

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 care
- Primary medical care
- Dental care

***I am able to:***

- Make my appointments
- Refill my medications/supplies
- Manage my medications
- Describe my medical condition
- Perform my own medical care/daily treatments
- Consent to medical care (guardianship)

**Independent Living**

***As an adult, I will live with:***

- Self
- Parents
- Other family members
- Group home
- Campus/dormitory
- Long-term care facility

***I am able to:***

- Care for my personal needs
- Advocate for myself

***Transportation will be provided by:***

- Self
- Agencies
- Family members
- Public transportation
- Medicaid
- Adapted van

***Transportation will be provided for:***

- Shopping
- School
- Medical appointments
- Recreation
- Work

**Education**

- I know my interests, skills, strengths
- I know my 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**

***I plan for my medical care to be paid 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 can manage:***

- |   |  |
|---|--|
| <input type="checkbox"/> Paying bills     | <input type="checkbox"/> Budget              |
| <input type="checkbox"/> Credit card      | <input type="checkbox"/> Savings account     |
| <input type="checkbox"/> Checking account | <input type="checkbox"/> 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

**Information I Would Like To Have**

- |                                    |   |  |
|------------------------------------|---|--|
| <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:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

