

## 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:**

**Case ID:**

**Preferred Pronoun:**

**Date of Birth:**

**IL Worker:**

**Youth Phone Number:**

**Primary Case Manager:**

**Youth Current Placement:**

**Attorney:**

**Youth Email Address:**

AGE		LIFE SKILLS ASSESSMENT	INDEPENDENT LIVING PLAN	CREDIT REPORTS
14	<input type="checkbox"/> N/A	Date:	Date:	Date:
15	<input type="checkbox"/> N/A	Date:	Date:	Date:
16	<input type="checkbox"/> N/A	Date	Date:	Date:
17	<input type="checkbox"/> N/A	Date	Date:	Date:
90-day	<input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicaid Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State ID or Permit/License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunization Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of Tribal Enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of Residency or Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foster Care Verification Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.

**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: \_\_\_\_\_

**AGE 14+**

**Date:**

**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 contact for support and may be available to provide support now and in the future:

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:

No  Yes If yes, who:

Is there anything stopping or holding me back from being involved in any of these permanent connections:

No  Yes 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:  No  Yes If yes, explain:

Updated:

**Goals:**

**Action steps needed to complete goals:**

**Responsible Party**

**Date to be completed:**

**3. COMMUNITY CONNECTIONS:**

I am/would like to be involved in community or in extra-curricular activities/groups:  Yes  No

If yes, please describe:

I am/would like to be involved in a spiritual support/church/religious organization or interest:  Yes  No

If yes, please describe:

I am/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  I do not want to answer.

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:**

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 H.S.E. prior to transitioning out of foster care:  Yes  No

If no, explain:

I have obtained a high school diploma or H.S.E.:  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:**

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:
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:

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

If no, explain:

I co-parent with:

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

My childcare plan is:

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(s) 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, but I should be receiving RSDI  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, but I should be receiving SSI  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, but I should be receiving SRC/RRC/DRC  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 SERVICE:**

I am working.  Yes  No

Where:

Number of hours worked per week:

Hourly wage: \$

I have worked previously, and the job ended.  No  Yes If yes, 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 or keep a job.

No  Yes If yes, Explain

I am interested in pursuing a career in the following:

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:**

I have an income:  No  Yes, If yes, Explain:

I have a savings or checking account:  Yes  No  Both

If Yes:

Bank Name:

Current Amount:

Individual  Joint

If joint, the co-signer is:

If No:

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 about 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:**

I have a current ID:  Yes  No

My address is current on my ID:  Yes  No

Updated:

**Youth Who Are Not 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:

Currently:

**Youth Who Are Driving**

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:

I have a driver's license.

State: Expires:

<input type="checkbox"/> I walk <input type="checkbox"/> I ride a bike <input type="checkbox"/> I use the public bus <input type="checkbox"/> I receive bus passes: Paid by <input type="checkbox"/> Other Transportation: Explain:	<input type="checkbox"/> I have a vehicle to drive. (Make/Model/Year): Owned by:  <input type="checkbox"/> I have car insurance: Company: Cost/Schedule \$ Paid by:  I have the ability to get insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> I currently have a suspended license or moving violation tickets. Explain:
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**Goals:**

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

**AGES 17+**

Date:

**12. HOUSING:**

I plan to transition out of my current residence within the next year:  No  Yes  
 If yes, date:

I am currently residing in a: <input type="checkbox"/> licensed foster/relative home <input type="checkbox"/> unlicensed relative/fictive kin <input type="checkbox"/> group home <input type="checkbox"/> residential treatment <input type="checkbox"/> other:  Explain:	My plan for stable housing is: <input type="checkbox"/> renting a room from current caregiver <input type="checkbox"/> living with a relative/fictive kin/friend <input type="checkbox"/> seeking own apartment <input type="checkbox"/> living in a dorm <input type="checkbox"/> other:  Explain:
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I am interested in exploring transitional housing or further support, if available:  Yes  No  
 Explain:

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:

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

I have completed or reviewed eligibility and obtained appropriate documentation (Fee Waiver, Fact Sheet, Former Ward of the Court, ETV, etc.) 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

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature

\_\_\_\_\_  
Date

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Other Signature

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Date

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Other Signature

\_\_\_\_\_  
Date