

# SEMI-ANNUAL TRANSITION PLAN REPORT

## Michigan Department of Human Services

**Directions:** The Semi-Annual Transition Meeting must be held every 6 months beginning at the youth's 16<sup>th</sup> birthday. The youth must be involved in all aspects of this meeting and the permanency plan. All areas of this plan must be thoroughly discussed with the youth. The youth must receive a copy of the completed plan at the end of the meeting. The original copy must be kept in the case file.

Youth Information			
Last Name:	First Name	Middle Initial	Case Number:
Birth Date:	Age:	Gender	County of Jurisdiction:
Address:			DHS Worker or Monitor Name:
City, Zip:			Worker Phone:
Phone:			Worker Email:
Alternative Phone (cell, relative, etc):			Tribal Worker Name:
Legal Status:			Worker Phone:
<input type="checkbox"/> Temporary Court Ward			Worker Email:
<input type="checkbox"/> Permanent Court Ward			DHS Supervisor Name:
<input type="checkbox"/> MCI Ward			Supervisor Phone:
<input type="checkbox"/> Dual Ward			Supervisor Email:
<input type="checkbox"/> Young Adult Voluntary Foster Care			PAFC Worker Name:
Estimated Date of Release from Foster Care:			Worker Phone:
Date/Time Held:			Worker Email:
Site Location:			PAFC Supervisor Name:
Names of those present and roles:			Supervisor Phone:
Date of Next Meeting (if applicable):			Supervisor Email:
			CMH Worker Name:
			CMH Worker Phone:
			Worker Email:
			GAL Name:
			GAL Phone:
			GAL Email:

Independent Living Skills	
1. What areas of independent living skills are needed? (check all that apply)	<u>Date Completed</u>
<input type="checkbox"/> Daily Living	
<input type="checkbox"/> Meal Planning/Cooking	
<input type="checkbox"/> Buying Groceries	
<input type="checkbox"/> Can Do Own Laundry	
<input type="checkbox"/> Housekeeping	
<input type="checkbox"/> Preventive Health Services	
<input type="checkbox"/> Personal Hygiene	
<input type="checkbox"/> Basic First Aid	

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## Housing

### Current Housing Status

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Own Apartment     | <input type="checkbox"/> College Dorm       | <input type="checkbox"/> Remain in current foster home |
| <input type="checkbox"/> Relative          | <input type="checkbox"/> Legal Guardianship | <input type="checkbox"/> SIL/IL                        |
| <input type="checkbox"/> Biological Family | <input type="checkbox"/> Supportive Adult   | <input type="checkbox"/> Friends                       |
| <input type="checkbox"/> Adult Foster Care | <input type="checkbox"/> Military Housing   | <input type="checkbox"/> Other (explain):              |

### Emergency Shelters within a 30-mile radius (if ever needed)

Name:

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:

1. Has the youth participated in home maintenance classes? ☐ Yes ☐ No ☐ N/A
  - If yes, when?
  - If no, specify the plan for the youth obtaining the classes or why N/A:
    - Who, and by what date, will assist the youth in completing these tasks? (Identify by name and title)
2. Has the youth participated in rental responsibility classes? ☐ Yes ☐ No ☐ N/A
  - If yes, when?
  - If no, specify the plan for the youth obtaining the classes or why N/A:
    - Who, and by what date, will assist the youth in completing these tasks? (Identify by name and title)
3. Has a sample rental application been completed and attached? ☐ Yes ☐ No ☐ N/A
4. Has the youth developed and completed a sample monthly budget? ☐ Yes ☐ No ☐ N/A
  - If yes, is it attached?
  - If no, specify the plan for the youth obtaining this or why N/A:
    - Who, and by what date, will assist the youth in completing these tasks? (Identify by name and title)
5. Has a MSHDA or housing resource referral been made? ☐ Yes ☐ No ☐ N/A
  - If yes, when and to which housing resource?
  - If no, specify the plan for making the referral or why N/A:
    - Who, and by what date, will assist the youth in completing these tasks? (Identify by name and title)
6. Has a Section 8 referral been made? ☐ Yes ☐ No ☐ N/A
  - If yes, when?
  - If no, specify the plan for making the referral or why N/A:
    - Who, and by what date, will assist the youth in completing these tasks? (Identify by name and title)

## Education

### Current Education Status

1. Is the youth currently enrolled in and attending school? ☐ Yes ☐ No
  - If yes, where?

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- Is the youth receiving special education services? ☐ Yes ☐ No ☐ N/A
  - Does the youth have an IEP? ☐ Yes ☐ No ☐ N/A
    - If yes, is it attached? ☐ Yes ☐ No ☐ N/A
    - Number of current credits \_\_\_\_\_ Number needed to graduate \_\_\_\_\_
  - If the youth does not have an IEP, what are the youth's education needs and who will be assisting?
    - If the youth needs an IEP, who will take the lead in advocating for the youth receiving an IEP?

- If no, has the youth obtained a high school diploma? ☐ Yes ☐ No ☐ N/A
  - If yes:
    - School Attended:
    - Date Obtained:
- If no, specify the plan for the youth achieving his/her diploma or GED or why N/A:
  - Who, and by what date, will assist the youth in completing the plan? (Identify by name and title)

2. Will the youth obtain a high school diploma or GED prior to transition out of foster care? ☐ Yes ☐ No

### Junior Year of High School

3. Has the youth been determined eligible for TIP? ☐ Yes ☐ No ☐ N/A
- If no, is the youth expected to be eligible? ☐ Yes ☐ No ☐ N/A
  - If yes, has the application been completed for TIP? ☐ Yes ☐ No ☐ N/A
    - If no, specify the plan for the youth obtaining the TIP application:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)

4. Has the following information been provided to the youth?

- DHS-944, Foster Youth: Tips for completing the Free Application for Federal Student Aid (FAFSA)? ☐ Yes ☐ No ☐ N/A
  - If no, specify when the form will be given to the youth or why N/A:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
- DHS-945, Financial Aid Form: Verification of Court/State Ward Status? ☐ Yes ☐ No ☐ N/A
  - If no, specify when the form will be given to the youth or why N/A:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
- Pub-150, Financial Aid Information for Foster Youth? ☐ Yes ☐ No ☐ N/A
  - If no, specify when the form will be given to the youth or why N/A:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)

5. Has the youth taken the ACT/SAT before the senior year? ☐ Yes ☐ No ☐ N/A

- If no, specify the plan for completing this or why N/A:
  - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)

6. Has the youth taken any steps in exploring colleges/universities/vocational schools they would like to attend?

☐ Yes ☐ No ☐ N/A

- If no, specify the plan for the youth obtaining college information:
  - Who, and by what date, will assist the youth in completing this plan? (Identify by name and title)

7. Does the youth have any plans for college visits? ☐ Yes ☐ No ☐ N/A

- If no, specify the plan for the youth obtaining this or why N/A:
  - Who, and by what date, will assist the youth in completing this plan? (Identify by name and title)
- If yes, when and where are the college visits:

### Senior Year of High School

**Beginning the senior year, NO LATER than the end of the fall semester, youth need to apply to colleges/universities/trade schools of their choice.**

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8. Has the youth applied for post secondary education? (college, university, trade school) ☐ Yes ☐ No
- If yes, where?
9. Has the TIP eligibility letter been received? ☐ Yes ☐ No
- If no, specify the plan for the youth obtaining the TIP eligibility letter prior to high school graduation or GED completion (the TIP office can be reached at 1-888-4GRANTS):
- Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
10. Has the following information been provided to the youth? Date Provided Date Completed
- ETV information: ☐ Yes ☐ No
  - FAFSA information: ☐ Yes ☐ No
11. If post-secondary education is not an appropriate goal, what is the goal?
- Who, and by what date, will assist the youth in completing the plan? (Identify by name and title)

### Employment

1. Is the youth currently employed? ☐ Yes ☐ No ☐ N/A
- If yes: ☐ Full Time ☐ Part Time ☐ Contingent
- Current Employer Name:
- Address:
2. Does the youth have work experience? ☐ Yes ☐ No
- If yes, where:
3. Does the youth have volunteer experience? ☐ Yes ☐ No
- If yes, where:
4. If the response is "No" to questions 1, 2, and 3, is the youth working with a community resource/employment agency ☐ Yes ☐ No ☐ N/A
- If yes:
    - Dates:
    - Contact Person:
    - Agency:
  - If no, specify the plan for whom will be making the referral for the youth to begin participating in a community resource/employment agency or why N/A?
    - When will he/she be signed up?
5. Has youth been referred to the local Michigan Works! Agency (MW!A) via Referral Form, DHS-348? ☐ Yes ☐ No ☐ N/A
- If yes, are services being received? ☐ Yes ☐ No ☐ N/A
    - If no, who, and by what date, will follow-up with MW!A:
  - If no, who, and by what date, will make a referral or why N/A:
6. Does the youth need to be referred to Michigan Rehabilitation Services? ☐ Yes ☐ No ☐ N/A
- If yes, when was he/she referred?
  - If no, who, and by what date, will assist the youth with this task or why N/A:

### Transportation

#### Current Transportation Status

- ☐ Public Transportation
- ☐ Bike
- ☐ Walking
- ☐ Has own vehicle
- Does the youth have car insurance? ☐ Yes ☐ No
  - If yes, with whom?
    - What is the youth's source of funds for insurance (family friends, job, etc.):
  - If no, specify the plan for the youth obtaining car insurance and the anticipated completion date:
    - What, if any, are the challenges?
    - Who, and by what date, will assist the youth with these challenges? (Identify by name and title)

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1. Does the youth have a driver's license? ☐ Yes ☐ No
  - If no, does the youth need driver's education? ☐ Yes ☐ No
    - If yes, specify the plan for the youth obtaining driver's education: (when he/she will be enrolled, where, YIT Payment)
    - Who, and by what date, will assist the youth with this task? (Identify by name and title)
2. Who will be assisting the youth with transportation goals, and in what way? (Identify by name and check all that apply)
  - ☐ Foster Parents:
  - ☐ Support Adult:
  - ☐ Community Agency:
  - ☐ Youth:
  - ☐ Other (explain):

### Michigan Youth Opportunities Initiative (MYOI)

1. Does the youth participate with MYOI? ☐ Yes ☐ No ☐ N/A
  - If yes, are they currently active? ☐ Yes ☐ No ☐ N/A
  - If no, has a referral been made? ☐ Yes ☐ No ☐ N/A
    - If no, specify the plan for the youth obtaining a referral:
      - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
2. Has the youth participated in financial literacy training? ☐ Yes ☐ No ☐ N/A
  - If yes, specify the dates of attendance:
  - If no, specify the plan for obtaining literacy training or why N/A:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
3. If the youth is a participant of MYOI, do they have any of the following? (Check all that apply)
  - ☐ Checking account ☐ Savings account ☐ Individual Development Account (IDA)

### Finances

1. Does the youth have a Checking Account? ☐ Yes ☐ No ☐ N/A
  - If yes, bank name and location:
  - If no, specify the plan for the youth obtaining a checking account or why N/A:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
2. Does the youth have a Savings Account open? ☐ Yes ☐ No ☐ N/A
  - If yes, bank name and location:
  - If no, specify the plan for the youth obtaining a savings account or why N/A:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
3. Does the youth know how to use a bank/credit union? ☐ Yes ☐ No
  - If no, specify the plan for the youth obtaining this information:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
4. Does the youth know how to balance a check book? ☐ Yes ☐ No
  - If no, specify the plan for the youth obtaining this information:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
5. Does the youth understand the responsibility and use of a debit card? ☐ Yes ☐ No
  - If no, specify the plan for the youth obtaining this information:

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- Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
6. Does the youth understand the responsibility and use of a credit card? ☐ Yes ☐ No
- If no, specify the plan for the youth obtaining this information:
- Who, and by what date, will assist the youth in completing this task? (identify by name and title)
7. Has a credit check been completed on the youth in the last 12 months? ☐ Yes ☐ No
- If yes, what were the results?
  - If no, specify the plan for this to be completed prior to the youth's discharge:
- Who, and by what date, will complete this?

### Health / Medication

1. Does the youth have Medicaid health coverage? ☐ Yes ☐ No ☐ N/A
- If yes, what is the Medicaid ID number:
  - Which Medicaid Health Plan (MHP) is the youth enrolled in?
  - If no, specify the plan for the youth obtaining Medicaid health coverage or why N/A:
- Who, and by what date, will assist the youth in completing this plan? (Identify by name and title)
2. Does the youth have any other health coverage? ☐ Yes ☐ No ☐ N/A
- If yes, identify the Insurance Company Name, Policy or Contract Number, Group Number and Insurance Member Contact Phone Number.
- Does the youth have a copy of the private insurance card? ☐ Yes ☐ No
3. Has the youth received information about the Foster Care Transitional Medicaid should they become eligible?  
☐ Yes ☐ No ☐ N/A
- If no, specify the plan for the youth obtaining this information or why N/A:
- Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
4. Does the youth have a mihealth card (Medicaid card)? ☐ Yes ☐ No ☐ N/A
- If no, specify the plan for the youth obtaining their Medicaid card or why N/A:
- Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
5. Does the youth have the Medicaid Health Plan (MHP) member ID card? ☐ Yes ☐ No
- If yes, list:
6. Has the youth received information about durable Power of Attorney for Health Care? ☐ Yes ☐ No ☐ N/A
- If yes, was one established?
  - If no, specify the plan for the youth obtaining this information.
  - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)

Current Medications (list all and dosage):

Doctor's Name and Phone Number:

Psychiatrist's Name and Phone Number:

Dentist's Name and Phone Number:

Nearest Urgent Care or ER and Phone Number:

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### Emotional / Mental Health

1. Does the youth currently have emotional/mental health support? ☐ Yes ☐ No ☐ N/A
  - If yes, ☐ Community Mental Health  
☐ Private/contracted counselor  
☐ Clergy/Youth Pastor  
☐ Other, (explain):
  - If no, specify the plan for the youth obtaining support or why N/A:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
2. Does the youth have a plan to meet their emotional/mental health needs? ☐ Yes ☐ No ☐ N/A
  - If yes, explain:
    - Is this plan sustainable after the youth's FC case closes?
  - If no, specify the plan for the youth obtaining this or why N/A:
    - Who, and by what date, will assist the youth in completing this plan? (Identify by name and title)

Mental Health Provider and Phone Number:

Emergency Mental Health Phone Number:

### Substance Abuse

1. Is substance abuse an identified need for the youth after he/she is discharged from foster care? ☐ Yes ☐ No ☐ N/A
  - If yes, are there identified funds to provide for services? ☐ Yes ☐ No
    - What referrals have been made?
2. Is the youth receiving substance abuse counseling services? ☐ Yes ☐ No ☐ N/A
  - If yes, identify the agency and counselor:
  - If no, specify the plan for the youth obtaining services:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
3. Is the youth aware of substance abuse resources in the community where he/she will reside? ☐ Yes ☐ No ☐ N/A
  - If no, specify the plan for the youth obtaining this information:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)

### Social / Relational

1. Has the youth received information regarding Family Planning? ☐ Yes ☐ No ☐ N/A
  - If no, specify the plan for the youth obtaining this information:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
2. Has the youth received information regarding preventing dating/domestic violence? ☐ Yes ☐ No ☐ N/A
  - If no, specify the plan for the youth obtaining this information or why N/A:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
3. Has the youth received information regarding LGBTQ issues? ☐ Yes ☐ No ☐ N/A
  - If no, specify the plan for the youth obtaining this information or why N/A:
    - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)

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4. Is the youth able to go to the church of his/her choice? ☐ Yes ☐ No ☐ N/A
- If no, specify the plan for the youth obtaining this information or why N/A:
  - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
5. Is youth aware of recreational facilities, such as community centers, YMCA, YWCA? ☐ Yes ☐ No ☐ N/A
- If no, who, and by what date, will assist youth with locating these:

### Parenting

1. Is the youth an expectant parent? ☐ Yes ☐ No
- If yes, when is the due date:
2. Is the youth a teen parent or fathered any children? ☐ Yes ☐ No
- If yes, the number of children and their ages:
- If the answers to #1 and #2 are no, skip to mentor section.
3. Are the children residing with the youth? ☐ Yes ☐ No
- If yes, is child care needed? ☐ Yes ☐ No
  - If yes, has a referral been made to the Child Care Coordinator:
  - Referral date and referral source:
  - If no, with whom are the children living? (Provide name and relationship to children)
4. Is CPS involved? ☐ Yes ☐ No
- If yes, what is the worker's name and phone number:
  - Does the youth have visitation rights? ☐ Yes ☐ No
  - If yes, how often?
  - If no, specify the plan for the youth obtaining visitation rights:
  - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
  - Specify the plan for the youth getting their children back:
  - Who, and by what date, will assist the youth? (Identify by name and title)
5. Is the youth involved in a Parenting Program? ☐ Yes ☐ No ☐ N/A
- If yes, list the agency:
  - If no, specify the plan for obtaining youth involvement or why N/A:
  - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
6. Is the youth receiving WIC? ☐ Yes ☐ No ☐ N/A
- If yes, what is the worker's name and phone number, and referral date:
  - If no, specify the plan for obtaining a referral or why N/A:
  - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
7. Is the youth participating with Early On? ☐ Yes ☐ No ☐ N/A
- If yes, what is the worker's name and phone number, and referral date:
  - If no, specify the plan for obtaining youth participation or why N/A:
  - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
8. Is the youth's child(ren) receiving Infant Mental Health services? ☐ Yes ☐ No ☐ N/A
- If yes, what is the worker's name and phone number, and referral date:
  - If no, specify the plan for obtaining these services or why N/A:
  - Who, and by what date, will assist the youth in completing this task? (Identify by name and title)
9. Is youth aware of what services DHS can offer in emergencies: ☐ Yes ☐ No
- If no, who, and by what date, will assist the youth with finding out what is available:



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### Mentor / Supportive Adult

1. Does the youth have an identified mentor? ☐ Yes ☐ No
- If no, has the youth requested a mentor? ☐ Yes ☐ No
    - Who, and by what date, will assist with identifying a mentor?  
(Identify by name and title)
  - If yes, who is the mentor for the youth? (Identify by name and title and check all that apply)
    - ☐ Foster parent:
    - ☐ Supportive adult:
    - ☐ Teacher:
    - ☐ Foster Care Worker:
    - ☐ Relative:
    - ☐ Friend:
    - ☐ Other (explain):

### Supportive Adult / Support System

Summarize the significant relationships and commitments made to the youth:

1. Name of Supportive Adult: Relationship to Youth:
- Address:  
City, State and Zip Code:  
Phone Number: Email Address:
- Type of Support Offered (advice, emergency housing, career guidance, place to go for holidays, help with finances):
2. Name of Supportive Adult:  
Address:  
City, State and Zip Code:  
Phone Number: Email Address:
- Relationship to Youth:  
Type of Support Offered (advice, emergency housing, career guidance, place to go for holidays, help with finances):

### Youth's Strengths (including culture, spirituality, hobbies, interests)

### Additional Needs (not covered in other areas)

### Additional Notes

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### Signatures

Youth Name	Youth Signature	Date
DHS FC Caseworker or Monitor Name	DHS FC Caseworker or Monitor Signature	Date
PAFC Caseworker Name	PAFC Caseworker Signature	Date
Facilitator Name (if applicable)	Facilitator Signature (if applicable)	Date
Supervisor Name (if applicable)	Supervisor Signature (if applicable)	Date

Date \_\_\_\_\_

### Youth Confidentiality Statement

**I understand that sensitive and confidential information regarding my case (including, but not limited to treatment and records of substance abuse, mental health and/or medical issues) may be discussed at this meeting for purposes of case planning. I give my permission for this information to be discussed and understand that I can revoke my consent to these discussions and/or request the exclusion of individuals from certain conversations or can end my participation in this meeting. I also understand, that any new information regarding possible allegations of child abuse or neglect must be reported to Child Protective Services.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Team Member Confidentiality Statement:

**In accordance with the policies of Michigan Department of Human Services (DHS) and any applicable provisions of the Michigan law, I understand that as a member of this Family Team Meeting (FTM) I will have access to confidential information about an individual's or a family's involvement with DHS. I understand that my access to this information is limited strictly to the information necessary to carry out my role as part of the family team. I will not share information received at a team meeting concerning a youth or family member with anyone including other family members, friends of the family or professionals who are not a part of the FTM. Any new information regarding possible allegations of child abuse or neglect must be reported to Child Protective Services.**

Print Name: _____	Print Name: _____	Print Name: _____
Signature: _____	Signature: _____	Signature: _____
Role: _____	Role: _____	Role: _____
Print Name: _____	Print Name: _____	Print Name: _____
Signature: _____	Signature: _____	Signature: _____
Role: _____	Role: _____	Role: _____
Print Name: _____	Print Name: _____	Print Name: _____
Signature: _____	Signature: _____	Signature: _____
Role: _____	Role: _____	Role: _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.