INDEPENDENT LIVING TRANSITIONAL PLAN

The Independent Living Transitional Plan (ILTP) must be personalized at the direction of the youth and be as detailed as the youth chooses. This plan is intended to prepare the youth for transition to adulthood.

This plan is to be provided to the court at the next scheduled hearing.

Youth Name:
Date of Birth:
Youth Phone Number:
Youth Current Placement:
Youth Email Address:

Case ID:
IL Worker:
Primary Social Worker:
Attorney:

AGE		LIFE SKILLS ASSESSMENT	INDEPENDENT LIVING PLAN	CREDIT REPORTS
14	☐ N/A	Date:	Date:	Date:
15	☐ N/A	Date:	Date:	Date:
16	☐ N/A	Date:	Date:	Date:
17	☐ N/A	Date:	Date:	Date:
90-day	☐ N/A		Date:	

DISCREPANCY/FRAUD WAS IDENTIFIED ON THE YOUTH'S CREDIT REPORTS:
☐ NO
☐ YES – EXPLAIN:
REQUEST FOR INVESTIGATION SUBMITTED TO ATTORNEY GENERAL'S OFFICE ON:

PERSONAL DOCUMENTATION	ON FILE	WITH YOUTH	N/A	NOTES
Birth Certificate	☐	☐	☐	
Social Security Card	☐	☐	☐	
Medicaid Card	☐	☐	☐	
State ID or Permit/License	☐	☐	☐	
Immunization Record	☐	☐	☐	
Proof of Tribal Enrollment	☐	☐	☐	
Proof of Residency or Citizenship	☐	☐	☐	
Foster Care Verification Letter	☐	☐	☐	
Post-Secondary Education Information (Fee Waiver, Fact Sheet, Former Ward of the Court, ETV, Etc)	☐	☐	☐	
Other Documentation				

REFERRED TO LOCAL AND STATE YOUTH ADVISORY BOARD (YAB):
☐ NO – EXPLAIN:
☐ YES – DATE:

Exception to IL Services:

☐ The youth is on runaway status, on these dates:
☐ The youth is incapable of participating in IL services due to severe medical problems or severe disability.

AGE 14+	Date:

My strengths are:

I need assistance with:	**I can resolve this by:**

I have received a copy of my rights in care and the complaint/grievance process:
☐ Yes Date:
☐ No Explain:

INITIAL: _____

1. PERMANENCY PLAN:	
My permanency plan is _____, and I understand what it means:	☐ Yes ☐ No (See Explanation) Date: _____
My concurrent plan is _____, and I understand what it means:	☐ Yes ☐ No (See Explanation) Date: _____
I am participating in court as desired, and know my rights: ☐	☐ Yes ☐ No (See Explanation) Date: _____
Explanation:	

2. FAMILY AND OTHER PERMANENT/LASTING CONNECTIONS: These are the adults who I call for support and may be available to provide support now and in the future are:

Name(s):	Date:	
Name(s):	Date:	
Name(s):	Date:	
Name(s):	Date:	
Name(s):	Date:	
Name(s):	Date:	

There are people I don't have contact with that I would like to have a relationship with:
☐ Yes ☐ No
If yes, who:

Is there anything stopping or holding me back from being involved in any of these permanent connections:
☐ Yes ☐ No If yes, explain:

There are things that I want to learn or am worried about regarding contact with my biological family or others now or in the future: ☐ Yes ☐ No If yes, explain:

Updated:

Goals:

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Action steps needed to complete goals:	Responsible Party	Date to be completed:

3. COMMUNITY CONNECTIONS:

I am involved in community or in extra-curricular activities/groups: ☐ Yes ☐ No
If yes, please describe:

I have a spiritual support/church/religious organization or interest: ☐ Yes ☐ No
If yes, please describe:

I am involved or would like to be involved in a cultural interest (ethnicity, tribal, LGBTQ): ☐ Yes ☐ No
If yes, please describe:

Other areas in which I would like to become active in:

I identify with the LGBTQ+ community ☐ Yes ☐ No

My gender identity is:

☐ I do not want to answer	☐ I do not know	☐ Questioning/Unsure
☐ Male	☐ Transgender Female to Male	☐ Gender Non-Conforming (i.e. not exclusively male or female)
☐ Female	☐ Transgender Male to Female	

My Sexual Orientation is:

☐ I do not want to answer	☐ I do not know	☐ Questioning/Unsure
☐ Heterosexual	☐ Gay	☐ Lesbian
☐ Bisexual	☐ Other:	

I would like to be connected to an LGBTQ+ resources or services ☐ Yes ☐ No
If yes, explain:

Updated:

Goals:

Action steps needed to complete goals:	Responsible Party	Date to be completed:

4. HIGH SCHOOL EDUCATION PLAN:

I am currently enrolled in and attending school: ☐ Yes ☐ No
If yes, where:
Current grade level: Current GPA:
Number of current credits: Number of credits needed to graduate:
Anticipated graduation date:

I will obtain a high school diploma or HSE prior to transitioning out of foster care: ☐Yes ☐ No
If no, explain:

I have obtained a high school diploma or HSE: ☐ Yes ☐ No
If yes,
School Attended:
Date Obtained:

I have a current IEP/504: ☐ Yes ☐ No ☐ N/A
If yes, I know what my accommodations are: ☐ Yes ☐ No
Last updated:

I am interested in exploring vocational training: ☐ Yes ☐ No
If yes, explain:

Updated:

Goals:

Action steps needed to complete goals:	**Responsible Party**	**Date to be completed:**

5. HEALTH SERVICES PLAN:
I have medical or other health needs that need treatment (dental, vision, sexual health, mental health, substance use): ☐ Yes ☐ No

I have an identified illness, medical diagnosis, and/or mental health need: ☐ Yes ☐ No ☐ N/A
If yes, explain and include all current medication:

I am up to date on all my appointments including a physical exam within the last 12 months: ☐ Yes ☐ No

My next appointment is scheduled:

My providers are:

Physician:	Phone Number:
Dentist:	Phone Number:
Vision:	Phone Number:
Mental Health Provider:	Phone Number:
Person Legally Responsible (PLR):	Phone Number:
OBGYN (if applicable):	Phone Number:
Other:	Phone Number:
Other:	Phone Number:

I know how to continue to access my health providers and manage my medications: ☐ Yes ☐ No

Updated:

Goals:

Action steps needed to complete goals:	**Responsible Party**	**Date to be completed:**

6. PARENTING:
I understand preventing pregnancy and sexually transmitted diseases: ☐ Yes ☐ No
My current birth control plan is:

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I am an expectant parent or parenting:
☐ No ☐ Yes EXPECTANT PARENT – due date:
☐ Yes PARENTING – number of children and ages:

I have custody of my child(ren): ☐ Yes ☐ No
My childcare plan is:

I co-parent with:
The custody plan or other arrangements with my co-parent are:

I have people who will help in caring for my child if I need assistance: ☐ Yes ☐ No
If yes, who:
I have the supplies needed to care for my child(ren) (diapers, wipes, formula, clothing etc.): ☐ Yes ☐ No

I would like to take parenting classes: ☐ Yes ☐ No
I need a referral to community resources in my area: ☐ Yes ☐ No

Updated:

Goals:

Action steps needed to complete goals:	**Responsible Party**	**Date to be completed:**

7. Supplemental Security Income (SSI) and Retirement, Survivors, and Disability Insurance (RSDI) ELIGIBILITY:

I am receiving RSDI (survivors' benefits or disability benefits from a parent):
☐ No ☐ N/A ☐ Yes – Explain:
Amount:
Payee:

I need an initial RSDI application: ☐ Yes ☐ No
I have a trust fund account for RSDI income: ☐ Yes ☐ No

I need assistance with the continuation of RSDI benefits until graduation: ☐ Yes ☐ No

I am receiving SSI income:
☐ No ☐ N/A ☐ Yes – Explain:
Amount:
Payee:

I need an initial SSI application: ☐ Yes ☐ No
I have a trust fund account for SSI income: ☐ Yes ☐ No

I need assistance with the adult determination or the continuation of benefits until graduation: ☐ Yes ☐ No

I am receiving services such as SRC/RRC/DRC:
☐ No ☐ N/A ☐ Yes – Explain:
Case Manager:
Payee:

I need a referral for services such as SRC/RRC/DRC: ☐ Yes ☐ No

Updated:

Goals:		
Action steps needed to complete goals:	**Responsible Party**	**Date to be completed:**

8. PROBATION/PAROLE INVOLVEMENT:
I am involved in probation or parole:
☐ No
☐ Yes – Explain:
Adjudication date:
Anticipated termination date:
Probation or parole officer:
Probation or parole requirements:

Updated:

Goals:		
Action steps needed to complete goals:	**Responsible Party**	**Date to be completed:**

AGES 15+	Date:

9. WORKFORCE & EMPLOYMENT SERVICES PLAN (Check all that apply):

I am working. ☐ Yes ☐ No

Where:
Number of hours worked per week: Hourly wage: $

☐ I have worked previously, and the job ended. Where / circumstances:

I am looking for work. ☐ Yes ☐ No
If yes, ☐ Part time ☐ Full-time
Type of work sought:

I have a current resume: ☐ Yes ☐ No
I know how to complete a job application: ☐ Yes ☐ No
I am confident in attending a job interview: ☐ Yes ☐ No If no, Explain

I need help getting documents and certifications to seek employment (i.e. Health Card, Sherriff's Card, First Aid etc.)
☐ No ☐ Yes If yes, Explain:

I have challenges that may limit my ability to get a job
☐ No ☐ Yes If yes, Explain

I am interested in pursuing a career in the following:

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I would like additional information in my career fields of interest or completing a career assessment: ☐ Yes ☐ No

I want to develop a plan for volunteering, internship, apprenticeship, or enrolling in a workforce program to obtain the necessary skills for employment: ☐ Yes ☐ No
If yes, Explain:

I am interested in Military Service: ☐ No ☐Yes Branch:
Explain:

Updated:

Goals:

Action steps needed to complete goals:	**Responsible Party**	**Date to be completed:**

10. MONEY MANAGEMENT, BUDGETING, & SAVINGS PLAN:
I have an income: ☐ No ☐ Yes, If yes, Explain:
I have a savings or checking account: ☐ Yes ☐ No ☐ Both

If Yes:	If No:
Bank Name: Current Amount: ☐ Individual ☐ Joint If joint, the co-signer is:	I have money saved: ☐ Yes ☐ No Current amount: I would like to have a checking account: ☐ Yes ☐ No I would like to have a savings account: ☐ Yes ☐ No

I have completed a monthly budget: ☐ Yes ☐ No
I am responsible for monthly expenses: ☐ Yes ☐ No
If yes, explain:

I can pay my monthly expenses with my current income: ☐ Yes ☐ No ☐ N/A
I am interested in learning or need additional help with budgeting, banking, credit building, or other financial goals:
☐ Yes ☐ No Explain:
Updated:

Goals:

Action steps needed to complete goals:	**Responsible Party**	**Date to be completed:**

11. TRANSPORTATION PLAN:
If yes, the address is current: ☐ Yes ☐ No

Updated:

Youth Who Are Not Driving	**Youth Who Are Driving**
I have talked with my Team about driving: ☐ Yes ☐ No I have the ability to get insurance: ☐ Yes ☐ No I have taken Driver's Education: ☐ Yes ☐ No If no, I am planning on taking it: ☐ Yes ☐ No (when/where) Identify any barriers:	☐ I have a driver's permit. State: Expires: I have completed permit hours: ☐ Yes ☐ No If no, I have completed: I have scheduled my driving test: ☐ Yes ☐ No If yes, Date:

Currently: ☐ I walk ☐ I ride a bike ☐ I use the public bus ☐ I receive bus passes: Paid by: ☐ Other Transportation: Explain:	☐ I have a driver's license. State: Expires: ☐ I have a vehicle to drive. (Make/Model/Year): Owned by: ☐ I have car insurance: Company: Cost/Schedule $ Paid by: ☐I currently have a suspended license or moving violation tickets. Explain:

Goals:

Action steps needed to complete goals:	**Responsible Party**	**Date to be completed:**

AGES 17+	Date:

12. MY HOUSING PLAN:

I plan to transition out of my current residence: ☐ No ☐ Yes

If yes, date:

I am currently residing in a:	My plan for stable housing is:
☐ licensed foster/relative home	☐ renting a room from current caregiver
☐ unlicensed relative/fictive kin	☐ living with a relative/fictive kin/friend
☐ group home	☐ seeking own apartment
☐ residential treatment	☐ living in a dorm
☐ other:	☐ other:
Explain:	Explain:

I am interested in exploring transitional housing or further support, if available: ☐ Yes ☐ No

Referred Resources:

Updated:

Goals:

Action steps needed to complete goals:	**Responsible Party**	**Date to be completed:**

13. Post-Secondary Education

I have a post-secondary education plan: ☐ Yes ☐ No

If yes, my plan includes:

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I am interested in or have taken steps in exploring or visiting colleges/universities/vocational schools I would like to attend: ☐ Yes ☐ No

I have applied for post-secondary education: ☐Yes ☐No
If yes, where:

I have taken the ACT and/or SAT: ☐ Yes ☐ No ☐ N/A

I have completed or reviewed eligibility for:
☐ FAFSA ☐ ETV Application ☐ Otto Huth Scholarship
☐ Millennium Scholarship ☐ Nevada Foster Youth Tuition Waiver ☐ Other:

If not, I plan to complete them by (date):

Updated:

Goals:

Action steps needed to complete goals:	**Responsible Party**	**Date to be completed:**

14. Post-18 Services Agreement completed:
☐ Yes Date:
☐ No Explain:

15. Aged-Out Medicaid completed:
☐ Yes Date:
☐ No Explain:

16. I have been informed of: Date:
☐ The Selective Service Registration
☐ Voter Registration
☐ Health Care Power of Attorney Options

I have been informed of my right to receive: Date
☐ Nevada ID Card
☐ Original (Certified) Birth Certificate
☐ Social Security Card
☐ Medicaid Card
☐ Custody Court Order
☐ Former Foster Care Status (Aged Out Letter)

17. NYTD FOLLOW-UP POPULATION:
☐ N/A ☐ Yes - 17 year old survey was completed on:

I, _____, (youth name) directed the development of my Independent Living Transitional Plan and understand that it must be updated yearly until I exit care.

I understand that if I have any questions, I may ask my caseworker and/or IL service provider.

_____	_____
Signature of Youth	Date
_____	_____
Signature of Case Manager	Date
_____	_____
Signature of IL Worker	Date
_____	_____
Attorney	Date
_____	_____
Other Signature	Date
_____	_____
Other Signature	Date
_____	_____
Other Signature	Date
_____	_____
Other Signature	Date

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