

First Name:	Last Name:	Date of Birth:	Age:
FACTS Case Number:	Projected ROC:	Date Completed:	Pronouns:

Section 1: Getting to Know Me

*Required for all youth ages 14 and older who are on an I/DD waiver or waitlist. Youth or young adults who meet these criteria are not required to complete the 3059A.
(Attach additional pages or expand sections as needed)*

What I would like people to know about me:

Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.

What I would like people to know about my culture and things that are important to me:

What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?

My greatest strengths and talents are:

Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.

The top three things that I need most right now are:

What help/support do I need right now?

Examples: clothing, visits, medical/mental health appointments, contacting my Guardian Ad Litem (GAL) etc.

1.

2.

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Section 2: Social Security, Payee, Guardian, and Waivers <i>Required for all youth ages 14 and older</i>		
Psychological Exams and Social Security		<input type="checkbox"/> N/A
Date of last Psychological Exam:	Assessor:	IQ Results:
Date of next Psychological Exam, if applicable:	Assessor:	
Currently Receiving SSI/SSDI: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Applied to Adult SSI/SSDI:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
If denied, has an appeal been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Appealed:	Results:
Case Manager Notes:		
Payee		<input type="checkbox"/> N/A
Does a payee for after release of custody need to be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has an application for a payee been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied:
Payee after ROC :	Phone:	
Relationship:	Email:	
Case Manager Notes:		
Adult Guardian		<input type="checkbox"/> N/A
Is there a statement from a designated professional (per K.S.A. 59-3064) stating that the individual lacks capacity and a guardian needs to be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does a referral need to be sent to the Kansas Guardianship Program*? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*please see PPM 10630</i>	Date referral packet sent to DCF Adult Protective Services:	
Proposed Adult Guardian Name:	Phone:	
Relationship:	Email:	
Case Manager Notes:		

Home and Community Based Services (HCBS) Waivers	
Brain Injury (BI) ages 0-64 <input type="checkbox"/> N/A	
Aging and Disability Rights Center (ADRC): 1-855-200-ADRC (2372)	
Local ADRC:	Address:
Contact:	Phone/Email:
Date of Functional Eligibility Assessment:	Results:
Has a BI Program Eligibility Attestation been completed by a medical professional: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date sent to ADRC:	
Medical Professional:	Phone/Email:
Case Manager Notes:	
Intellectual/Developmental Disability (I/DD) ages 5+ <input type="checkbox"/> N/A	
Local CDDO:	Address:
CDDO Contact:	Phone/Email:
Date Applied for I/DD Waiver:	Results:
Does a crisis exception to the I/DD waiver need to be made <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>if yes</i> , is there a task in their case plan that say they will transition to Adult Residential and Day Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Targeted Case Management Provider:	Address:
TCM Case Manager:	Phone/Email:
Medicaid MCO:	Number:
MCO Care Coordinator:	Phone/Email:
Case Manager Notes:	

Physical Disability Waiver (PD) ages 16-64		<input type="checkbox"/> N/A
Aging and Disability Rights Center (ADRC): 1-855-200-ADRC (2372)		
Local ADRC:	Address:	
Contact:	Phone/Email:	
Date of Functional Eligibility Assessment:	Results:	
Case Manager Notes:		
Technology Assistance (TA) ages 0-21		<input type="checkbox"/> N/A
Children's Resource Connection: 1-316-721-1945 or email crctaks@gmail.com		
Date MATLOC Assessment:	Assessor:	
Results:		
Case Manager Notes:		
Tasks to add to case plan for Social Security, Payee, Adult Guardian, and Home and Community Based Services:		
1.		
2.		
3.		

Section 3: My Support Network <i>Required for all youth ages 14 and older</i>	
<i>Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health?</i> <i>Who could you call for general/everyday support when you need it?</i>	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tasks to add to case plan to help build my support network <i>(family finding, set up visits/phone calls, refer to mentor/support program- examples: Big Brothers Big Sisters, Boys and Girls Club, etc.)</i>	
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Section 4: My Identifying Documents

Review for all youth ages 14 and older

*These important documents are critical for your transition to adulthood and are required for you to have before you leave care.
 What documents do you have and what do you still need before you leave care?*

Per DCF Policy, copies of third-party information may not be released without written permission from the originating source.

Vital Personal Documents	Current Document Status	Where is the document located?
An Official or Certified Copy of Birth Certificate	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Social Security Card issued by SSA	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued Photo Identification	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued Permit	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued License	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Educational History: <i>Copies of transcripts, report cards, names and addresses of schools attended, etc.</i>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Immunization Records	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Medical History: <i>Including current medical treatment, current providers, and medications</i>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Copy of Medical and Genetic Information	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Social History: <i>Including release of allowable records from time in custody</i>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated:	
Life Book	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated:	

The documents below are needed as youth attains age 18.

Copy of Consumer Credit Report	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Medicaid Card/Health Insurance information	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Voter Registration	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
DCF Custody Verification Letter	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Tribal Enrollment Card/Tribal Documentation	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Selective Service Registration	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Citizenship/Immigration Documents	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Healthcare Proxy or Medical Power of Attorney	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	

Do you have a safe place to keep your important documents when you are released custody? Yes No

Tasks to add to case plan to take to obtain my identifying document(s): *(update life book, request social history, apply for birth certificate, Social Security Card, State ID/Driver's License, register for selective service, etc.)*

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Section 5: Life Skills

Required for all youth ages 14 and older

What skills have you already learned and what areas you would like to strengthen?

Case teams may attach a copy of an assessment completed within the last 6 months by a CDDO or other waiver service agency that addresses the youth or young adult's life skills. (The CLSA does NOT meet this requirement)

Self-Care/Hygiene:

(bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, selecting and putting on clothes, exercise, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Laundry

(washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Healthy Living Environment:

(making bed, dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Grocery Shopping <i>(buying ingredients for a recipe, understanding sales/coupons, making healthy meal choices within a budget, etc.)</i>
Youth/Young Adult Input:
Worker/Supportive Adult(s) Assessment:
Cooking/M Meal Preparation <i>(feeding oneself, preparing meals that do not require cooking, preparing meals with ingredients, basics of cooking, kitchen safety, using stove and other kitchen appliances, etc.)</i>
Youth/Young Adult Input:
Worker/Supportive Adult(s) Assessment:
Communication Skills: <i>(understanding 1 and 2 step directions, asks simple questions, asking for help, knowing who to ask, active listening, etc.)</i>
Youth/Young Adult Input:
Worker/Supportive Adult(s) Assessment:

Accessing Community Resources/Public Transportation <i>(do you know who to ask for help with transportation, how to ride public transportation, obtain food, going to the doctor, etc.)</i>
Youth/Young Adult Input:
Worker/Supportive Adult(s) Assessment:
Have you completed a Casey Life Skills Assessment (CLSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Section 6: Youth Advocacy <i>Required for all youth ages 14 and older</i> <u>"Nothing About Us, Without Us!"</u>
Kansas Youth Advisory Council & Regional Youth Advisory Council
I have been to a Regional Youth Advisory Council (RYAC) event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
I have been to Kansas Youth Advisory Council (KYAC) event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
I am interested in KYAC and /or RYAC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
I would need help getting rides to KYAC and/or RYAC meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
KYAC Contact:
RYAC Contact:
Other Youth Advocacy Groups: <i>ex: Kansas Youth Empowerment Academy (KYEA), Youth Leaders in Kansas (YLinK), student groups, etc.</i>



Section 7: My Education Plan <i>Required for all youth ages 14 and older</i> <i>Plans for your educational and career goals.</i>			
Current or Most Recent School Attended:		Current Grade Level:	Highest grade completed:
Vocational Supports: <i>Do you have any of the following? (check below)</i>			
An Individualized Education Plan (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
An Education Advocate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If yes, what is their name?</i>			
Visual Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Deaf or Hard of Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Use of an Assistive Device for Learning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Other Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Specific IEP/504 Plan Accommodations:			
Are you participating in Pre-ETS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<i>if no, does a referral need to be made?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are under 16, please go to page 14.			
I intend to complete my (check below): (Ages 16 and older)			
<input type="checkbox"/> HS diploma at (name of school):		Number of Credits Earned:	
<input type="checkbox"/> GED at (name of institution/program):		Number of Tests Passed:	
<input type="checkbox"/> Obtain a Vocational Certificate at (name of school):			
<input type="checkbox"/> Post-secondary training/degree at (name of school):			
Highest Level of Education Completed (check below all that apply): (Ages 16 and older)			
<input type="checkbox"/> HS diploma at (name of school):			
<input type="checkbox"/> GED at (name of institution/program):			
<input type="checkbox"/> College Credits (name of institution/program):		Number of Credits Earned:	
<input type="checkbox"/> Technical Training (name of institution/program):			
I would like more information about the following:			
<input type="checkbox"/> A-OK Program	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Tuition Waiver	<input type="checkbox"/> First-Aid/CPR
<input type="checkbox"/> Contacting My School Counselor	<input type="checkbox"/> Applying for an Education Program	<input type="checkbox"/> College Campus Tours	<input type="checkbox"/> Military Enlistment
<input type="checkbox"/> Choosing Classes	<input type="checkbox"/> Applying for Scholarships	<input type="checkbox"/> Feeling Alone on Campus	<input type="checkbox"/> Bullying/Anti-Bullying
<input type="checkbox"/> Credit Recovery	<input type="checkbox"/> FAFSA Application	<input type="checkbox"/> TRIO/Upward Bound	<input type="checkbox"/> Sports/School Activities
<input type="checkbox"/> Dual Credit Classes	<input type="checkbox"/> Understanding Student Loans and Financial Aid	<input type="checkbox"/> Pre-Employment Transition Services (Pre-ETS)	<input type="checkbox"/> KU Transition to Postsecondary Education
<input type="checkbox"/> IEP/504 Plan	<input type="checkbox"/> Test Preparation (ACT/SAT)	<input type="checkbox"/> Educational Counseling	<input type="checkbox"/> Kansas Kids at GEAR UP
<input type="checkbox"/> Senate Bill 23 (Graduation requirements for youth in foster care) (KS Statute #38-2285)	<input type="checkbox"/> Obtaining Education with a Disability (Federal WIOA H.R. 803 Section 422)	<input type="checkbox"/> Vocational Rehabilitation Services (VR)	<input type="checkbox"/> Other:
Tasks to add to case plan to address educational goals and needs: <i>(Enroll, submit applications, talk to an advisor, scholarships, placement exams meet with school counselor, pick elective classes, purchase materials, pay registration fees, explore post-secondary education programs etc.)</i>			
1.			
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3.			

Section 8: My Health/Well-Being <i>Required for all youth ages 16 and older</i> <i>Taking care of yourself is important. Without health insurance, you could end up with large bills for having to see a doctor.</i>		
My Medicaid or other health insurance provider is: <i>(check below)</i>		
<input type="checkbox"/> United <input type="checkbox"/> Sunflower <input type="checkbox"/> Healthy Blue <input type="checkbox"/> Other:		
My Primary Care Doctor is:	Phone:	
My OB/GYN Doctor is:	Phone:	
My Eye Doctor is:	Phone:	
My Mental Health Provider is:	Phone:	
My Preferred Pharmacy is:	Phone:	
My Dentist is:	Phone:	
My Other Provider is:	Phone:	
My Other Provider is:	Phone:	
My Other Provider is:	Phone:	
Are you comfortable with the listed providers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you find these services helpful? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I know how to: <i>(check below)</i>		
<input type="checkbox"/> Schedule Appointments <input type="checkbox"/> Fill Prescriptions <input type="checkbox"/> Take Medications as Prescribed <input type="checkbox"/> Obtain/Use Birth Control <input type="checkbox"/> Ask for Help <input type="checkbox"/> Other:		
I take the following medications: <i>(list all medications and the reason they are prescribed):</i> or <input type="checkbox"/> I am not taking medications		
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Do you have any concerns with the medications you are taking? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you understand the short-term and/or long-term effects of the medications you are taking? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you plan to continue taking your prescribed medications after being released from custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If No, please work with your case manager to set up an appointment for medical guidance from a professional.</i>		

I would like more information on: <i>(check below)</i>		
<input type="checkbox"/> Changing Doctors	<input type="checkbox"/> Communicating with my Doctors	<input type="checkbox"/> Sobriety Support
<input type="checkbox"/> Scheduling Appointments	<input type="checkbox"/> Applying for Medical Insurance	<input type="checkbox"/> LGBTQIA2S+ Supports
<input type="checkbox"/> Filling Prescriptions	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Taking Medications as Prescribed	<input type="checkbox"/> Mental/Emotional Health	<input type="checkbox"/> Domestic Violence Resources
<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Abstinence/Sexual Health	<input type="checkbox"/> Renewing Health Insurance
<input type="checkbox"/> Obtaining/Using Birth Control	<input type="checkbox"/> Tobacco/Vape Use and Quitting	<input type="checkbox"/> Weight Management
<input type="checkbox"/> Healthy Habits	<input type="checkbox"/> Connecting to Community Resources	<input type="checkbox"/> Other:
Tasks to add to case plan for my health/well-being: <i>(scheduling appointments, refilling prescriptions, obtain medication, talking with doctor(s), changing providers, etc.)</i>		
1.		
2.		
3.		
Section 9: My Transportation Plan <i>Required for all youth ages 16 and older</i>		
I currently have the following transportation available to me <i>(check all that apply):</i>		
<input type="checkbox"/> Family/Friends <input type="checkbox"/> Placement/Caseworker <input type="checkbox"/> I have my own car <input type="checkbox"/> I borrow a car <input type="checkbox"/> Paid Ride Service/Taxi <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Other:		
I need transportation to: <i>(check all that apply)</i>		
<input type="checkbox"/> School <input type="checkbox"/> Employment <input type="checkbox"/> Recreation <input type="checkbox"/> Appointments <input type="checkbox"/> Complete My Restricted License <input type="checkbox"/> Other:		
My Legal Driving Status: <i>(check all that apply)</i> <input type="checkbox"/> N/A		
I currently have a: <input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Valid Restricted Driving Permit <input type="checkbox"/> Valid Learning Permit <input type="checkbox"/> Expired License/Permit <input type="checkbox"/> No Permit/License <input type="checkbox"/> Suspended License <input type="checkbox"/> Other:		
If you have a License, when does it expire?		
I am interested in getting my: <input type="checkbox"/> Driver's License <input type="checkbox"/> Restricted Driving Permit <input type="checkbox"/> Learning Permit <input type="checkbox"/> Taking Drivers Education <input type="checkbox"/> Completing Driving Hours <input type="checkbox"/> Practicing the Permit Test <input type="checkbox"/> Other:		
Case manager notes: <i>Please explain the transportation plans for the youth/young adult for their transition into adulthood</i>		
Tasks to add to case plan to address my transportation goals: <i>(enroll in driver's education, referral to We Kan Drive, go to DMV, explore public transportation, walk through how to use medical card to request transportation, save for vehicle, explore auto insurance rates, etc.)</i>		
1.		
2.		
3.		

Section 9: My Employment/Financial Plan <i>Required for all youth ages 16 and older</i>		
My Current Employment Status (<i>Check all that apply</i>): <input type="checkbox"/> Day School <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteering <input type="checkbox"/> Student <input type="checkbox"/> Active Job Search <input type="checkbox"/> Internship/Work Study <input type="checkbox"/> Unable to Work <input type="checkbox"/> No Work History <input type="checkbox"/> Other:		
If employed, where do you work?	How long have you had your current job?	
What are some jobs or careers that interest you? <i>What level of education and/or experience do you need to obtain that job/career?</i>		
Are you interested in any of the following programs:		
<input type="checkbox"/> DCF Vocational Rehabilitation (VR) Services	<input type="checkbox"/> DCF Pre-Employment Transition (Pre-ETS) Services	<input type="checkbox"/> KANSASWORKS Ticket to Work
Financial Awareness:		
Are you interested in learning how to budget your money? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
If yes, who has access to your account(s)?		
Would you like to open a checking/savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Who can help you set up a banking account?		
Do you understand fees that are associated with a bank and/or debit card? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Do you know how to check your credit report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
<i>Please describe the young adult's financial plans for adulthood:</i>		
Tasks to add to case plan to address my employment and financial goals: (<i>Open checking/savings account, referral to Pre-ETS or Vocational Rehabilitation Services, create a budget, take budgeting classes, create resume, apply for jobs, interview prep, understanding taxes, etc.</i>)		
1.		
2.		
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If you are under 17, please go to next section.

Section 10: My Housing Plan
Required for all youth ages 17 and older

I understand that DCF Independent Living does not provide placement/housing after release of custody Yes No

Where I currently live:

Foster Home Relative Non-Relative Group Facility Shelter Detention Secure Care Other:

My options for housing, once I am released are: (select all that apply)

<input type="checkbox"/> Relative(s)	<input type="checkbox"/> Friend/Non-Relative	<input type="checkbox"/> Current Placement	<input type="checkbox"/> Unsure Where I will Live
<input type="checkbox"/> Supportive Adult	<input type="checkbox"/> Transitional Living Program	<input type="checkbox"/> Shared Living	<input type="checkbox"/> Other:
<input type="checkbox"/> Adult Residential Community Setting	<input type="checkbox"/> Sober Living/Halfway House	<input type="checkbox"/> Apartment/House <i>If so, are you on the lease?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

What area(s) of the state/country would I like to live?

Who I plan to live with: (name, relationship, and address, if applicable):

Have you talked with them about household rules, financial expectations, etc.? Yes No

Do you need help talking about household expectations? Yes No

What is your plan if this housing option does not work out?

What steps have been taken to secure housing?

Applying for adult residential, touring adult residential/apartments, applying for low-income housing, purchased/obtained household items, signed housing related paperwork

Tasks to add to case plan to secure housing prior to release: (search/apply for housing, apply for public housing, tour facility, secure household items, etc.)

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If this section does not apply, please go to next section <input type="checkbox"/> N/A	
Section 11: Legal	
<i>Required for all youth ages 14 and older who have current or pending charges and/or convictions.</i>	
Next Court Date:	Type of Hearing:
Current charges:	
Pending charges:	
Past convictions:	
Counties charges/convictions are from:	
Court Services Officer:	Email/Phone:
Probation Officer:	Email/Phone:
Attorney:	Email/Phone:
Do you know how to contact these people? <input type="checkbox"/> Yes <input type="checkbox"/> No	When is your next meeting with your court services/probation officer?
Court Orders:	
Court Fines and Fees Owed:	
What are your plans for completing court orders and paying fines? <i>(If no identified plan, please include tasks below to address creating a plan)</i>	
How do your current/past charges and court orders create barriers to your transition into adulthood? <i>What supports/resources can be explored to address these barriers?</i>	
Tasks to add to case plan to address current and pending charges and/or convictions: <i>(paying fines, community service hours, seeking out expungement resources, talk to GAL about charges/convictions impact on transition, etc.)</i>	
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This Section to be Completed by Case Worker:

Summarize progress made since last transition plan meeting including narratives on progress towards obtaining adult social security, waiver services, guardianship, housing, and any other information needed for their transition into adulthood (required).

List any concerns that you have regarding the youth's plan to transition into adulthood.

Each entry shall include the name of the staff member completing the update and the date.

Large empty yellow box for case worker input.

Transition Plan for Successful Adulthood: Participant Signatures & Date of Completion	
<i>Youth feedback:</i> (comments)	<i>Concerns about your plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Youth/Young Adult Signature:	Date:
<i>Case Manager feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
CWCMP Case Manager Signature:	Date:
<i>DCF IL Coordinator feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
DCF IL Coordinator Signature:	Date:
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Youth or Young Adult Selected Supportive Adult Signature:	Date:
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Youth or Young Adult Selected Supportive Adult Signature:	Date:
Other Attendee Signature:	Date:
Other Attendee Signature:	Date:

Resources	
<p>Kansas Disability Rights Center (DRC): DRC has attorneys and advocates who provide free advocacy and legal services for Kansans with disabilities.</p>	<p>Website: www.drckansas.org Phone: 785-273-9661 Address: 214 SW 6th Ave Ste 100 Topeka, KS 66603</p>
<p>Social Security Administration (SSA): SSA administers retirement, disability, survivor, and family benefits, and enrolls individuals in Medicare.</p>	<p>Website: www.ssa.gov/agency/contact/ Phone: 1-800-772-1213</p>
<p>Kansas Guardianship Program: The Kansas Guardianship program is a volunteer-based model that provides guardianship or conservatorship services for vulnerable adults.</p>	<p>Website: www.ksgprog.org Phone: 785-587-8555 Address: 3248 Kimball Ave Manhattan, KS 66503</p>
<p>Kansas Department for Aging and Disability Services Home and Community Based Services (HCBS): HCBS provides oversight for a system of community-based supports and services for persons in Kansas with disabilities. Through this program, the state of Kansas is able to provide different services that allow those who need care to receive services in their homes or communities.</p>	<p>Website: www.kdads.ks.gov Phone: 785-368-6246 Address: 503 S. Kansas Ave Topeka, KS 66603 Web Search: KDADS HCBS Access Guide</p>
<p>Kansas Association of Centers for Independent Living: The Kansas Association of Centers for Independent Living (KACIL), is a member organization comprising eight (7) Centers for Independent Living (CILs) spanning the state. Centers provide services to people with all types of disabilities of all ages and all income levels through grant funded and fee for service programs.</p>	<p>Website: www.kacil.net/member-cil-directory Phone: 785-215-8048 Address: 214 SW 6th Ave Topeka, KS 66603</p>
<p>DCF Vocational Rehabilitation/Pre-ETS: Services for Kansans with disabilities to become gainfully employed and self-sufficient. PRE-ETS provides job exploration, counseling, and other services to help young people (16-21) prepare for employment and self-reliance.</p>	<p>Website: www.dcf.ks.gov/services/RS/Pages/Employment-Services.aspx</p>