

INDEPENDENT LIVING TRANSITION PLAN

Use of form: Use of this form is voluntary. The form may be used to develop the required Independent Living Transition Plan (ILTP) for youths in and exiting out-of-home care placements that are eligible for and receiving independent living services. The information collected in the ILTP will be utilized for planning and service delivery, and the plan will be maintained as part of the youth's permanent record. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

The Independent Living Transition Plan must be based on areas of need as determined by the assessment and youth's self-goals. Goals should contain measurable outcomes, identify persons responsible for implementation, and timelines for completion. If potential barriers exist, these should be identified and addressed to ensure successful goal attainment.

GOAL AREAS AND OUTCOMES

1. Knowledge / Use of Community Resources and Support Systems

Includes, but is not limited to, natural supports, connections, mentors, and transportation.

2. Education

Includes, but is not limited to, high school education, and postsecondary education or training.

3. Safe and Stable Living Arrangements

Includes, but is not limited to, plan for placement, where living now, where going and how to get there.

4. Career Planning and Employment

Includes, but is not limited to, career planning, volunteerism, community service, and work-related experience.

5. Financial Self-Sufficiency

Includes, but is not limited to, attainment of financial resources, and money management.

6. Health and Medical

Includes, but is not limited to, health education, prevention, and development of good health behaviors.

7. Additional Goals

The Independent Living Transition Plan must be reviewed / updated every six months or when placement changes.

Review Date (mm/dd/yyyy)

Review Date (mm/dd/yyyy)

Plan for transitioning from out-of-home care to Independent Living

Projected moving date: _____
(mm/dd/yyyy)

Transition Plan - Describe.

Significant Relationships

1. Name	Relationship to Youth	Telephone Number
Address - Home (Street, City, State, Zip Code)		
Mailing Address (If different than above)		
Additional Contact Information		

2. Name	Relationship to Youth	Telephone Number
Address - Home (Street, City, State, Zip Code)		
Mailing Address (If different than above)		
Additional Contact Information		

3. Name	Relationship to Youth	Telephone Number
Address - Home (Street, City, State, Zip Code)		
Mailing Address (If different than above)		
Additional Contact Information		

4. Name	Relationship to Youth	Telephone Number
Address - Home (Street, City, State, Zip Code)		
Mailing Address (If different than above)		
Additional Contact Information		

AUTHORIZATION

I give my permission for the agency worker to contact any or all of the above persons as needed in order for the worker to locate / contact me. This consent is valid through _____
(mm/dd/yyyy)

SIGNATURE – Youth

Date Signed