>Personal documents (description)</th>
<th>Status</th>
<th>Possession (who has them)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Have</td>
<td>□ Applied for</td>
<td>□ Do not have</td>
</tr>
<tr>
<td>State-issued picture identification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Have</td>
<td>□ Applied for</td>
<td>□ Do not have</td>
</tr>
<tr>
<td>Social Security Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Have</td>
<td>□ Applied for</td>
<td>□ Do not have</td>
</tr>
<tr>
<td>Citizen / immigration documents (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Have</td>
<td>□ Applied for</td>
<td>□ Do not have</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Have</td>
<td>□ Applied for</td>
<td>□ Do not have</td>
</tr>
</tbody>
</table>

☐ Safe personal filing system in place             ☐ I know I may request a copy of my foster care case file

**RESOURCES AVAILABLE TO ME**
Find 'em at www.fosteringconnections.org

<table>
<thead>
<tr>
<th>Assistance type</th>
<th>Eligibility (what I need to qualify)</th>
<th>Who I contact (and how to apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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**THIS IS MY PLAN**
Get ideas about how to make a plan at www.fosterclub.org

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<thead>
<tr>
<th>Short term (1 year) goals</th>
<th>Steps &amp; services (and who will help me)</th>
<th>Progress</th>
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</tbody>
</table>

Plan after I leave foster care:

Long term goals (five years from now, my housing goal is):

**READINESS SCALE**
Needs work ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Prepared

Visit www.fosteringconnections.org for more federal and state information regarding the Fostering Connections to Success and Increased Adoptions Act
### Educational History

<table>
<thead>
<tr>
<th>Current educational status:</th>
<th>Last grade level completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Attending full time</td>
<td></td>
</tr>
<tr>
<td>☐ Attending part time</td>
<td></td>
</tr>
<tr>
<td>☐ Not attending</td>
<td></td>
</tr>
<tr>
<td>Most recent school attended:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>G.P.A.:</td>
</tr>
<tr>
<td>On track to earn:</td>
<td>Anticipated completion date:</td>
</tr>
<tr>
<td>☐ Diploma</td>
<td></td>
</tr>
<tr>
<td>☐ GED or modified diploma</td>
<td></td>
</tr>
<tr>
<td>☐ Other:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Math Skills:</th>
<th>Reading Skills:</th>
<th>Writing Skills:</th>
<th>IEP?:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous school:</th>
<th>Last grade level completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous school:</th>
<th>Last grade level completed:</th>
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<tbody>
<tr>
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</table>

Plan immediately after I leave foster care:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</table>

Long term goals (five years from now, my educational goal is):

<p>| |</p>
<table>
<thead>
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<th></th>
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</table>

### Readiness Scale

<table>
<thead>
<tr>
<th>Needs work</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Prepared</th>
</tr>
</thead>
</table>

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# Employment Experience

**Current employment status:**
- [ ] Full time
- [ ] Part time (Hours per week: __)

**Position:**

**Pay rate:**

**Employer:**

**Phone:**

**Address:**

**City, State, Zip:**

# Past Employment

- [ ] Resumé completed
- [ ] Sample employment application completed

**Employer**

**Phone:**

**Address:**

**City, State, Zip:**

**Position:**

**Dates of employment:**

**Reason for leaving:**

**Employer**

**Phone:**

**Address:**

**City, State, Zip:**

**Position:**

**Dates of employment:**

**Reason for leaving:**

**Employer**

**Phone:**

**Address:**

**City, State, Zip:**

**Position:**

**Dates of employment:**

**Reason for leaving:**

**Employment Skills:**

**Special Certifications:**

---

# Resources Available to Me

**Assistance type**

**Eligibility (what I need to qualify)**

**Who I contact (and how to apply)**

---

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### THIS IS MY PLAN

Get ideas about how to make a plan at www.fosterclub.org

<table>
<thead>
<tr>
<th>Short term (1 year) goals</th>
<th>Steps &amp; services (and who will help me)</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Plan immediately after I leave foster care:

Long term goals (five years from now, my job and career goal is):

### READINESS SCALE

Needs work □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 Prepared
**WHAT I HAVE**

Looking for instructions? Download at www.fosterclub.org

<table>
<thead>
<tr>
<th>Current <strong>HEALTH</strong> insurance coverage (name of company/plan):</th>
<th>Policy #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does current plan continue after leaving foster care?:</td>
<td>Anticipated end date of coverage:</td>
</tr>
<tr>
<td>□ Yes □ No □ Unsure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Primary Doctor:</th>
<th>Clinic or Hospital:</th>
<th>Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health issues:</th>
<th>Prescriptions:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current <strong>MENTAL HEALTH</strong> insurance coverage (name of company/plan):</th>
<th>Policy #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does current plan continue after leaving foster care?:</td>
<td>Anticipated end date of coverage:</td>
</tr>
<tr>
<td>□ Yes □ No □ Unsure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Therapist:</th>
<th>Clinic or Hospital:</th>
<th>Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mental health issues:</th>
<th>Prescriptions:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current <strong>DENTAL</strong> insurance coverage (name of company/plan):</th>
<th>Policy #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does current plan continue after leaving foster care?:</td>
<td>Anticipated end date of coverage:</td>
</tr>
<tr>
<td>□ Yes □ No □ Unsure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Dentist:</th>
<th>Clinic or Hospital:</th>
<th>Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dental issues:</th>
<th>Prescriptions:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>VISION</strong> needs:</th>
<th>Prescriptions:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health education:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Substance abuse</td>
<td>□ Healthy relationships</td>
</tr>
<tr>
<td>□ Coping with stress</td>
<td>□ Fitness</td>
</tr>
<tr>
<td>□ Nutrition</td>
<td>□ First Aid</td>
</tr>
<tr>
<td></td>
<td>□ Prevention of STDs</td>
</tr>
<tr>
<td></td>
<td>□ Health self-advocacy</td>
</tr>
<tr>
<td></td>
<td>□ Other:</td>
</tr>
</tbody>
</table>

**RESOURCES AVAILABLE TO ME**

Find 'em at www.fosteringconnections.org

<table>
<thead>
<tr>
<th>Assistance type</th>
<th>Eligibility (what I need to qualify)</th>
<th>Who I contact (and how to apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

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<table>
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<tr>
<th>Short term (1 year) goals</th>
<th>Steps &amp; services (and who will help me)</th>
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</tr>
</tbody>
</table>

Plan immediately after I leave foster care:


Long term goals (five years from now, my health, mental health, vision and dental goal is):


### READINESS SCALE

Needs work   1  2  3  4  5  6  7  8  9  10 Prepared
### WHAT I HAVE
Looking for instructions? Download at www.fosterclub.org

<table>
<thead>
<tr>
<th>Bank account status:</th>
<th>Bank name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Checking account open</td>
<td></td>
</tr>
<tr>
<td>□ Savings Account open</td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
</tbody>
</table>

Savings for leaving foster care:

<table>
<thead>
<tr>
<th>Goal:</th>
<th>$</th>
<th>Amount currently saved:</th>
</tr>
</thead>
</table>

Regular sources of income (description):

<table>
<thead>
<tr>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

Demonstrated money management skills (list):

<table>
<thead>
<tr>
<th>□ Taxes</th>
<th>□ Budgeting</th>
<th>□ Lending / Financing</th>
<th>□ Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Banking</td>
<td>□ Saving/Investing</td>
<td>□ Emergency money matters</td>
<td>□ Other:</td>
</tr>
<tr>
<td>□ Other:</td>
<td>□ Other:</td>
<td>□ Other:</td>
<td></td>
</tr>
</tbody>
</table>

Credit checked (for identity theft)

Find 'em at www.fosteringconnections.org

### RESOURCES AVAILABLE TO ME

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**WHAT I HAVE**  
Looking for instructions? Download at www.fosterclub.org

<table>
<thead>
<tr>
<th>Where I live now:</th>
<th>Planned end date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing after foster care (leave blank until arranged):</td>
<td>□ Sample rental application completed</td>
</tr>
<tr>
<td>Rental □ reference, or □ co-signer</td>
<td>Phone and/or email:</td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
</tbody>
</table>

Back up plan (in case of emergency, this is where I’ll go):

**RESOURCES AVAILABLE TO ME**  
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Plan immediately after I leave foster care:

Long term goals (five years from now, my housing goal is):

**READINESS SCALE**  
Needs work □1 □2 □3 □4 □5 □6 □7 □8 □9 □10 Prepared

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**WHAT I HAVE**
Looking for instructions? Download at www.fosterclub.org

<table>
<thead>
<tr>
<th>My current permanency plan:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Reunification</td>
<td>□ Adoption</td>
</tr>
<tr>
<td>□ Kinship (live with relative)</td>
<td>□ Guardianship</td>
</tr>
<tr>
<td>□ APPLA</td>
<td>□ Not sure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If permanence has been achieved, who with? Name(s):</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Address:</th>
<th></th>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip:</th>
<th>E-mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER SUPPORTIVE ADULTS**

<table>
<thead>
<tr>
<th>Name(s):</th>
<th>Phone:</th>
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<tbody>
<tr>
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</table>
### RELATIONSHIP WITH BIOLOGICAL RELATIVES

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<thead>
<tr>
<th>Biological relatives (including siblings):</th>
<th>Relationship (parent, aunt, etc.)</th>
<th>Status</th>
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### RESOURCES AVAILABLE TO ME

Find 'em at www.fosteringconnections.org

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<th>Assistance type</th>
<th>Eligibility (what I need to qualify)</th>
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### THIS IS MY PLAN

Get ideas about how to make a plan at www.fosterclub.org

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Plan after I leave foster care:

Long term goals (five years from now, my housing goal is):

### READINESS SCALE

Needs work [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 Prepared

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### WHAT I HAVE
Looking for instructions? Download at www.fosterclub.org

<table>
<thead>
<tr>
<th>Community Connections (social groups, activities, volunteerism)</th>
<th>Contact person</th>
<th>Phone</th>
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<tbody>
<tr>
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<th>Spiritual support / church:</th>
<th>Contact person:</th>
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<tr>
<th>Peer Circle (Names)</th>
<th>Length of time known</th>
<th>Phone</th>
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<tr>
<th>My ethnic heritage:</th>
<th>Registered to vote</th>
<th>Registered for draft (if male)</th>
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<tbody>
<tr>
<td>□ Not sure</td>
<td>□ Registered to vote</td>
<td>□ Registered for draft</td>
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<td>List:</td>
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Plan immediately after I leave foster care:

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Long term goals (five years from now, my community, culture, and social life goal is):

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### READINESS SCALE
Needs work □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 Prepared

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## WHAT I HAVE

Looking for instructions? Download at www.fosterclub.org

### Ansell-Casey Life Skills Assessment

<table>
<thead>
<tr>
<th></th>
<th>Completed</th>
<th>In progress</th>
<th>Not completed</th>
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<tbody>
<tr>
<td>Ansell-Casey Life Skills Assessment</td>
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</tbody>
</table>

### Demonstrated knowledge of life skills:

- [ ] Laundry
- [ ] Home safety
- [ ] Legal issues
- [ ] Etiquette
- [ ] Recreation/leisure
- [ ] Grocery shopping
- [ ] Cooking
- [ ] Cleaning
- [ ] Personal Hygiene
- [ ] Communication
- [ ] Other:
  - [ ] Other:
  - [ ] Other:

## RESOURCES AVAILABLE TO ME

Find ’em at www.fosteringconnections.org

### Assistance type

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## THIS IS MY PLAN

Get ideas about how to make a plan at www.fosterclub.org

### Short term (1 year) goals

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### Plan after I leave foster care:

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### Long term goals (five years from now, my life skills goals include):

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WHAT I HAVE
Looking for instructions? Download at www.fosterclub.org

My current mode(s) of transportation:
☐ my vehicle  ☐ friend/family provides  ☐ public transportation  ☐ bicycle  ☐ walk  ☐ other:

Transportation needed for (school, employment, recreation, etc.):

Driver’s license status:  ☐ have license  ☐ have permit  ☐ do not have  Date obtained:

Auto insurance (company name):  Policy number:

RESOURCES AVAILABLE TO ME
Find ’em at www.fosteringconnections.org

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THIS IS MY PLAN
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Short term (1 year) goals

Steps & services (and who will help me)

Progress

Plan after I leave foster care:

Long term goals (five years from now, my transportation goal is):

READINESS SCALE
Needs work  ☐1  ☐2  ☐3  ☐4  ☐5  ☐6  ☐7  ☐8  ☐9  ☐10  Prepared