



**Administration for
Children's Services**

John B. Mattingly
Commissioner

April 11, 2011

150 William Street
18th Floor
New York, NY 10038

212-341-0903 tel
212-341-0916 fax

Attached please find the final procedure entitled, *Transition Plans for APPLA+ Youth Preparing for Adulthood* which provides foster care staff with critical case practice principles and a set of checklists to guide their work with youth transitioning from care. Federal and State law require social services districts and foster care provider agencies to develop transition plans with youth who will be exiting foster care at ages 18, 19 and 20, whether through trial discharge or final discharge. In support of this work Children's Services has received approval from the New York State Office of Children and Family Services (OCFS) to utilize locally created protocols and information tools for the documentation of transition plans for youth in care. These documents are aligned with the ongoing work currently in progress with the Children's Services Preparing Youth for Adulthood (PYA) initiative which shifted the focus of its services from independent living to youth development.

Children's Services Family Permanency Services (FPS) and Agency Program Assistance (APA) have provided training sessions to support the full implementation of the Transition Plans for APPLA+ Youth Preparing for Adulthood.

For additional information or questions please contact Jorge Pastor, Director, APPLA Monitoring Unit at jorge.pastor@dfa.state.ny.us

Thank you for your time and consideration in this matter

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a horizontal line.

John B. Mattingly
Commissioner

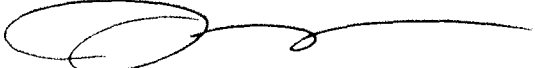
City of New York
Administration for Children's Services

PROCEDURE #2011/02

Subject: Transition Plans for APPLA+ Youth Preparing Youth for Adulthood

APPROVED BY: John B. Mattingly

DATE: April 11, 2011


PAGE: 1 of 4 (3 Attachments)

IMPLEMENTATION RESPONSIBILITY:
Children's Services Family Permanency Services
Staff and all Foster Care Provider Agency Staff

PURPOSE: Every youth in our care must receive services and support to acquire skills for a healthy, productive and self-sufficient adult life. This procedure provides foster care staff with critical case practice principles and a set of checklists to guide work with youth transitioning from care.

SCOPE: This new procedure applies to Children's Services Foster Care Provider Agencies and Family Permanency Services (FPS). This procedure must be utilized for youth in care at the first Permanency Planning Family Team Conference (Service Plan Review) held after a youth's 17th birthday and every subsequent Permanency Planning Family Team Conference to support youths' preparedness for trial and/or final discharge. This procedure must be utilized for all youth in care who are:

- 17 years old or older (Any PPG), and
- Youth with a PPG of "Another Planned Permanent Living Arrangement" (APPLA), who will leave care before their 21st birthday or at age 21

For additional information or questions concerning the policy and procedural guidelines contact Jorge Pastor, Director, APPLA Monitoring Unit, at jorge.pastor@dfa.state.ny.us For additional information or questions concerning the attached "Preparing Youth for Adulthood User Guide" contact Erin McCann, Deputy Director, QA/Data Development at erin.mccann2@dfa.state.ny.us.

POLICY: Preparing Youth for Adulthood: Casework Practice Expectations

ACS expects that caseworkers, administrators, foster parents, direct care workers and other staff will use these guidelines in their work with youth in care. Our work with youth should:

- Recognize adolescents' developmental needs to test limits, accept a value system, have a permanent and healthy relationship with a caring adult, and enjoy a sense of safety, membership, self-worth, and control over their lives;
- Promote the development of youth's mental, physical, and emotional well-being;
- Set developmentally appropriate expectations that encourage youth to achieve to their highest potential in interpersonal relationships, career, education, and personal interest development;
- Make efforts for youth to have the education and/or vocational training they need to succeed in the job market; and
- Enable youth to be able to plan responsibly to meet their own needs for housing, food, clothing, health and safety as they mature into adulthood.

Documentation of Transition Plans

Federal and State law require social services districts and foster care provider agencies to develop transition plans with youth who will be exiting foster care at ages 18, 19 and 20, whether through trial discharge or final discharge.¹ Documentation of transition plans should reflect that the guidelines as stated above are followed in helping youth transition from foster care to self-sufficiency.

In support of this work Children's Services has received approval from the New York State Office of Children and Family Services (OCFS) to utilize locally created protocols and information tools for the documentation of transitioning plans for youth in care. These documents are aligned with the ongoing work currently in progress with Children's Services Preparing Youth for Adulthood (PYA) initiative which shifted the focus of its services from independent living to youth development. The protocols and informational tools attached will assist staff in monitoring the individual progress of all youth in care who are 17 years old or older, youth being discharged to another planned living arrangement with a permanency resource (APPLA) at age 21, and youth discharged to APPLA before their 21st birthday.

¹ Fostering Connections to Success and Increasing Adoptions Act of 2008, Public Law (P.L.) 11-351 and 18 NYCRR § 430.12 (j).

Preparing Youth for Adulthood-Checklist for Youth in Care

Starting with the first Permanency Planning Family Team Conference (Service Plan Review) held after a youth's 17th birthday and continuing in every subsequent Permanency Planning Family Team Conference, the *Preparing Youth for Adulthood Checklist for Youth in Care* (PYA Checklist) must be completed by staff. If a Family Team Conference (FTC) is not held within the timeframes of a Service Plan Review, the checklist should be completed electronically² and submitted to ACS at the time of the FASP completion. The provider agency planner should also use the PYA Checklist as a guide in preparing for the FTC as this information will help in the development of a permanency plan for the youth so that the youth transitions out of care successfully.

The *PYA Checklist for Youth in Care* supports the planner in engaging the youth and other relevant stakeholders in a conversation about the permanency options being explored with the youth. The questions are intended to direct the worker's discussion with the youth and guide the planner in developing and documenting the youth's discharge plans in areas that are important to address in order to help a youth make a successful transition from foster care to self-sufficiency. The questions will enable the planner to develop and document a discharge plan that is youth-driven and is as detailed as the youth elects. After the first conference using this form, the case planner/case worker should refer back to the previous PYA Checklist to gauge the youth's progress.

Discharge Checklist

In preparation for a youth's Family Team Conference for trial or final discharge, the case planner/case worker working with the youth must utilize the Discharge Checklist to assess the youth preparedness for permanency.

The *Discharge Checklist* is intended to engage and guide a youth and other relevant stakeholders in discussions about the youth's plans after leaving care on either a trial discharge status or final discharge status. The questions will enable the worker to develop and document a discharge plan that is youth driven and is as detailed as the youth elects. The *Discharge Checklist* will allow the conference participants to create a plan to address any outstanding PYA topics prior to the upcoming discharge. Progress of the discharge plan should be addressed during subsequent casework contacts between the youth and the case planner/case worker. **The Discharge Checklist should be completed electronically³ ninety (90) days prior to the scheduled discharge.**

² The Preparing Youth for Adulthood Checklist may be found on the ACS Intranet Website via the following path: DocuShare>>Foster Care >>APPLA Youth Resources. Refer to Appendix A (hard copy sample of checklist) to become familiar with its contents.

³ The Discharge Checklist may be found on the ACS Intranet Website via the following path: DocuShare>>Foster Care >>APPLA Youth Resources. Refer to Appendix B (hard copy sample of checklist) to become familiar with its contents.

Written Notification of Foster Care Re-Entry Rights

Please be aware that youth who have been final discharged from care as a result of not consenting to remain in care are entitled to written notification at the discharge conference of their right to apply to re-enter foster care within 24 months after discharge or before the youth's 21st birthday.⁴

Signing and Submitting the Checklists

Both the *Checklist for Youth in Care* and the *Discharge Checklist* questions enable the planner to develop and document a plan that is youth driven and is as detailed as the youth elects. The agency planner should bring these documents to scheduled Permanency Planning Family Team Conference (Service Plan Review) and the Discharge Checklist to trial/final Family Team conferences (as appropriate) to help guide the discussion of the following topics including:

- Discharge Planning;
- Housing;
- Health/Health Insurance⁵;
- Education/Vocational;
- Employment Services;
- Opportunities for Adult Permanency Resources;
- Continuing Support Services and;
- Vital Documents

The *Checklist for Youth in Care* and the *Discharge Checklist* provide a space for the signature of the case planner/caseworker and the youth. When a youth does not sign his/her checklist, a note must be entered in place of the youth's signature indicating the reason that the youth did not sign the form. For example, it might be noted that the youth refuses to sign. The youth must be given a copy of the completed checklist form and a copy must be placed in the youth's CNNX case record. The case planner/case worker should also update the form with all of the information from the recent Family Team Conference.

Refer to Attachment C entitled "Preparing Youth for Adulthood User Guide" for specific navigational and documentation instructions.

Both the *PYA Checklist* and *Discharge Checklist* should be submitted to ACS via email to the following address upon completion of the conference:

acs.sm.pya@dfa.state.ny.us Please note that when attachments are used to share confidential, case specific and/or personally identifiable information, staff should to the extent possible, password-protect the attached files before sending.⁶

⁴ For additional information concerning foster care re-entry rights and criteria, see Children's Services Procedure #2010/07, Voluntary Replacements (Foster Care Re-Entry) issued 12/3/10

⁵ 10-OCFS-ADM-12, Health Care Proxy for Youth Transitioning Out of Care (9/17/10)

⁶ See Children's Services Policy #2010/07, *Security of Confidential, Case Specific and/or Personally Identifiable Information*, issued 12/6/10.

PREPARING YOUTH FOR ADULTHOOD CHECKLIST FOR YOUTH IN CARE

Save Form

Clear Form

Print Form

Submit Form

Youth Personal Information

Agency: Please, select Agency ▼	
Agency Contact Name: _____	
Agency Contact # : _____	Ext. _____ (Please, enter Phone in format nnn-nnn-nnnn)
Case Name – Last _____	Case Name – First _____
Youth Name - Last _____	Youth Name – First _____
D.O.B. _____ (Please, enter date in format mm/dd/yyyy)	CIN: _____
Youth – Ethnicity: Please, select Ethnicity ▼	Youth Gender: Please, select Gender ▼ <small>Please note that section 'transgender' is optional and is a decision made by the youth</small>
Youth's Phone #: _____ Ext. _____ (Please, enter Phone in format nnn-nnn-nnnn)	

Permanency Planning

List the youth's professional and personal goals: _____	
Current Discharge Plan:	Please, select Current Discharge Plan ▼
Current Placement:	Group Home ▼
If applicable, please describe the youth's thoughts and feedback on his or her trial discharge:	_____
Youth's address: _____	
Youth's email address: _____	

PREPARING YOUTH FOR ADULthood CHECKLIST FOR YOUTH IN CARE

[Save Form](#)[Clear Form](#)[Print Form](#)[Submit Form](#)

Youth Personal Information

Agency: Agency Contact Name: Agency Contact # : Ext. (Please, enter Phone in format nnn-xxx-xxxx)Case Name – Last Case Name – First Youth Name - Last Youth Name – First D.O.B. (Please, enter date in format mm/dd/yyyy)CIN:

Youth – Ethnicity:

Youth Gender:

Please note that section 'transgender' is optional and is a decision made by the youth

Youth's Phone #: Ext. (Please, enter Phone in format nnn-xxx-xxxx)

Permanency Planning

List the youth's professional and personal goals:

Current Discharge Plan:

Current Placement:

If applicable, please describe the youth's thoughts and feedback on his or her trial discharge:

Youth's address: Youth's email address:

Did the youth go missing during the last 6 months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	If yes, date missing: _____
Did youth return? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	If yes, date returned: _____
Has youth been incarcerated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	If yes, date incarcerated: _____ If yes, (anticipated) release date: _____
What is the youth's concurrent plan? _____	
(Anticipated) trial discharge date: _____	(Anticipated) final discharge date: _____
Discharge Information: _____	
If applicable, reason for discharge: Please, select Reason for Discharge	
Who is the youth's permanent connection? _____	
Is this person a discharge resource? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
How is this person involved in planning with the youth? _____	
What recruitment efforts were made by the agency during the last 6 months:	<input type="checkbox"/> Referrals <input type="checkbox"/> You Gotta Believe <input type="checkbox"/> Phone calls <input type="checkbox"/> Meet and Greets <input type="checkbox"/> Interviews <input type="checkbox"/> Community Sponsored Programs/Agency events <input type="checkbox"/> Other: _____
What recruitment activities did the youth participate in during the past 6 months? _____	
Has youth identified a mentor/caring adult (informal or formal)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

Housing

	Applied?	If Applied, date:	Approved?	Approved or Disapproved date:
NYCHA/Public Housing	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
NYCHA/Section 8	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
Recurring Housing Subsidy	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
One Shot Housing Subsidy	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
SPOA	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No	_____

NY NYIII	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Other Supportive Housing	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Non Subsidized	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	

If disapproved by NYCHA, has administrative appeal been sought? ☐ Yes ☐ No

Housing Secured? ☐ Yes ☐ No

If yes, please list address: _____

Housing Barriers? ☐ Substance Abuse ☐ Immigration ☐ Criminal History ☐ Insufficient Income ☐ Other

Describe other: _____

Please list the housing options the youth suggested: _____

Please describe the youth's emergency housing plan that has been developed by the worker and the youth: _____

Has agency applied for discharge grants and included the housing eligibility memo? ☐ Yes ☐ No ☐ N/A

Education

Is youth currently attending:		School Name / Major / Course of Study
High School / GED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - Graduated	_____
College	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - Graduated	_____
Vocational/Trade Program	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - Graduated	_____

Please describe the youth's educational and vocational goals:

Does Youth Have an IEP Diploma? ☐ Yes ☐ No ☐ N/A

Is the youth eligible to apply for ETV? ☐ Yes ☐ No ☐ N/A - Not in School

ETV Status:

☐ Applied ☐ Not Applied ☐ Not Eligible

Date ETV applied:

ETV Received?

☐ Yes ☐ No

Employment

Does the Youth have a source of sufficient income?

☐ Yes ☐ No

Does the Youth have a bank account?

☐ Yes ☐ No

Length of time youth has bank account:

Please, select Length of Bank Account

Currently Working / Internship?

☐ Yes ☐ No

hrs / week:

Hourly Rate (enter 0.00 if unpaid internship) \$

Length of time Employed / Internship (months):

Name of Business / Internship:

Actively Searching for Employment / Internship?

☐ Yes ☐ No ☐ N/A - Currently employed

If not enrolled in Education Program or working, why?

Employment Barriers:

Individual Needs

Therapy

☐ Yes ☐ No ☐ N/A

Physical

☐ Yes ☐ No ☐ N/A

Cognitive Delay

☐ Yes ☐ No ☐ N/A

Medication

☐ Yes ☐ No ☐ N/A

Date prescribed

Mental Health

☐ Yes ☐ No ☐ N/A

Date re-evaluated

Psychosocial

☐ Yes ☐ No ☐ N/A

Recent psychosocial date

Has youth confided substance abuse?

☐ Yes ☐ No

Has youth expressed a desire for substance abuse treatment?

☐ Yes ☐ No ☐ N/A

If yes, is the youth engaging in treatment?

☐ Yes ☐ No ☐ Dropped out ☐ Refused ☐ N/A

Is youth engaged in services?

☐ Yes ☐ No

If yes, what type of services:

Pregnant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	If yes, is the youth receiving pre-natal care? <input type="radio"/> Yes <input type="radio"/> No	
Parenting <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Does child(ren) live with the youth? <input type="radio"/> Yes <input type="radio"/> No	If yes, how many children does the teen have? _____
If yes, age(s) of child(ren): _____ (Please, enter numbers separated by comma)		If yes, is the child(ren) of the teen receiving services? <input type="checkbox"/>
If the teen has a child(ren), are there any outstanding services needed including Early Intervention or child care? _____		

Vital Records

Does the youth have:

Birth Certificate: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Social Security Card: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	State Issued ID: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Has the youth applied for a passport? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Has the youth registered for Selective Service? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
If vital documents have not been secured, what is being done by whom? _____		

Immigration Information

Is the youth a US Citizen? <input type="radio"/> Yes <input type="radio"/> No
Does the youth have a Green Card? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Does the youth have a Work Authorization Card? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Does the Youth have a Valid Visa? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Has the youth's worker applied for SIJS? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is there a pending application with USCIS? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is the youth currently working with an immigration attorney/agency? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If immigration documents have not been secured, what is being done by whom? _____

Medical

Has the youth been apprised of Chaffee Medical Services that will be available until age 21 if the youth was in foster care on or after the youth's 18th birthday, or of Traditional Medicaid <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
--

services that will be available for up to 4 months after discharge from care, as applicable?

Has youth completed renewal package to Community Medicaid? ☐ Yes ☐ No ☐ N/A Chafee Youth

Date Applied: _____

Has youth been provided information on follow-up to submit renewal package and recertification of Community Medicaid Services?

☐ Yes ☐ No ☐ N/A

Has a youth eligible for Chafee Medicaid services been provided with a copy of the required Chafee Medicaid letter at final discharge?

☐ Yes ☐ No ☐ N/A

Has a youth eligible for Chafee Medicaid been provided assistance in obtaining documents related to the youth's eligibility for Medicaid?

☐ Yes ☐ No ☐ N/A

If no, please explain (i.e. youth has private insurance or youth is incarcerated):

Has information regarding the importance of health care power of attorney and health care proxies been shared with the youth?

☐ Yes ☐ No

If yes, on what date? _____

Is the youth aware of the need to keep DSS informed of changes of address?

☐ Yes ☐ No

Has the youth been informed when the youth will receive the youth's own benefit card?

☐ Yes ☐ No

What specific steps still need to be taken prior to discharge?

What is the youth's feedback on discharge?

Date of youth's last comprehensive medical exam: _____

Does the youth need a medical exam prior to discharge?

☐ Yes ☐ No ☐ N/A

If the medical exam requires post discharge follow-up, what steps were taken to address that need:

Signatures

Youth (Type Name):

Youth (Signature):

Date Signed:

Case Planner / Worker(Type Name):

Case Planner / Worker(Signature):

Date Signed:

Save Form

Clear Form

Print Form

Submit Form

DISCHARGE CHECKLIST[Save Form](#)[Clean Form](#)[Print Form](#)[Submit Form](#)Type of Discharge: ☐ Trial ☐ Final**Youth Personal Information**

Agency: Please, select Agency	
Case Name – Last 	Case Name – First
Youth Name – Last 	Youth Name – First
D.O.B. (Please, enter date in format mm/dd/yyyy)	CIN:

Permanency Planning

Current Discharge Plan: Please, select Current Discharge Plan	
Was 90 Day Notice given to the youth? <input type="radio"/> Yes <input type="radio"/> No	If yes, date of 90 day Notice:
Date of anticipated discharge: 	
Date of discharge conference/FTC: 	Date of discharge effective:
Discharge destination: <input type="radio"/> Self <input type="radio"/> Family <input type="radio"/> Other: 	
What are the outstanding concerns to be addressed during Supervision to 21 period: 	
Essential connection established with Adults prior to discharge? <input type="radio"/> Yes <input type="radio"/> No	
Explain: 	
If applicable, please describe the youth's thoughts and feedback on his or her trial discharge: 	

Housing

Housing Secured?

☐ Yes ☐ No

Explain and include back-up plan:

If yes, please provide the following:

Address:

E-mail Address:

Mobile phone #:

Ext.

(Please, enter Phone in format nnn-xxx-xxxx)

House phone #:

Ext.

(Please, enter Phone in format nnn-xxx-xxxx)

Housing Barriers?

☐ Substance Abuse

☐ Immigration

☐ Criminal History

☐ Insufficient Income

☐ Other

Describe other:

	Applied?	If Applied, date:	Approved?	Approved or Disapproved date:
NYCHA/Public Housing	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
NYCHA/Section 8	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Recurring Housing Subsidy	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
One Shot Housing Subsidy	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
SPOA	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
NY NYIII	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Other Supportive Housing	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Non Subsidized	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	

If disapproved by NYCHA, has administrative appeal been sought?

☐ Yes ☐ No

Which Type of Housing is the youth discharged to?

Please, select Type of Housing

If youth is being discharged to Nonsubsidized Housing, please select which type:

Please, select Type of Nonsubsidized Housing

Did the youth apply for a discharge grant?

☐ Yes ☐ No ☐ N/A

Has agency included the housing eligibility memo?

☐ Yes ☐ No ☐ N/A

Please list the housing options the youth suggested:	
Please describe the youth's emergency housing plan that has been developed by the worker and the youth:	

Education

Please describe the youth's educational and vocational goals:		
Is youth currently attending:		School Name / Major / Course of Study
High School / GED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - Graduated	 Anticipated Date of Completion (if applicable) _____
College	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - Graduated	 Anticipated Date of Completion (if applicable) _____
Vocational/Trade Program	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - Graduated	 Anticipated Date of Completion (if applicable) _____
Does Youth Have an IEP Diploma? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Is the youth eligible to apply for ETV? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - Not in School		
ETV Status: <input type="radio"/> Applied <input type="radio"/> Not Applied <input type="radio"/> Not Eligible		ETV Received? <input type="radio"/> Yes <input type="radio"/> No
If applicable, has the youth applied for financial aid? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		

Employment

Is the youth currently employed or have an internship?	<input type="radio"/> Yes <input type="radio"/> No
Actively Searching for Employment / Internship?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - Currently employed
Name of Business / Internship: _____	
Address of Business / Internship: _____	

Name of Supervisor: _____		Telephone # of employer: _____ Ext. _____ (Please, enter Phone in format nnn-nnn-nnnn)	
# hrs / week: _____	Hourly Rate (enter 0.00 if unpaid internship) \$ _____		
Length of time Employed / Internship (months): _____			
Does the Youth have a source of sufficient income? <input type="radio"/> Yes <input type="radio"/> No		Does the Youth have a bank account? <input type="radio"/> Yes <input type="radio"/> No	
Explain: _____			
If not enrolled in Education Program or working, why? _____			
Employment Barriers: _____			

Medicaid

Has the youth been apprised of Chaffee Medical Services that will be available until age 21 if the youth was in foster care on or after the youth's 18th birthday, or of Traditional Medicaid services that will be available for up to 4 months after discharge from care, as applicable?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Has youth completed renewal package to Community Medicaid? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Chaffee Youth	Date Applied: _____	
Has youth been provided information on follow-up to submit renewal package and recertification of Community Medicaid Services?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Has a youth eligible for Chaffee Medicaid services been provided with a copy of the required Chaffee Medicaid letter at final discharge?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Has a youth eligible for Chaffee Medicaid been provided assistance in obtaining documents related to the youth's eligibility for Medicaid?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no, please explain (i.e. youth has private insurance or youth is incarcerated): _____		
Has information regarding the importance of health care power of attorney and health care proxies been shared with the youth? <input type="radio"/> Yes <input type="radio"/> No		If yes, on what date? _____
Is the youth aware of the need to keep DSS informed of changes of address? <input type="radio"/> Yes <input type="radio"/> No	Has the youth been informed when the youth will receive the youth's own benefit card? <input type="radio"/> Yes <input type="radio"/> No	
What specific steps still need to be taken prior to discharge? _____		
What is the youth's feedback on discharge? _____		
Medical Insurance Secured? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		

Explain: _____

Does the youth need a medical exam prior to discharge? ☐ Yes ☐ No ☐ N/A

Date of youth's last comprehensive medical exam:

If the medical exam requires post discharge follow-up, what steps were taken to address that need:

Immigration Information

Immigration Documents Secured: ☐ Yes ☐ No ☐ N/A

Explain: _____

Vital Documents

Birth Certificate: ☐ Yes ☐ No ☐ N/A

Explain: _____

Social Security Card: ☐ Yes ☐ No ☐ N/A

Explain: _____

State Issued ID: ☐ Yes ☐ No ☐ N/A

Explain: _____

Has the youth been informed of who to contact at the agency so they can access important documents and their case record? ☐ Yes ☐ No ☐ N/A

Individual Needs

Linkages Established to Community Resources: ☒ Yes ☐ No ☐ N/A

Explain: _____

Please list Resources:

Please List any additional safety issues or concerns:

Signature

Youth (Type Name):

Youth (Signature):

Date Signed:

Case Planner / Worker (Type Name):

Case Planner / Worker (Signature):

Date Signed:

Save Form

Clear Form

Print Form

Submit Form

NYC[™] Administration for Children's Services

Preparing Youth for Adulthood Instructional Documentation Guide

Distributed: April 11, 2011

1 Preparing Youth for Adulthood: Documentation of Transitioning Plans

The New York State Office of Children and Family Services (OCFS) requires districts and agencies to develop transition plans with youth who will be exiting foster care at ages 18, 19 and 20, whether through trial discharge or final discharge¹

In support of this work Children's Services has received approval from OCFS to utilize locally created protocols and information tools for the documentation of transitioning plans for youth in care. These documents are aligned with the ongoing work currently in progress with Children's Services Preparing Youth for Adulthood (PYA) initiative which shifted the focus of its services from independent living to youth development. The protocols and informational tools attached will assist in monitoring the individual progress of all youth in care who are 17 years old or older, youth being discharged to another planned living arrangement with a permanency resource (APLA) at age 21, and for youth discharged to APLA before their 21st birthday.

¹ 18 NYCRR 430.12 (j) and Public Law (P.L.) 110-351

2 PYA Adulthood and Discharger Checklist Navigational Instructions


1. The PYA coordinator at your agency will copy the Preparing Youth for Adulthood Checklist for Youth in Care form template and the Discharge Checklist form template to your workstation. Then you can begin to use them.

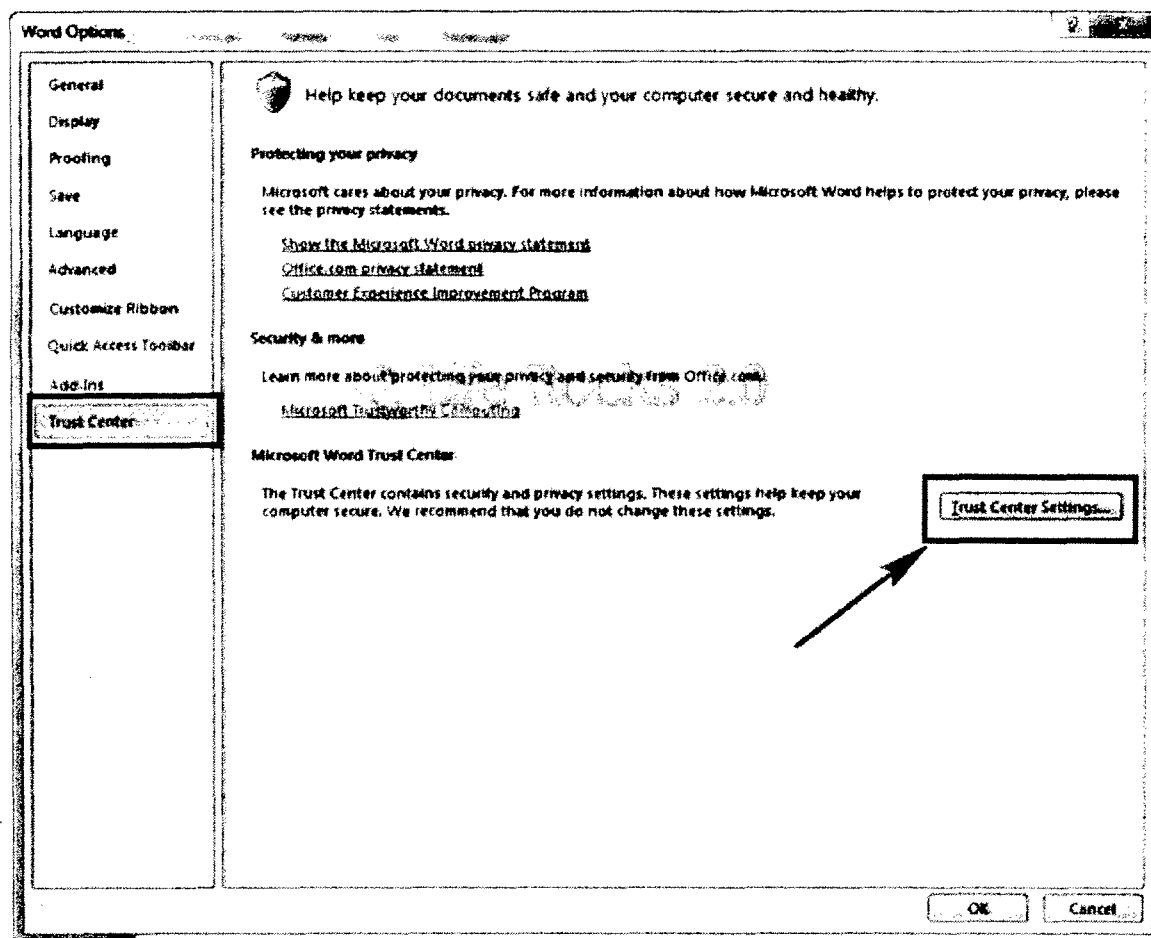
2. Open Microsoft WORD and set the macro security levels in WORD.

- If you have WORD 2003:
 - a. You can either click on **Tools**, point to **Macro**, then click on **Security** OR you can click on **Tools**, click **Options**, click the **Security** tab, then click the **Macro Security** button.
 - b. Either method displays the Security dialog box:



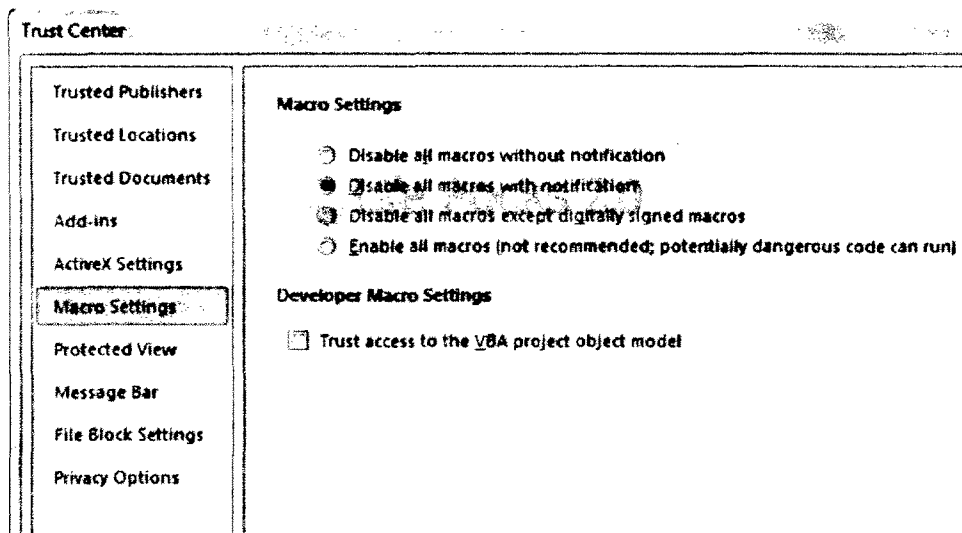
- c. Click **Medium**.
- d. Click **OK**.
- e. You will see a Security Warning box. Click the Enable Macros button in the box.

- If you have WORD 2007 or 2010:
 - a. Click the **Microsoft Office button**  and then click **Word Options**.
 - b. The following screen displays:



- c. Click **Trust Center** and then click **Trust Center Settings** as shown by the arrow above.

- d. The following screen displays:



- e. In the Macro Settings section, you can click either:

Disable all macros with notification This is the default setting. Click this option if you want macros to be disabled, but you want to get security alerts if there are macros present. This way, you can choose when to enable the macros you want on a case by case basis.

Enable all macros NOT RECOMMENDED - potentially dangerous code can run. Click this option to allow all macros to run without getting security alerts. This setting makes your computer vulnerable to potentially dangerous code and it is not recommended.

- f. When you have made your selection, click **OK**.
 g. You will see a Security Warning ribbon. Click on Enable Content in the ribbon.

3. Begin and complete a conference.

4. After the conference, open the Preparing Youth for Adulthood (PYA) Checklist form template or the Discharge Checklist form template.

5. The form template takes some time to load.

6. When the form template is loaded and displayed, enter information into the fields in the form template. You can tab from one field to another field. You must enter at least the CIN and agency code.

7. All the required fields in the form are red. Some fields may change to red depending on information you enter in other fields. If a field asks you for information that is pending, don't click Yes or No in it.

8. If you need to blank out all the fields, click Clear Form so you can begin again.

9. After you enter correct information in several fields, you can click the Save Form button to save it on your workstation. When you click the Save Form button the first time, the name of the file will be created and the location of the file will be indicated by the system. The file will be saved in the same directory where the form templates are stored at your workstation. An example of a location and filename is:

C:\Documents and Settings\My Documents\Y B07 11182010 AB12345T.doc

where the location is C:\Documents and Settings\My Documents\

and the filename of the saved form is Y B07 11182010 AB12345T.doc

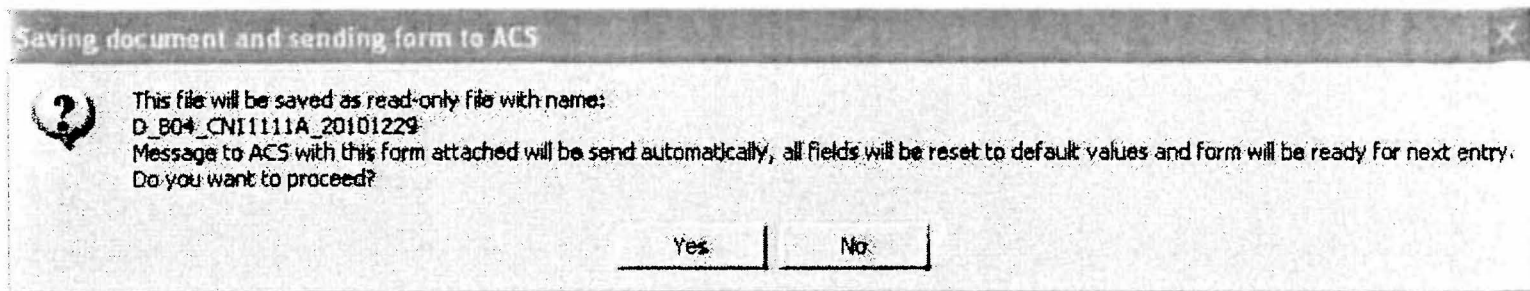
where Y = Youth, B07 is the agency code, 11182010 is the date in mmddyyyy format, AB12345T is the CIN and doc indicates that the form was saved as a Microsoft Word file.

10. As you continue to enter information, click the Save Form button to save it in the directory. Also, there is an automatic save every 15 minutes. If you need to take a break, click Save Form. When you return from your break, go to the directory and double-click on the form to open it again.

11. When the form is complete, click Save Form and then the Submit Form button.

12. If any required fields are not filled in, you will receive a popup message asking you to fill in these fields. Enter correct information in these fields.

13. After you click Submit Form and all the required fields are filled in, the following message (which is an example) displays:



Click Yes to proceed so the form can be sent to ACS (or click No if you do not want the form sent to ACS).

14. After you click Yes, the form will be saved at your workstation, and it also will be automatically emailed to ACS together with a backup copy. To make sure that the form was sent to ACS, go to your "sent" box in your email program (for example, Microsoft Outlook) to see that the form was sent to ACS. If it was not sent, see your Supervisor.

15. At ACS, a password must be used to open the form and backup copy. The password is:

CCC + D + Agency Code where CCC equals the first 3 characters of the CIN number, D indicates Discharge Checklist, and the Agency Code is at the end

OR

CCC + Y + Agency Code where CCC equals the first 3 characters of the CIN number, Y indicates Youth in Care Checklist, and the Agency Code is at the end

For example:

If a Discharge Checklist form for agency 003 was submitted on 8/24/2010 for CID number CS98765A, the password should be CS9D003

If a Youth in Care Checklist form for agency 003 was submitted on 8/24/2010 for CID number CS98765A, the password should be CS9Y003

16. When the form is processed at ACS, if you have Microsoft Outlook, you will receive a message saying it is processed at ACS.

17. If necessary after the form is emailed to ACS, if your agency wants a different file name for the form, do a Save As to save the form at your workstation with the name determined by your agency.

18. Print the form that was saved at your workstation by clicking the Print Form button. When you have the printed form, sign it and let the youth sign it. Then make a copy of the signed form and give the copy to the youth.

19. Begin and end another conference by returning to Step 3 above. Use the form template you were using which is now blank after you clicked Submit Form, or open a different form template. Enter details from the conference.

20. Continue to fill in and submit forms until the end of the session.