

Youth's Name: _____

Youth's Age: _____

Date Sent: _____

DSCC #: _____



This worksheet is to help you plan for your adulthood. Please check the boxes below that apply to you at this time.

YOUTH

Medical

I understand my medical condition

I have planned for my:

Specialty medical care

Primary medical care

Dental care

I am able to:

Make my appointments

Describe my medical condition

Refill my medications/supplies

Perform my own medical care/daily treatments

Manage my medications

Consent to medical care (guardianship)

Independent Living

As an adult, I will live with:

Self

Group home

Parents

Campus/dormitory

Other family members

Long-term care facility

I am able to:

Care for my personal needs

Advocate for myself

I will need transportation for:

Shopping

Recreation

School

Work

Medical appointments

Transportation will be provided by:

Self

Public transportation

Agencies

Mediacar

Family members

Adapted van

Education

I know my interests, skills, strengths

I know the education goals on my transition plan

I understand my educational rights: (504, IDEA, ADA)

I am happy with the services I am receiving

YOUTH

Financial

My medical care will be paid for by:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> CHIP |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Medicaid/Medicare | <input type="checkbox"/> Trust/Will |

I am able to:

- | | |
|--|---|
| <input type="checkbox"/> Pay bills | <input type="checkbox"/> Budget |
| <input type="checkbox"/> Manage a credit card | <input type="checkbox"/> Manage a savings account |
| <input type="checkbox"/> Manage a checking account | <input type="checkbox"/> Make financial decisions |

Employment/Vocational

- I know my interests, skills, strengths

I have prepared for work by:

- | | |
|---|--|
| <input type="checkbox"/> Household chores | <input type="checkbox"/> Part-time job |
| <input type="checkbox"/> Work study program | <input type="checkbox"/> Job shadowing |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Odd jobs |

After high school I will enter:

- | | |
|---|---|
| <input type="checkbox"/> Full-time employment | <input type="checkbox"/> Part-time employment |
| <input type="checkbox"/> Apprenticeships | <input type="checkbox"/> Supported employment |
| <input type="checkbox"/> Continuing education | <input type="checkbox"/> Sheltered workshop |

Social Recreational

- For fun, I enjoy: _____

I have the social skills to:

- | | |
|---|---|
| <input type="checkbox"/> Request assistance | <input type="checkbox"/> Talk on phone |
| <input type="checkbox"/> Plan an event | <input type="checkbox"/> Place an order |
| <input type="checkbox"/> Register a complaint | <input type="checkbox"/> Be interviewed |

I know the right way to relate to:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> An employer | <input type="checkbox"/> Peers |
| <input type="checkbox"/> Significant Other | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Clerk | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Teacher | |

- I am prepared for a family of my own

I Would Like To Have More Information About

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Vocational Rehab |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Transportation | <input type="checkbox"/> College Disability Support Services |
| <input type="checkbox"/> SSI | <input type="checkbox"/> School | <input type="checkbox"/> Social/Recreational |

Comments:

