

### WRITTEN TRANSITIONAL LIVING PLAN

<b>Youth's Name:</b>	<b>County/Region:</b>	<b>Placement Type:</b>	
<b>Youth's Address:</b>	<b>Youth's Phone:</b>	<b>Youth's Email:</b>	
<b>ILP Coordinator Name:</b>	<b>Phone:</b>	<b>Email:</b>	
<b>DFCS Case Manager:</b>	<b>Phone:</b>	<b>Email:</b>	
<b>WTLP Date:</b>	<b>Date of Last WTLP:</b>	<b>Type of WTLP:</b>	
<b>Did youth participate in development of goals? Describe youth's participation:</b>			
<b>Parenting Status:</b>	<b>Marital Status:</b>	<b>Date Copy of Youth Rights Provided:</b>	<b>Date Rights Were Reviewed with Youth:</b>
<b>Foster Care Status:</b>	<b>Legal Status:</b>	<b>Eligible for ILP Services (Y/N):</b>	
<b>Youth's Emancipation Plan:</b>	<b>Youth's Permanency Plan:</b>	<b>Chafee MA Eligibility (Y/N):</b>	
<b>Emancipation Discussion Date:</b>	<b>90 Days Prior Date:</b>	<b>Transitional Staffing Date:</b>	
<b>Support Network:</b>			
<b>Name</b>	<b>Relationship</b>	<b>Age</b>	
<b>WTLP Assessments Information</b>			
		<b>Date of Last Casey Life Skills Assessment:</b>	<b>Assessed Needs from Casey Life Skills Assessment:</b>
<b>Youth's Perspective of (Strengths):</b>	<b>Youth's Perspective of (Needs):</b>	<b>Agency Assessed Strengths:</b>	<b>Agency Assessed Needs:</b>
<b>What is the anticipated amount of time available to prepare the youth for transition from foster care to (Successful Adulthood)?</b>			
<b>What is anticipated location and living situation of the youth upon discharge from foster care?</b>			
<b>What assessment processes, tools and methods have been or will be used to determine the programs or</b>			

<b>services that are or will be provided to assist the youth with the transition from foster care?</b>			
<b>Describe the intensive, ongoing and unsuccessful efforts made to return the youth home or secure a placement for the youth with a fit and willing relative (including adult siblings), a legal guardian or an adoptive parent, including through efforts that use search technology (such as social media) to find biological family members.</b>			
<b>Describe the programs and services that will help the youth prepare for the transition from foster care to a Successful Adulthood.</b>			
<b>Describe the steps taken to ensure the youth's foster family home or child caring institution is following the reasonable and prudent standard.</b>			
<b>Describe the steps taken to ensure the youth has regular, ongoing opportunities to engage in age and developmentally appropriate activities (including by consulting with the youth in an age-appropriate manner about the opportunities of the youth to participate in the activities).</b>			
<b>List current extracurricular or other activities</b>			
<b>EDUCATION</b>			
<b>EXPECTED DATE OF GRADUATION:</b>		<b>ACADEMIC TRACK:</b>	
<b>CREDITS REQUIRED FOR GRADUATION:</b>		<b>CREDITS EARNED FOR GRADUATION:</b>	
<b>Post-Secondary Credits Required for Graduation:</b>		<b>Post-Secondary Credits Earn for Graduation:</b>	
<b>Duration Dates From:</b>		<b>To:</b>	
<b>Education Training &amp; Voucher (ETV) Enrollment Y/N:</b>		<b>Currently Receiving Education Training &amp; Voucher (ETV) Funding Y/N:</b>	<b>Education Training &amp; Voucher (ETV) Eligibility Y/N:</b>
<b>Credit Report Findings</b>			
<b>Date of Most Recent Credit Bureau Results:</b>	<b>Inaccuracies Found Y/N:</b>	<b>Efforts to Correct Erroneous Credit Information</b>	

## Family Level Outcomes and Individual Level Outcomes

**Child Name:**

**Outcome Type:** WTLP ILO

**Individual Level Outcome (ILO):**

**Status of ILO:**

**Associated FLO(s) :**

Task #	Task/Specific Action	Responsible Person	Projected Completion Date	Actual Completion Date	Status
1					
<b>Assessment of Progress:</b>					

Task #	Task/Specific Action	Responsible Person	Projected Completion Date	Actual Completion Date	Status
2					
<b>Assessment of Progress:</b>					

Task #	Task/Specific Action	Responsible Person	Projected Completion Date	Actual Completion Date	Status
3					New
<b>Assessment of Progress:</b>					

Task #	Task/Specific Action	Responsible Person	Projected Completion Date	Actual Completion Date	Status
4					
<b>Assessment of Progress:</b>					

Task #	Task/Specific Action	Responsible Person	Projected Completion Date	Actual Completion Date	Status
5					
<b>Assessment of Progress:</b>					

Task #	Task/Specific Action	Responsible Person	Projected Completion Date	Actual Completion Date	Status
6					
<b>Assessment of Progress:</b>					

## PARTICIPATION AND DISCLOSURE

I have received a copy of my rights pertaining to education, health, visitation, court participation, receipt of an annual credit report, staying safe and avoiding exploitation. These rights were explained to me in an age-appropriate manner. A copy of those rights is attached to this case plan.

I have been advised that two youth supporters can participate in my case plan development and have chosen not to identify anyone at this time.

I have received a copy of this case plan report, and the plan has been explained to me. I know that this case plan will become part of the court order unless I request a hearing within five (5) days after I receive it.

I understand the Individual outcomes identified in this case plan.

I participated in the development of this plan and I plan to work toward accomplishing the individual outcomes listed in this case plan.

I understand that I can request interpreter or translator services if needed to assist me in complying with this plan.

SIGNATURES			
Youth	Date	Case Manager	Date
Birth Mother	Date	Birth Father	Date
Foster Care Provider	Date	IL Coordinator	Date
Other	Date	Other	Date
Other	Date	Supervisor	Date

### SUGGESTIONS FOR IDENTIFYING TRANSITIONAL LIVING STRENGTHS/NEED

The following clusters are for your convenience to help identify areas of strengths and needs on the next page. Include identification of special needs (i.e. mentally retarded, developmentally disabled, emotionally handicapped, physically handicapped, etc.). The examples that are listed below are not intended to be all inclusive. Please be sure to identify and include the youth's support system in the development and/or projected goals of the WTLP (i.e. birth parents/birth families, siblings, foster care parents/providers, other caretakers or guardians.)

- **EDUCATION:** (Setting an educational goal: GED/HS Diploma, College, Vocational/Technical School Assessment of educational skills: Remedial support needed. Acquisition of services such as tutoring, guidance counseling, special testing, application assistance, educational scholarships, etc.)
- **VOCATION/EMPLOYMENT PREPARATION:** (Vocational scholarship Military service training school; Job Corp; Vocational/Career assessment and testing; Job maintenance skills; Getting a job; HS related work experience; On-the-job training; JTPA/PIC; Apprenticeship/internship program; Documentation: Birth Certificate, Work permit, Social Security Card, ID card, ETC.)
- **BASIC LIVING SKILLS:** (Money management budgeting; Home management; housekeeping, shopping, cooking; Addressing day care needs; Consumer skills; Accessing community resources; Use of transportation; Mass

Transit/driver's education and License; Locating housing/utilities, Understanding the law/Civic duties, etc.)

- **PERSONAL DEVELOPMENT/COUNSELING:** (Addressing birth family issues; Decision making; Problem solving; goal setting; Communication skills; Interpersonal relationships; Time management; Self esteem; Confronting anger; Dealing with past losses; Social skills; Emotional readiness for transition to independence; Choice of leisure activities; etc.)
- **HEALTH EDUCATION/MAINTENANCE:** (Sex education; Family life education; Parenting; Accessing health care; Personal hygiene; Substance abuse; Alcohol and Drugs, Safety/First aid; Prevention Services; Nutrition, etc.)