Independent Living Transition to Discharge (ILTD) Plan Writing Guide

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Division of Safety and Permanence

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ILTD WRITING GUIDE

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INTRODUCTION

The Independent Living Transition to Discharge (ILTD) Plan is required per federal law, state law, and DCF Ongoing Service Standards for young adults likely to discharge from out-of-home care (OHC) at age 18 or older. This writing guide is intended to increase child welfare agency (CWA) child welfare professionals' (CWP) familiarity and comfort with the ILTD and aid in their fulfillment of associated requirements. DCF staff created this guide to help provide clarity about and increase efficiency during a crucial stage in a youth's child welfare experience, particularly during discharge planning. The ILTD is the young adult's roadmap for "what comes next" after they leave OHC, including which people and resources can help them, both in the short and longer term. The plan is intended to be detailed, thoughtful, realistic, and personalized to the individual young person by being informed by and aligned with their wants, needs, and goals. As such, the youth shall drive the ILTD development process with the CWP's assistance.

The ILTD is most useful when considered a living document. Though it must, at minimum, be started no later than when a youth in OHC turns 17.5 and be filled in by 90 days prior to the youth turning 18 (17 and 9 months), the CWP and the youth shall consider the plan a living document that will likely change and evolve as the youth's discharge date approaches. The CWP and youth should review and update the ILTD on a regular basis. For youth expected to stay in extended OHC up to age 21, the ILTD still must be started at 17.5 and should be regularly updated leading up to the youth's eventual discharge.

The CWA CWP is responsible for coordinating ILTD discussions and plan development including, but not limited to:

- scheduling and leading ILTD meetings;
- including supportive individuals from the youth's network, as identified by the youth, in discharge planning;
- filling in and updating the ILTD tab in eWiSACWIS;
- providing the youth with a copy of the filled-in ILTD prior to discharge;
- securing the youth's vital documents and providing them to the youth prior to discharge; and
- facilitating the youth's transition from OHC in other ways such as referring them to regional independent living (IL) services provided by the Transition Resource Agency (TRA) in their area.

Portions of the ILTD are also relevant to, and even populate directly into, other forms. These include:

- DCF-F-CFS2132-E: Permanency Plan
    - See also the Permanency Plan Writing Guide (DCF-P-5550)
- DCF-F-5030-E: Voluntary Transition to Independent Living Agreement (VTILA)
- DCF-F-5043-E: Determination of Eligibility

Things to Consider when an ILTD is due

Have a discussion with the young person about their discharge from care. Though ILTD requirements become effective when the youth turns 17.5, initial conversations with the youth about their future wants, needs, and goals, and the planning related to those can and should start earlier and be conducted in a trauma-informed way. For *any* person, changes in housing,

supports, or other big life domains is daunting; this is especially true for youth exiting OHC, not least of all because they each have experienced trauma. Initial conversations with the youth about their transition should be based on their hopes and dreams for the future, with the more concrete planning happening incrementally thereafter.

For example, the CWP should check in with the youth about how they are feeling about their transition from care, including key anxieties, areas of excitement, hopes, goals, questions, who they can turn to for support, and more. Have them identify who they want to have participate in their discharge conversations and planning. The CWP can even show the youth the ILTD form in advance so they know what to expect, and/or provide resources such as FosterClub's Transition Toolkit so they have something to reference and work on in between your touch-bases. The youth's input is important throughout ongoing case management and can be the seeds for eventual ILTD plan development. As a reminder, ILTD plan completion should be iterative; it's a working document up to the day the young person discharges from OHC.

As part of the ILTD process, be sure to also:

- update the Person Management Page, especially the youth's contact information;
- log and/or update IL Services in the IL page>Services tab
  - Remember to close out all services by time of discharge (the TRA IL Coordinator will open new ones if the youth participates in TRA IL programming);
- complete the IL page>Referral tab;
- complete a foster care verification letter affirming the youth's time in care and upload it to eWiSACWIS;[1] and
- update/upload any related documents in eWiSACWIS.

COMPLETING THE ILTD

The ILTD includes a variety of sections that function in numerous ways. Certain sections are pre-filled, while others require a manual entry, such as single or multiple-choice selections. The plan is framed with the youth in mind; this is embedded its structure, flow, and the language used throughout (e.g., uses of "I" and "my" in the plan refer to the youth, not the CWP).

The CWP shall document details in the plan that are informed by the conversations and meetings they have with the youth, the TRA IL Coordinator, and other members of the youth's support network. The information shall be robust; easy to understand; specific to the young person and their circumstances; and illustrate thoughtful and holistic goal planning for and with the youth given that they will soon leave the child welfare system, be on their own in many ways, and be considered a legal adult. The CWP should take a best practice approach and write in a strengths-based, trauma-informed way that reflects the youth's words as much as possible. The youth should not be surprised by what's written in the ILTD when they receive a copy of the plan at discharge.

Helpful ILTD Hints

- See Appendix A for the complete list of required and optional goals.
- See Appendix B for hypothetical scenarios and corresponding examples of completed ILTD sections.

[1] DCF foster care verification letter template available upon request. Contact DCFILCoordinator@wi.gov.

- Clicking on blue hyperlinks within the ILTD document in eWiSACWIS will open another window; for example, the ILTD Goals hyperlink will open the ILTD Goals selection page.
- A light blue text box indicates that information must be entered into the ILTD for the ILTD to be considered "complete" for tracking and eWiSACWIS purposes.
- A light gray textbox indicates that you cannot enter information directly into the ILTD (e.g., information pre-fills).
- ***Remember to click the SAVE button at the bottom of the IL page; save often to ensure that you do not lose any of your work.***

For Your Information!

Different parts of the ILTD are required depending on if the young person participates in its development. These requirements are reflected in the ILTD based on the selection made in the new Transition Planning section regarding the youth's participation in its development. The ILTD is not marked "complete" in eWiSACWIS until all required fields for the specific young person's plan are completed. However, even when technically complete in eWiSACWIS, from a policy perspective the ILTD remains a working document actively guiding a youth's transition from care up to the day of their discharge.

Certain sections are especially important and therefore required in all circumstances regardless of whether the youth does or does not participate in discharge planning. In this guide, these universally required parts are indicated by a ★ symbol. They include:

- First Y/N question in Concurrent Planning section;
- All parts of Youth Decision section (if youth is eligible for extended OHC);
- "Youth did/did not participate in ILTD planning" prompt in Transition Planning section;
- "One of my greatest skills" prompt in Who I Am section;
- Goal 1 parts A and B in Housing section;
- "Income/benefit assistance programs for which I might qualify…" prompt in Income and Finances section; and
- Community and Support Network section.

In addition to the parts listed above, certain additional sections are required when a youth actively participates in discharge planning. In this guide, these additional requirements are indicated by a ‡ symbol. They include:

- "My needs, goals, concerns…" prompt, "My current employment situation and future employment goals" prompts, and at least one goal in Employment section;
- "My needs, goals, concerns…" prompt, "I would like to have this amount of money saved…" prompt, "My anticipated sources of income…" prompt, and Goals 1-2 in Income and Finances section;
- "Financial aid/educational resources" prompt, "My needs, goals, concerns…" prompt, "My education goals" prompt, and at least one goal in Education section;
- Two attestations, "My needs, goals, concerns…" prompt, and Goals 1-3 in Health and Well-being section; and
- "My needs, goals, concerns…" prompt, and Goal 1 in Transportation section.

Collectively, these requirements are in place to ensure that every young person discharging from care at 18 or older has, at minimum, a developed plan in areas crucial to their stability and success following their exit and beyond.

Youth Demographic and Contact information

Much of this information is pre-filled from other sections of eWiSACWIS. Be sure to verify that the youth's contact information is up-to-date and accurate on their Person Management page.

Youth's Full Name	*Pre-fills*
Youth's Chosen Name	*Pre-fills*
Youth's Pronouns	*Pre-fills*
Youth's Birthdate	*Pre-fills*
Youth's Current Age	*Pre-fills*
Date Youth Entered Care	*Pre-fills*
Youth's Anticipated Discharge Date	*Manually complete*
Youth's Anticipated Age at Discharge	*Pre-fills*
Youth's Current Permanency Goal	*Pre-fills*
Youth's Concurrent Permanency Goal	*Pre-fills*
Youth's Current Address	*Pre-fills*
Youth's Current Telephone Number	*Pre-fills*
Youth's Current Email Address	*Pre-fills*
Youth's Desired Method of Contact Following Discharge	*Manually enter youth's preference*

Concurrent Planning

Answer the following question by selecting Yes or No. This question is required in all ILTDs, regardless of the youth's participation in their discharge planning.

○ Yes ○ No	Does the youth have other plans to support their transition to adulthood that complement this one (e.g., adult services, Division of Vocational Rehab)?★

If the answer is 'No,' no further information is required in this section. If the answer is 'Yes,' complete the following fields:

Description of plan	*Manually complete*
Main point of contact (include any known contact info)	*Manually complete*

Eligibility for Extended Out-of-Home Care

Answers to the following questions inform whether a young person is eligible for extended OHC up to age 21.

○ Yes ○ No	Does the youth have an IEP?	*Pre-fills*
○ Yes ○ No	Is the youth expected to graduate before age 19?	*Pre-fills*
○ Yes ○ No	Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?	

The youth's eligibility for extended OHC pre-fills based on the responses provided to the questions above.

Youth is/is not eligible for extended OHC	*Pre-fills*

Youth Decision

This section is displayed only if a youth is eligible for extended OHC. It is required in all ILTDs for youth who are eligible for extended OHC, regardless of the youth's participation in their discharge planning.

If a youth is eligible for extended OHC, discuss their options for remaining in care. Once the youth confirms they are aware of their options for remaining in care, select 'Yes' for the following question and fill in the date. If the youth has not been made aware of their options for remaining in care, select 'No' and find an opportunity to discuss their options for remaining in care with them.

I have been made aware of options for remaining in care: ★

○ Yes ○ No	Date	*Manually complete*

Check the box that aligns with the youth's decision about extended OHC. ★

☐	[I choose to] remain in care under court order		
☐	[I choose to] remain in care under a Voluntary Transition to Independent Living Agreement (VTILA)		
☐	[I choose to] discharge from care	Anticipated Discharge Hearing Date	*Manually complete*

Note: If the youth elects to remain in care via a VTILA, work with them to complete DCF-F-5030-E: Voluntary Transition to Independent Living Agreement (VTILA)

Answer the following question by selecting Yes or No.

Request for Transition to Discharge Hearing completed: ★

○ Yes ○ No	Date	*Manually complete*

The youth shall affirm that they understand their options for re-entering care before age 21 so long as they meet the education requirements. To do so, they shall check 'Yes' to the following question and fill in the date. If the youth checks 'No,' try a different time to discuss this with them to make sure understand and feel comfortable answering 'Yes.'

I understand that if I am eligible to remain in care until high school (or equivalent) graduation or age 21, whichever comes first but choose not to remain in care right away, I can change my mind. I can re-enter care at any time before high school (or equivalent) or age 21 and remain in care until I graduate or turn 21. (See § 48.366.): ★

○ Yes ○ No	Date	*Manually complete*

Subsequent Eligibility for Extended Out-of-Home Care

Youth who are eligible for extended OHC but initially elected not to participate may change their decision and request to re-enter care at any time up to age 21. This subsequent eligibility section is intended to direct that re-determination. The answers to the questions below inform whether a young person is still eligible for extended OHC.

○ Yes	○ No	Does the youth have an IEP?	*Pre-fills*
○ Yes	○ No	Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?	

The youth's eligibility for extended OHC pre-fills are based on the responses provided to the questions above.

Youth is/is not eligible for extended OHC	*Pre-fills*

Essential Documents

Per federal law, state law, and/or DCF Ongoing Service Standards, the CWP is required to provide certain documents to youth discharging from care. This shall be done by the time the youth discharges.

Once the CWP provides a document listed below to the youth, the CWP shall document that on the youth's IL page>Referral tab. That information then pre-fills to the ILTD.

Required Documents

Original certified birth certificate and information on how to obtain a duplicate *(federally required)* State ID card or driver's license and information on how to obtain a duplicate *(federally required)* Health insurance information, including any cards needed to access medical care *(federally required)* Social security card and information on how to obtain a duplicate *(federally required)* Health records (e.g., medications, illnesses, diagnoses, immunizations, hospitalizations, surgeries, referrals, family medical history) *(federally required)* Education records (e.g., schools attended, transcripts, IEP, certificates, diplomas, degrees earned) Documentation of immigration, citizenship, or naturalization, if appropriate Death certificate if parent is deceased Proof of tribal registration and membership, if appropriate Copy of ILTD plan Selective Service card (required for males only; must register at age 18) Annual credit report and efforts made by the agency to amend any inaccuracies in the report	*Manually check box on Referral tab; pre-fills to ILTD print out*

Other Important Documents

Placement history, if appropriate Copy of permanency plan, if appropriate Change of address card Employment information	*Manually check box on Referral tab; pre-fills to ILTD print out*

Transition Planning

Select the option that reflects the youth's involvement in ILTD planning. If the youth did not participate (including discontinued participation partway through), select the reason why they did not and include a brief explanation. The first question is required in all ILTDs.

Youth participation in ILTD planning ★	*Select "did" or "did not"*
If the youth did not participate, the reason for their non-participation was	*Select from dropdown options*
Briefly explain why the youth did not participate	*Manually complete*

Who I Am

Complete the fields based on the youth's responses to the prompts. The first question is required in all ILTDs, regardless of the youth's participation in their discharge planning.

I am passionate about ★	*Manually complete*
Looking towards my future, I am excited about	*Manually complete*
Looking towards my future, I am nervous about	*Manually complete*
One of my greatest challenges is	*Manually complete*
One of my greatest skills is	*Manually complete*

Housing

Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations. The "needs, goals, concerns, and barriers" question is required in all ILTDs, regardless of the youth's participation in their discharge planning.

<table>
<tr><td>Housing assistance available in the area I hope to live</td><td>Manually complete</td><td>Important housing resource information</td><td>Manually complete</td></tr>
<tr><td colspan="2">My needs, goals, concerns, and barriers related to housing ★</td><td colspan="2">Manually complete</td></tr>
</table>

The housing section includes one pre-determined goal with two parts; this goal is required in all ILTDs, regardless of the youth's participation in their discharge planning. The section also has the option to insert additional goals relevant to the youth. Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations.

Housing Goal 1: Safe and secure housing upon leaving care. ★

Housing Goal 1		*Pre-determined: safe and secure housing upon leaving care*	
Where/with whom I expect to live after leaving care	*Manually complete*	Address	*Manually complete*
Steps to take to have a safe and secure living situation when I leave care			
Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Note: Complete the Step fields for all steps involved with achievement of Housing Goal 1, part A: living situation.

If my first housing plan doesn't work out, my back-up housing plan is	*Manually complete*	Address	*Manually complete*
Steps to take to have a safe and secure back-up living situation when I leave care			
Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Note: Complete the Steps fields for all steps involved with achievement of Housing Goal 1, part B: back-up living situation.

Housing Goal #: TBD – youth choice

Housing Goal #		*Manually choose using "ILTD Goals" hyperlink in upper right of goal section*	
Steps to…		*Pre-fills based on goal selected from ILTD Goals selection page*	
Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Notes:

- *Goal 1 is pre-determined and required for all youth. Work with the youth to insert the additional housing goal(s) that align with their housing wants, needs, and goals.*
- *Similar to the pre-determined goal, complete the Steps fields for all steps involved with achievement of the additional goals.*

Employment

Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations. Most of these fields are required for youth who participate in their discharge planning.

Employment assistance available in the area I hope to live	*Manually complete*	Important employment resource information	*Manually complete*
My needs, goals, concerns, and barriers related to employment ‡		*Manually complete*	
My current employment situation and future employment goals ‡		*Select "I don't have a job" or "I have a job"*	

The employment section does not have any pre-determined goals. However, the development of at least one goal is required for youth who participate in their discharge planning. Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations.

Employment Goal #: TBD – youth choice ‡

Employment Goal #		*Manually choose using "ILTD Goals" hyperlink in upper right of goal section*	
Steps to…		*Pre-fills based on goal selected from ILTD Goals selection page*	
Step	*Manually complete*	Family, friends, or service providers who will help me	*Manually complete*
Target date of completion	*Manually complete*		
Status	*Select from dropdown options*		

Notes: Complete the Steps fields for all steps involved with achievement of the employment goals.

Income and Finances

Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations. The first question is required in all ILTDs, regardless of the youth's participation in their discharge planning. The remaining questions are required for youth who actively participate in their discharge planning.

Income/benefit assistance programs for which I might qualify upon leaving care ★	*Manually complete*
My needs, goals, concerns, and barriers related to income and finances ‡	*Manually complete*
By the time I discharge from care, I would like to have this amount of money saved ‡	*Manually complete*
My anticipated source(s) of income upon leaving care ‡	*Manually complete*

The income and finances section consists of two pre-determined goals, both of which are required for youth who participate in their discharge planning. The section also has the option to

insert additional goals relevant to the youth. Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations.

Incomes and Finances Goal 1: Increase financial literacy/understand how to budget and make monthly bill payments ‡

Income and Finances Goal 1		*Pre-determined: increase my financial literacy skills/understand how to budget and make monthly bill payments*	
Steps to increase my financial literacy skills/understand how to budget			
Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Note: Complete the Steps fields for all steps involved with achievement of Income and Finances Goal 1: Increase financial literacy/understand how to budget and make monthly bill payments.

Incomes and Finances Goal 2: Increase savings ‡

Income and Finances Goal 2		*Pre-determined: Increase savings*	
Steps to increase my savings			
Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Note: Complete the Steps fields for all steps involved with achievement of Income and Finances Goal 2: Increase savings

Income and Finances Goal #: TBD – youth choice

Income and Finances Goal #		*Manually choose using "ILTD Goals" hyperlink in upper right of goal section*	
Steps to…		*Pre-fills based on goal selected from ILTD Goals selection page*	
Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Notes:

- *Goals 1-2 are pre-determined and required for all youth. Work with the youth to insert the additional income and finances goal(s) that align with their income and finances wants, needs, and goals.*
- *Similar to the pre-determined goals, complete the Steps fields for all steps involved with achievement of the additional goals.*

Education

Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations. Most of these fields are required for youth who participate in their discharge planning.

Most recent education level		*Pre-fills*
Anticipated high school graduation date	*(mm/dd/yyyy)*	*Pre-fills*
Financial aid/educational resources for which I might qualify upon leaving care ‡	*Manually complete*	
My needs, goals, concerns, and barriers related to education ‡	*Manually complete*	

My education goals (check all that apply): ‡

I need to finish high school	*Manually check box*
I want to attend a vocational/training/certification program after high school	*Manually check box*
I want to get my Associate degree after high school	*Manually check box*
I want to get my bachelor's degree or higher after high school	*Manually check box*

The education section does not have any pre-determined goals but the development of at least one goal is required for youth who participate in their discharge planning. Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations.

Education Goal #: TBD – youth choice ‡

Education Goal #		*Manually choose using "ILTD Goals" hyperlink in upper right of goal section*	
Steps to...		*Pre-fills based on goal selected from ILTD Goals selection page*	
Step	*Manually complete*	Family, friends, or service providers who will help me	*Manually complete*
Target date of completion	*Manually complete*		
Status	*Select from dropdown options*		

Notes: Complete the Steps fields for all steps involved with achievement of the education goals.

Health and Well-being

Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations.

I take care of my mental health by	*Manually complete*
I take care of my physical health by	*Manually complete*

Indicate the youth's answers to the following questions by selecting Yes or No. These questions are required for youth who participate in their discharge planning.

I understand that I will be categorically eligible for Medicaid (called BadgerCare+ in Wisconsin) if I discharge from care at age 18 or older. This will require renewal every year. ‡ *[https://access.wisconsin.gov/access/]*

○ Yes	○ No	Date	*Manually complete*

I understand the importance of designating a person of my choice to serve as a Power of Attorney for Healthcare in the event I can no longer make my own healthcare decisions and know the steps to do so. [https://www.kidsmatterinc.org/wp-content/uploads/2020/10/POA-Health-Care-Kids-Matter-Inc-2020.pdf] ‡

○ Yes	○ No	Date	*Manually complete*

Complete the field based on the youth's responses to the prompts and the input they provide during discharge planning conversations. This field is required for youth who participate in their discharge planning.

My needs, goals, concerns, and barriers related to health and well-being ‡	*Manually complete*

The health and well-being section consists of three pre-determined goals; these are all required for youth who participate in their discharge planning. The section also has the option to insert additional goals relevant to the youth. Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations.

Health and Well-being Goal 1: Enroll in private insurance or BadgerCare+ ‡

Health and Well-being Goal 1	*Pre-determined: enroll in private insurance or BadgerCare+*

Steps to enroll in insurance

Step	*Manually complete*	Family, friends, or service providers who will help me	*Manually complete*
Target date of completion	*Manually complete*		
Status	*Select from dropdown options*		

Health and Well-being Goal 2: Confirm continuity of healthcare following discharge ‡

Health and Well-being Goal 2	*Pre-determined: confirm continuity of healthcare following discharge*

Steps to ensure continuity of healthcare when I leave care

Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Health and Well-being Goal 3: Select Power of Attorney for Healthcare ‡

Health and Well-being Goal 3	*Pre-determined: select Power of Attorney for Healthcare*

Steps to select my Power of Attorney for Healthcare

Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Note: Complete the Steps fields for all steps involved with achievement of Health and Well-being Goals 1-3: enroll in private insurance or BC+, confirm continuity of healthcare following discharge, and select Power of Attorney for Healthcare.

Health and Well-being Goal #: TBD – youth choice

Health and Well-being Goal #		*Manually choose using "ILTD Goals" hyperlink in upper right of goal section*	
Steps to…		*Pre-fills based on goal selected from ILTD Goals selection page*	
Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Notes:

- *Goals 1-3 are pre-determined and required for all youth. Work with the youth to insert the additional health and well-being goal(s) that align with their health and well-being wants, needs, and goals.*
- *Similar to the pre-determined goals, complete the Steps fields for all steps involved with achievement of the additional goals.*

Transportation

Indicate the youth's answer to the following question by selecting Yes or No.

I understand that if I am enrolled in BadgerCare+ for insurance, I can access free Non-Emergency Medical Transportation for appointments and select other healthcare needs.

○ Yes ○ No	Date	*Manually complete*

Complete the fields based on the youth's responses to the prompts and discharge conversations.

Transportation options available in the area I hope to live	*Manually complete*	Important transportation information	*Manually complete*
My needs, goals, concerns, and barriers related to transportation ‡		*Manually complete*	

The transportation section consists of one pre-determined goal, which is required for youth who participate in their discharge planning. The section also has the option to insert additional goals relevant to the youth. Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations.

Transportation Goal 1: Have safe and reliable transportation when I leave care ‡

Transportation Goal 1		*Pre-determined: have safe and reliable transportation when I leave care*	
Steps to secure safe and reliable transportation when I leave care			
Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Note: Complete the Steps fields for ***all*** *steps involved with achievement of Transportation Goal 1: Have safe and reliable transportation when I leave care*

Transportation Goal #: TBD – youth choice

Transportation Goal #		*Manually choose using "ILTD Goals" hyperlink in upper right of goal section*	
Steps to…		*Pre-fills based on goal selected from ILTD Goals selection page*	
Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Notes:

- *Goal 1 is pre-determined and required for all youth who participate in their discharge planning. Work with the youth to insert the additional transportation goal(s) that align with their transportation wants, needs, and goals.*
- *Similar to the pre-determined goal, complete the Steps fields for* ***all*** *steps involved with achievement of the additional goals.*

Community and Support Network ★

This section is required in all ILTDs, regardless of the youth's participation in their discharge planning.

Indicate the youth's answer to the following question by selecting Yes or No.

I can identify at least 1-3 people who I can rely on. For example, they will answer my call/texts and show up for me when and how I need it. Ideally, these people are outside of formal systems (meaning they are not a child welfare professional, teacher, or counselor).

○ Yes ○ No	Date	*Manually complete*

Complete the fields based on the youth's responses to the prompts and discharge conversations.

Person 1: Full Name	Relationship to Youth
Manually complete	*Manually complete*
Email	Phone
Manually complete	*Manually complete*
Person 2: Full Name	Relationship to Youth
Manually complete	*Manually complete*
Email	Phone
Manually complete	*Manually complete*
Person 3: Full Name	Relationship to Youth
Manually complete	*Manually complete*
Email	Phone
Manually complete	*Manually complete*

The community and support network section consists of one pre-determined goal. Complete the fields based on the youth's responses to the prompts and the input they provide during discharge planning conversations.

Community and Support Network Goal: Build or maintain a relationship with at least one person who can be in my support network

Community and Support Network Goal	*Pre-determined: build or maintain a relationship with at least one person who can be in my support network*

Steps to build or maintain a relationship with at least one person

Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Note: Complete the Steps fields for all steps involved with achievement of Community and Support Network Goal: Build or maintain a relationship with at least one person who can be in my support network

Other Areas of Need

Indicate the youth's answer to the following question by selecting Yes or No.

○ Yes ○ No	In addition to the focus areas above, do you have any other areas in which you need assistance?

If the answer is 'No,' no further information is required in this section. If the answer is 'Yes,' complete the following fields.

The other areas of need section does not include any required goals; this section should be tailored to the young person's wants, needs, and goals above and beyond the specific goal planning sections above.

Other Areas of Need Goal #: TBD – youth choice

Other Areas of Need Goal #		*Manually choose using "ILTD Goals" hyperlink in upper right of goal section*	
Steps to…		*Pre-fills based on goal selected from ILTD Goals selection page*	
Step Target date of completion Status	*Manually complete* *Manually complete* *Select from dropdown options*	Family, friends, or service providers who will help me	*Manually complete*

Note: Complete the Steps fields for all steps involved with achievement of Other Areas of Need Goals

Signatures

Ideally, the final version of the ILTD is signed by the youth, CWA CWP, CWA IL Coordinator (if different than the CWP), and the TRA IL Coordinator serving the region in which the youth will reside post-discharge. Best practice is for the CWA to provide the young person with a hard copy of the ILTD plan prior to discharge; at minimum, this should be a copy of the signed version of the final plan before the youth's transition from care. However, it is acceptable, and even advised, to provide the youth with hard copies of earlier versions leading up to discharge.

APPENDIX A: ILTD GOAL OPTIONS

This Appendix includes important information about the goal options available for each of the ILTD goal-setting sections. As included in this writing guide, certain sections have pre-filled required goals. In other sections, goals are completely customizable, but there is still a minimum number required. Refer to this appendix as a guide for the goal options in each section; these are all listed on the ILTD Goals section within the ILTD tab of the eWiSACWIS IL page. References to "your" in this appendix and throughout the ILTD and this guide are specific to the young person.

Housing

This section has one required goal to work on, as well as the option to insert additional goals specific to your situation and future plans. Use the narrative box to the right of each customizable goal in the goal-setting section to provide additional detail about that goal as needed. This is especially important when you select the "other" goal option.

- Safe and secure housing upon leaving care (including back-up housing plan) **(required)**
- Learn basic home maintenance and upkeep skills
- Obtain basic housing items (e.g., sheets, cookware)
- Develop/maintain healthy boundaries with roommate(s)
- Other (specify)

Employment

*This section is very customizable, with the opportunity to develop different goals based on input you provide. **At least one goal is required**, with the option to insert additional goals specific to your situation and future plans. Use the narrative box to the right of each customizable goal to provide additional detail about that goal as needed. This is especially important when you select the "other" goal option.*

- Learn more about job/career opportunities
- Network with/shadow others to learn more
- Gain additional training/skill development
- Get a higher wage or higher paying job
- Secure a (new) job
- Other (specify)

Income and Finances

This section has two required goals to work on, as well as the option to insert additional goals specific to your situation and future plans. Use the narrative box to the right of each customizable goal to provide additional detail about that goal as needed. This is especially important when you select the "other" goal option.

- Increase financial literacy/understand how to budget and make monthly bill payments **(required)**
- Increase savings **(required)**
- Research postsecondary financial aid
- Build an emergency fund
- Build/repair credit score
- Obtain second income
- Other (specify)

Education

This section is very customizable, with the opportunity to develop different goals based on input you provide. ***At least one goal is required****, with the option to insert additional goals specific to your situation and future plans. This is especially important when you select the "other" goal option.*

- Finish high school
- Complete FAFSA
- Attend a vocational/training/certification program
- Work towards an Associate degree
- Work towards a bachelor's (or higher) degree
- Other (specify)

Health and Well-being

This section has three required goals to work on, as well as the option to insert additional goals specific to your situation and future plans. Use the narrative box to the right of each customizable goal to provide additional detail about that goal as needed. This is especially important when you select the "other" goal option.

- Enroll in private insurance or BadgerCare+ **(required)**
- Confirm continuity of healthcare following discharge **(required)**
- Select Power of Attorney for Healthcare **(required)**
- Prioritize physical and mental health
- Know sexual healthcare and family planning options
- Know signs of abuse and how to get help
- Participate in prosocial activities/interests
- Develop healthy friendships/relationships
- Other (specify)

Transportation

This section has one required goal to work on, as well as the option to insert additional goals specific to your situation and future plans. Use the narrative box to the right of each customizable goal to provide additional detail about that goal as needed. This is especially important when you select the "other" goal option.

- Have safe and reliable transportation options after leaving care **(required)**
- Obtain driver's license
- Increase preparedness for safe transport
- Other (specify)

Community and Support Network

This section has one required goal to work on.

- Build or maintain a relationship with at least one person who can be in my support network **(required)**

Other Areas of Need

This section is optional; it may not be relevant to all young people. It is very customizable, with opportunity to develop different goals based on input you provide and specific to your situation and future plans. Use the narrative box to the right of each customizable goal to provide

additional detail about that goal as needed. This is especially important given that the goals in this section are broad categories rather than specific goals.

- Pregnant/parenting support
- Legal assistance
- Gender identity/LGBTQIA2S+ support
- Cultural connections support
- Delinquency/criminogenic needs support
- Other support (specify)

APPENDIX B: ILTD SCENARIOS

The examples in this Appendix are intended to illustrate and provide guidance for navigating common challenges in discharge planning. While these examples do not cover every possible transition or discharge scenario, they serve as a starting point to support your work with young adults and their adult supporters during the ILTD process.

A few notes:

- If a goal or step towards a goal is a hypothetical and/or will be done dependent on future needs or information yet to be determined, use your professional judgment when entering in a target date. These dates do not need to be perfect but should be reasonable and intentional. For example, 6 or 9 months after the initial ILTD meeting, a certain number of months following planned discharge date, etc.
- The scenarios provided on the following pages include information that could inform or may relate to multiple potential goals within and across goal setting sections (e.g., income and finances in addition to housing or more than one goal in housing). For simplicity, each scenario focuses on a particular goal setting section. It is important to note that, Housing Goal 1, which ensures safe and secure housing upon leaving care, has two parts: an initial housing plan and a back-up plan.

Housing Scenario 1

Jenny has been in out-of-home care (OHC) for three years, mostly one foster home and the last six months in a group home following a placement change. Jenny has been in contact with her bio-mom and wants to return home after aging out of care. She expects to live with mom in their family home. Mom attended the ILTD meetings and has confirmed her current commitment to sobriety and affirmed that Jenny can stay at home. Together, Jenny and mom are going to develop an agreement for household expectations. Aunt Jill also attended an ILTD meeting and confirms she will work with Jenny and her mom to create on a check in schedule and will also touch base informally to make sure things with Jenny and her mom are going well and the home is still the best place for Jenny. If there is an unresolvable conflict between Jenny and her Mom, Aunt Jill is willing to serve as an intermediary or, in a worst-case scenario, have Jenny temporarily live with her until a new plan is developed.

Housing Goal 1: Safe and secure housing upon leaving care.	
Where/with whom I expect to live after leaving care: *Mom's house*	Address (if not known, put city): *123 Vancouver Ave, Racine, WI 53401*
Steps to take to have a safe and secure living situation when I leave care:	
Step: *Confirm returning home is okay with Mom* Target date of completion: *11/01/2024* (mm/dd/yyyy) Status: *Done*	Family, friends, or service providers who will help me *Mom, CWA IL Coordinator*
Step: *Develop agreement for household expectations (curfew, chores, guests, communication, etc)* Target date of completion: *12/01/2024* (mm/dd/yyyy) Status: *Still working on it*	Family, friends, or service providers who will help me *Mom, Aunt Jill, CWA IL Coordinator*
Step: *Aunt Jill routinely checks in on how things are going* Target date of completion: *03/01/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Mom, Aunt Jill*
Step: *Obtain bed, bedding, key furniture and household items* Target date of completion: *01/15/2025* (mm/dd/yyyy) Status: *Still working on it*	Family, friends, or service providers who will help me *CWA IL Coordinator, TRA, Mom*
If my first housing plan doesn't work out, my back-up housing plan is: *Aunt Jill's house*	Address (if not known, put city): *4576 Widford St, Walworth, WI 53184*
Steps to take to have a safe and secure back-up living situation when I leave care:	
Step: *Aunt Jill routinely checks in on how things are going and serves as intermediary as possible* Target date of completion: *03/01/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Mom, Aunt Jill*
Step: *Help Jenny move to Aunt Jill's, if necessary* Target date of completion: *04/26/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Aunt Jill, TRA, friend Alisa*
Step: *Help Jenny research/view/secure other housing options* Target date of completion: *05/11/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Aunt Jill, TRA*

Housing Scenario 2

Callie has been in OHC for five years and has had no contact with her bio family during that time. Though she moved between different foster homes for a while, she has been in the same home for over a year now. After aging out, Callie plans to move in with her older boyfriend, Tristan. Callie is excited because Tristan already has an apartment and told her she can stay *and* not worry about paying bills. Callie plans to keep working at Taco Bell, although Tristan said she does not have to and that he will take care of her. Callie goes over a Healthy Relationships curriculum with her CWA professional, which helps her better understand what the key parts of a healthy relationship are and what boundaries should look like as well, especially when living with someone. The TRA IL Coordinator has been part of ILTD meetings and will send Callie a pocket-sized resource card with emergency numbers for local DV/SA resources as well as the homeless shelters, so it's easy for Callie to keep on hand. In the meantime, the CWA professional worked with Callie to add key DV/SA hotline numbers to Callie's phone under "nail salon," so she has an easy, concrete, and discreet resource she can call if she needs to.

Callie's CWA professional has mentioned a housing back-up plan in more than one ILTD meeting, but Callie is resistant to having a Plan B; she is very sure that living with Tristan will be smooth. However, she has agreed to reach out to the TRA if she feels unsafe and she has a friend, Isabel, who she can call just to chat or ask to stay with. Isabel does not live far from where Callie and Tristan will be. Callie asked Isabel to be part of ILTD meetings, so she's already been part of these conversations.

Housing Goal 1: Safe and secure housing upon leaving care.	
Where/with whom I expect to live after leaving care: *Tristan, boyfriend*	Address (if not known, put city): *779 Lenox Ave #7, Madison, WI 53718*
Steps to take to have a safe and secure living situation when I leave care:	
Step: *Review and complete healthy relationships curriculum* Target date of completion: *07/20/2024* (mm/dd/yyyy) Status: *Done*	Family, friends, or service providers who will help me *CWA*
Step: *Develop list of boundaries for living with a partner* Target date of completion: *11/30/2024* (mm/dd/yyyy) Status: *Need further assistance*	Family, friends, or service providers who will help me *CWA*
Step: *Receive and review local DV/SA/housing resource card* Target date of completion: *11/22/2024* (mm/dd/yyyy) Status: *Still working on it*	Family, friends, or service providers who will help me *TRA*
Step: *Keep job at Taco Bell and contribute towards rent* Target date of completion: *01/07/2025* (mm/dd/yyyy) Status: *Still working on it*	Family, friends, or service providers who will help me *Coworkers, CWA, TRA*
If my first housing plan doesn't work out, my back-up housing plan is: *Isabel, friend*	Address (if not known, put city): *910 Finley Ct, Unit 3B, Madison, WI 53714*
Steps to take to have a safe and secure back-up living situation when I leave care:	
Step: *Time outside of the house w/ friends other than Tristan* Target date of completion: *03/17/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Isabel*

Step	Family, friends, or service providers who will help me
Step: *Help Callie move to Isabel's, if necessary* Target date of completion: *05/26/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Isabel, TRA*
Step: *Help Callie research/view/secure other housing options* Target date of completion: *06/11/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *TRA*

Housing Scenario 3

Leo was removed from his parent's home over a year ago. Leo is close with his girlfriend Eliza and plans to move in with her upon age-out. They will be living with Eliza's parents, Jack and Rose, who expect Leo and Eliza to pay rent, or they won't be allowed to stay. Together, all of them will create a rental agreement. Leo does not have a job yet and plans to start applying to find one. In his ILTD meeting Leo's struggle with lack of motivation was discussed and that he will need consistent check ins and support from his CWA worker and then TRA worker after discharge. Leo has agreed to have a phone call with his CWA worker at least two times a month to help keep him motivated to continue his job hunt. Leo and Eliza both plan to start hunting for an apartment once they can save enough money to feel comfortable doing so. In the ILTD meetings, Leo agreed to take a Rent Smart course once he obtains a job; the TRA will help him enroll and Jack or Rose will transport him. Leo has been in close contact with his mom and dad, who have agreed to let him stay with them until he found an apartment or if there were any circumstances that did not allow him to continue to live with Eliza and her parents. Leo will have to figure out if there will be any issue given that his parents live in subsidized housing. The TRA can help Leo figure this out. The regional IL Coordinator also let Leo know that if he obtains a job and wants his own place, they may be able to help pay for his security deposit.

Housing Goal 1: Safe and secure housing upon leaving care.	
Where/with whom I expect to live after leaving care: *Home of Jack and Rose Blanchard, parents of girlfriend Eliza*	Address (if not known, put city): *147 Albatross Way, Menomonie, WI 54751*
Steps to take to have a safe and secure living situation when I leave care:	
Step: *Co-develop and sign rental agreement with Jack, Rose, and Eliza* Target date of completion: *03/01/2025* (mm/dd/yyyy) Status: *Still working on it*	Family, friends, or service providers who will help me *CWA Professional, Eliza, Jack, Rose*
Step: *Visit local Job Center for additional support obtaining employment* Target date of completion: *03/15/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Eliza*
Step: *Set up biweekly employment support call schedule with CWA Professional* Target date of completion: *02/10/2025* (mm/dd/yyyy) Status: *Done*	Family, friends, or service providers who will help me *CWA Professional*
Step: *Attend and complete Rent Smart course* Target date of completion: *03/30/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Jack, Rose, TRA*

If my first housing plan doesn't work out, my back-up housing plan is: *Stay with mom and dad until I can save up money for an apartment and have consistent employment established*	Address (if not known, put city): *42 Wallaby Way, Semour, WI 54165*
Steps to take to have a safe and secure back-up living situation when I leave care:	
Step: *Ensure mom and dad can have Leo stay given subsidized housing rules* Target date of completion: *02/15/2025* (mm/dd/yyyy) Status: *Need further assistance*	Family, friends, or service providers who will help me *TRA, Mom and Dad*

Housing Scenario 4

Raymond moved between foster homes most of his teen years, although he has been in his current placement for almost a year. He has no plans for his housing needs upon discharge and does not have any support network that can assist him. As a back-up option, his foster parents have agreed to let him stay long enough to get on his feet and find new housing. However, they are adamant that this is a last-case option and only if Raymond is working and demonstrates that he is actively looking for and saving for his own housing.

Raymond works part-time and plans to go full-time once he graduates high school. Together Raymond, his foster dad, and his CWA professional will explore college. If he finds a four-year school he likes that also provides housing, they will work on the application process together. In the meantime, they have a plan to actively look for low-income housing opportunities, both by scouring official sites and Facebook marketplace, Next Door, and Craigslist listings. Both the CWA and TRA workers will help Raymond search for viable housing options. If Raymond finds any options on his own that seem promising, he has agreed to send his CWA professional (until discharged) and TRA IL Coordinator (after discharge) so they can look them over and make sure they are not scams. Raymond's CWA professional will review the Rent Ready curriculum with him to help him make good housing choices. His TRA worker will help Raymond apply for housing assistance. And, if/when he starts renting, the TRA IL Coordinator can help Raymond pay for his security deposit and first month's rent.

Housing Goal 1: Safe and secure housing upon leaving care.	
Where/with whom I expect to live after leaving care: *On my own, possibly in school setting*	Address (if not known, put city): *Wausau, WI*
Steps to take to have a safe and secure living situation when I leave care:	
Step: *Research and apply to postsecondary schools* Target date of completion: *02/28/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *CWA, John*
Step: *Research and apply to low-income and subsidized housing options* Target date of completion: *04/01/2025* (mm/dd/yyyy) Status: *Need further assistance*	Family, friends, or service providers who will help me *CWA, TRA*
Step: *Complete Rent Ready curriculum* Target date of completion: *11/31/2024* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Carson, CWA*

Step: *Receive and/or apply to housing assistance* Target date of completion: *04/01/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *TRA*
If my first housing plan doesn't work out, my back-up housing plan is: *Remain with my foster parents, John and Chrissy*	Address (if not known, put city): *4459 Lionhead Way, Wausau, WI 54403*
Steps to take to have a safe and secure back-up living situation when I leave care:	
Step: *Retain job and promote to full-time* Target date of completion: *04/01/2025* (mm/dd/yyyy) Status: *Still working on it*	Family, friends, or service providers who will help me *Employer, Carson*
Step: *Research and apply to low-income and subsidized housing options* Target date of completion: *04/01/2025* (mm/dd/yyyy) Status: *Need further assistance*	Family, friends, or service providers who will help me *CWA, TRA*

Employment Scenario

Nylita does not have a job and is not likely to have a job at the time of or immediately after discharge. She is interested in working and would like to learn more about potential career paths. Nylita also does not have her license or a vehicle, which limits her options. At her ILTD meeting, Nylita, her CWA IL Coordinator, TRA IL Coordinator, and foster parents, Marcus and Diane, agree that Nylita will remain at her foster parent's house until she gets a job, with a set goal of being employed within two months of discharge. Because Nylita has mental health diagnoses, she is eligible for Division of Vocational Rehabilitation (DVR) services; her CWA IL Coordinator will refer Nylita to these services and help Nylita get the special education records from her school and other documentation she needs for DVR. Her foster parents agree to help Nylita with any DVR paperwork, participate on the intake call, and help her prep for the initial interview, if she wants. They will also help Nylita identify and dedicate times to review online career exploration sites and resources. The goal is that she do this at least three times a week until she can secure a position. Before discharge, Nylita's CWA IL Coordinator will schedule a couple of days a month where she will pick Nylita up and bring her to the nearby career fairs to help Nylita make connections and determine her next steps. If Nylita hasn't successfully identified an employment opportunity before she discharges, the TRA worker will continue to help Nylita access these career fairs. If the TRA IL Coordinator cannot directly transport Nylita, they will coordinate a suitable alternative (e.g., cab or rideshare).

Employment Goal 1: Learn more about job/career opportunities	
Steps to network with/shadow others to learn more	
Step: *Refer to DVR services* Target date of completion: *12/21/2024* (mm/dd/yyyy) Status: *Still working on it*	Family, friends, or service providers who will help me *CWA*
Step: *Secure documents, complete paperwork, intake, and interview for DVR* Target date of completion: *01/07/2025* (mm/dd/yyyy) Status: *Need further assistance*	Family, friends, or service providers who will help me *Marcus, Diane, CWA*
Step: *Review online career exploration sites and resources at least 3x/week* Target date of completion: *06/03/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Marcus, Diane*
Step: *Visit nearby career fairs a few times a month* Target date of completion: *06/03/2025* (mm/dd/yyyy) Status: *Still working on it*	Family, friends, or service providers who will help me *CWA, TRA*

Income and Finances Scenario

Ryan currently has a part-time job and has $125 in his savings account. He hopes to have $300 by the time he discharges and wants to continue to grow his savings post-discharge. Ryan plans to confirm with his workplace that he can switch to full-time upon discharge/graduation from high school. He will also inquire about a raise at that time. The TRA IL Coordinator and his girlfriend, Emma, did a role-play with Ryan to help him prepare for these tough conversations with his employer; the TRA also directed him to some easy budgeting resources and worksheets. As part of this, his CWA IL Coordinator has agreed to help Ryan with two key things: contacting his work's HR Department to set up automatic withdrawals so $30 from every paycheck will automatically go into his savings account and starting the process of getting more comfortable with grocery shopping and meal prep to reduce fast food spending. His CWA professional will do a shopping trip with Ryan to help him decide what he likes to eat and effectively gauge the cost for a typical week of groceries. Emma wants to support him and learn, too, so she will accompany them.

Income and Finances Goal 1: Increase savings	
Steps to increase savings	
Step: *Practice pay increase and full-time work discussions* Target date of completion: *10/20/2024* (mm/dd/yyyy) Status: *Done*	Family, friends, or service providers who will help me *Emma, TRA*
Step: *Review budgeting resources and complete worksheets* Target date of completion: *01/22/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *TRA*
Step: *Set up automatic deposit to savings* Target date of completion: *12/30/2024* (mm/dd/yyyy) Status: *Need further assistance*	Family, friends, or service providers who will help me *CWA, employer*
Step: *Learn more about grocery shopping and costs, meal prep* Target date of completion: *01/07/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Emma, CWA*

Transportation Scenario

Ashlie lives in a semi-urban area with rideshare options like Uber and Lyft and a small public transportation system; she wants to better understand what transportation options are available to her and identify the best one to get to school and work. She'll really need this once she leaves care. For example, Ashlie knows there is a bus, but she has no idea how to navigate it and is intimidated. Ashlie's ILTD meetings include Ashlie, her CWA professional, the TRA IL Coordinator, and her sister, Devyn. Devyn lives nearby and can provide rides when Ashlie has no other good options. The CWA professional and Ashlie plan to look at the bus routes together to see if they drop off close enough to her common destinations, and if so, the TRA IL Coordinator will help Ashlie buy a bus pass once she's out of care. The TRA IL Coordinator will also teach Ashlie how to add funds to the bus pass and/or buy additional passes. If the bus will not get her close enough to work or school, the TRA will teach Ashlie how to use the rideshare apps, connect a bank account or credit card, and feel comfortable using that as a transportation option.

Transportation Goal 1: Increase preparedness for safe transport	
Steps to increase preparedness for safe transport	
Step: *Review bus routes and choose best ones for work and school* Target date of completion: *09/27/2024* (mm/dd/yyyy) Status: *Done*	Family, friends, or service providers who will help me *CWA*
Step: *Receive free and/or financial assistance with bus passes* Target date of completion: *02/19/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *TRA*
Step: *Practice bus routes* Target date of completion: *12/16/2024* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *Devyn*
Step: Set up and learn to use rideshare apps Target date of completion: *03/02/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *TRA, Devyn*

Other Areas of Need Scenario

Amy is expecting her first child. She's due two months after discharge and needs help securing childcare so she can continue to work. Amy has bio family around but does not often speak to them due to their instability. Since her baby's father is not consistently around and is unreliable, he is not a part of planning or preparing for the baby. As part of Amy's ILTD planning, the team decided that the TRA IL Coordinator will help Amy apply to benefit programs for which she may qualify, such as the Women, Infants, and Children Program (WIC) and state insurance for her child. Amy wants to continue to work and would love to pursue a four-year degree on a campus that offers childcare. Amy's CWA IL Coordinator has agreed to sit down with Amy and research local daycares to determine which ones have a waitlist, help her apply to as many as possible and appropriate, and research daycare assistance programs in the area. Since Amy has a history of depression, part of each ILTD meeting was spent discussing steps to preserve, monitor, and improve Ashley's postpartum physical and mental healthcare. At minimum, the TRA IL Coordinator will meet with Amy at Amy's home 2-3 times a month in the months immediately after birth and will also provide her resources about other programs that may be available to provide in-home assistance, like Home Visiting. Amy's friends Kennedy and Sara also plan to check on her often, especially once the baby arrives.

Other Areas of Need Goal 1: Pregnant/parenting support	
Steps to receive pregnant/parenting support	
Step: *Research and apply to daycare programs and assistance programs* Target date of completion: *01/05/2025* (mm/dd/yyyy) Status: *Need further assistance*	Family, friends, or service providers who will help me *CWA*
Step: *Apply to WIC* Target date of completion: *03/31/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *TRA*
Step: *Enroll child in state insurance* Target date of completion: *03/31/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *TRA*
Step: *Monitor postpartum physical and mental health* Target date of completion: *09/30/2025* (mm/dd/yyyy) Status: *Not yet working on it*	Family, friends, or service providers who will help me *TRA, Kennedy, Sara*

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