

My Exit Plan

First Name:	Last Name:	Date of Birth:	Age:
FACTS Case Number:	Projected Release from Custody (ROC):	Date Completed:	Pronouns:

This form must be completed within 90 days prior to release from custody.
If the exit plan is unable to be completed within 90 days prior to release of custody due to extenuating circumstances and exception has been granted per PPM 0100 the exit plan shall be completed as soon as possible and no later than 45 days after release from custody.

This plan is to be completed with the youth, or young adult, case manager, aftercare case manager, DCF independent living coordinator, and any other identified support.
Revisions should ensure the youth or young adult's transition plan reflects accurate post-release information. Federal requirements are listed below and shall be addressed and finalized prior to release from custody.

After release, my contact information will be as follows: (Please fill in the information below.)

Address:

Email:

Phone:

Social Media:

If this plan falls through, the information for my back up plan is: (Please fill in the information below.)

Address:

Email/Phone:

Alternative Email or Social Media Contact:

Do you have any children? Yes No If yes, how many?
 Are you currently expecting a child? Yes No If yes, how many?
If you have children or are expecting a child, what services are you receiving to assist you and your children? (list below)

Check the box(s) for documents you have in your possession:

<input type="checkbox"/> State Photo Identification	<input type="checkbox"/> Medical Card	<input type="checkbox"/> Citizenship/Immigration Documents
<input type="checkbox"/> Life book	<input type="checkbox"/> Social Security Card (<i>not a copy</i>)	<input type="checkbox"/> Driver's License (<i>currently valid</i>)
<input type="checkbox"/> Copy of Immunization Records	<input type="checkbox"/> Educational Records	<input type="checkbox"/> Diploma/GED
<input type="checkbox"/> Medical Power of Attorney, if requested		<input type="checkbox"/> Letter Verifying Custody
<input type="checkbox"/> Copy of the PPS 5340 Medical and Genetic Information for Child		
<input type="checkbox"/> Original or Certified Copy of Birth Certificate		

If planning to finish your high school diploma or GED, have you enrolled in classes? Yes No N/A
 If planning to attend college or other training program, have you enrolled in classes? Yes No N/A
 If planning to work, are you employed? Yes No N/A
If yes, where do you work?

<p>List the name, address, and phone number of people who would know how to contact you after release from custody. Please add additional pages if needed</p> <p>(By providing emergency contact information, I agree to allow DCF to contact these individuals in efforts to locate me. I understand that DCF will not release any information about my case to these contacts.)</p>		
1. Name:	Phone:	
Relationship:	Email:	
2. Name:	Phone:	
Relationship:	Email:	
3. Name:	Phone:	
Relationship:	Email:	
4. Name:	Phone:	
Relationship:	Email:	
5. Name:	Phone:	
Relationship:	Email:	
<p>The National Youth in Transition Database (NYTD) helps Kansas measure success in preparing youth for the transition from foster care to adult living by surveying youth at 17, 19, & 21 years of age.</p> <p><i>You may be contacted at age 19 and 21 and asked to complete a survey by DCF Independent Living staff.</i></p> <p>If you have any NYTD questions, please email: KS.NYTD@def.ks.gov</p>		
<p><u>Medical Power of Attorney:</u> (Federal Reg. 475(1) F)</p> <p><i>It is important that you choose a trusted adult to support you in case there is an emergency and you become unable to make medical decisions for yourself. Having a Medical Power of Attorney will protect you in emergency situations. This adult would make decisions for you only if you were seriously injured, critically ill, or became unable to speak regarding medical treatment. If you do not have a formal Medical Power of Attorney, then you risk having someone that you may not trust making these decisions for you.</i></p> <p><i>When you select a trusted adult for this document, we can help you obtain the needed document.</i></p>		
<p>Have you selected a trusted adult to make important decisions regarding emergency medical treatment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like more information</p>		
<p>Do you have documentation for your selected Medical Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like more information</p>		
<p>The person who I would like to list as my "Medical Power of Attorney":</p>		
Name:	Phone:	Email:
<p><u>Living Will:</u></p> <p><i>A living will is a document that outlines your wishes for medical care if you are terminally ill or permanently unconscious. It can include instructions for life-sustaining treatments, resuscitation, feeding tubes, and assisted breathing. A living can also include your religious or philosophical beliefs. A living will only apply while you are alive but incapacitated and ends when you die.</i></p>		
<p>Are you interested in obtaining a living will? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like more information</p>		

<input type="checkbox"/> N/A		Legal	
Do you have past criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Do you have current criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Details on past, current, and pending charges and/or convictions:			
Court Orders:			
Court Fines Owed:			
What are your plans for completing court orders and paying fines?			
Court Services Officer:		Email/Phone:	
Probation Officer:		Email/Phone:	
Attorney:		Email/Phone:	
What services/supports are you interested in receiving after release, if eligible? Check all that apply:			
<input type="checkbox"/> Life Skills	<input type="checkbox"/> Aged Out Medical Card	<input type="checkbox"/> Independent Living Subsidy	
<input type="checkbox"/> Case Management	<input type="checkbox"/> Accessing Medical Services	<input type="checkbox"/> Start Up Assistance	
<input type="checkbox"/> Food Assistance	<input type="checkbox"/> Accessing Mental Health	<input type="checkbox"/> Post Secondary Education	
<input type="checkbox"/> Childcare Assistance	<input type="checkbox"/> Employment Services	<input type="checkbox"/> Education and Training Vouchers (ETV)	
<input type="checkbox"/> Community Resources	<input type="checkbox"/> Pre-ETS/Voc. Rehab Services	<input type="checkbox"/> Tuition Waiver	
<input type="checkbox"/> Crisis Care Information	<input type="checkbox"/> Mentor Program Referral	<input type="checkbox"/> Other:	
<input type="checkbox"/> Section 8/FYI/Public Housing Referral	<input type="checkbox"/> High School/GED Completion		
Exit Plan Participant Signatures & Date of Completion			
Youth's Signature		Date	
Case Manager's Signature*		Date	
Aftercare Case Manager's Signature*		Date	
DCF IL Coordinator or Designee's Signature		Date	
CWCMP after exit interview is completed:			
Send the Final PPS 3059 My Plan for Successful Adulthood forms along with the completed Exit Plan to the DCF Independent Living regional email for the region where the youth will be located or has requested services, along with the DCF NYTD email (KS.NYTD@dcf.ks.gov).			
<u>Upon exit from care, all provider shall attach copies of the following as applicable: the young adult's identifying documents, PPS 3050 series, PPS 3059C and send to regional DCF IL teams. If a young adult is transitioning out of foster care to live in another state after release, case teams shall include documentation that Medicaid has been applied for and IL services have been obtained.</u>			

**by signing this, I confirm that information for any services and supports marked interested in after release have been provided to the young adult prior to or during this exit interview meeting*

Resources after Release of Custody (ROC)	
<i>To be completed by CWCMP and provided to the young adult prior to release of custody</i>	
CWCMP Aftercare Contact Information:	
Name:	Office Location:
Phone:	Email:
Aftercare Emergency Contact Line:	
DCF Independent Living Coordinator Contact Information:	
Name:	Office Location:
Phone:	Email:
Regional Group Email:	
Local Resources:	
Emergency Shelter(s):	
Food Resource(s):	
Community Mental Health Center(s):	
Rental and Utility Assistance:	
Other Local Resource(s):	
Other Local Resource(s):	
State/National Resources:	
Mobile Crisis Helpline Available for all Kansans 20 years old or younger, including anyone in foster care or formerly in foster care to find resources and support.	Call: 833-441-2240
United Way Call, text, or search United Way website to find food, shelter, parenting, and other resources across the country	Call: 211 Text: Your zip code to 898-211 https://211kansas.myresourcedirectory.com/
National Suicide Prevention Lifeline The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.	Call or Text: 988 https://988lifeline.org/chat/
Parent Helpline Kansas Children’s Service League (KCSL) provides judgement-free parenting support 24/7 in English and Spanish as well as 200 additional languages.	Call: 1-800-CHILDREN (1-800-244-5373) Text or Email: 1800children@kcsl.org
Trevor Lifeline Leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning youth	Call: 1-866-488-7386 Text: Text ‘Start’ to 678-678 https://www.thetrevorproject.org/get-help/
Kansas and National Domestic Violence Hotline Advocates are there to listen without judgement and help you begin to address what’s going on in your relationship. Services are always free and available 24/7	Call: 1-800-799-7233 (National) Call: 1-888-363-2287 Text: ‘START’ to 88788 https://www.thehotline.org/
National Human Trafficking Resource Center Hotline Hotline for situations involving all forms of sex and labor trafficking.	Call: 1-888-373-7888 (888-3737-888) Text: INFO’ or ‘HELP’ to BeFree (233-733) https://humantraffickinghotline.org/en/chat
If you are having a life-threatening medical or mental health emergency, please call 9-1-1 or go to the nearest emergency room.	