

WV COURT IMPROVEMENT PROGRAM

PRACTICAL TIPS AND IDEAS FOR REPRESENTING  
OLDER YOUTH

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# WV OLDER YOUTH TRANSITION PLAN

YOUTH & CAREGIVER INFORMATION		
Youth Name:	D/O/B:	GENDER:
Actively Involved Parent/Guardian/Caregiver Name:		Relationship:
Contact Route:	Phone:	Email:
Address:		

CURRENT CUSTODY SOURCE INFORMATION		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Worker:	County:		
Phone/Extension:	Worker email:		
Check Youth's Current Custody Status:			
<input type="checkbox"/> DHHR Permanent Custody or <input type="checkbox"/> DHHR Temporary Custody &: <input type="checkbox"/> CPS or <input type="checkbox"/> Youth Services <input type="checkbox"/> DJS & <input type="checkbox"/> History of DHHR custody or <input type="checkbox"/> No history of DHHR custody <input type="checkbox"/> FC-18			

COURT INFORMATION			
Judge:	County:	Adjudication Status:	
Guardian Ad Litem:	Phone:	Email:	Address:
Attorney:	Phone:	Email:	Address:
Probation Status	<input type="checkbox"/> Active	<input type="checkbox"/> Monitoring	<input type="checkbox"/> History
Probation Officer:	County:	Phone:	Email:

CURRENT OUT-OF-HOME CARE LIVING ENVIRONMENT		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Family/Kinship:			
Address:			
Out-of-Home Care:	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Residential (circle level): I, II, III	<input type="checkbox"/> Shelter <input type="checkbox"/> PRTF <input type="checkbox"/> DJS
Provider Agency:	Address:		
Primary Staff Name:	Position/Credentials:		
Phone:	Email:		

MODIFY PARTICIPATION (youth ages 17+ pursuing post-secondary education)				
Current Modify Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending	<input type="checkbox"/> Applied & Denied	<input type="checkbox"/> Not addressed
Modify Program Specialist Name:	Phone:	Email:		

DHHR Specific Status Checks			
Tribal Membership Eligible	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed	<input type="checkbox"/> Referred/Pending
NYTD Survey (at age 17 years)	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed	<input type="checkbox"/> Referred/Pending
Advanced Directives (17 yrs & 3 months)	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed	<input type="checkbox"/> Referred/Pending
Credit History Check (16 yrs & annual)	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed/Date:	<input type="checkbox"/> Referred/Pending
<input type="checkbox"/> Negative Credit History Check Finding & Referred for further action			

MISC.				
SSI Eligibility:	<input type="checkbox"/> N/A	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending	<input type="checkbox"/> Not Addressed
Title 19 Waiver Eligibility	<input type="checkbox"/> N/A	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending	<input type="checkbox"/> Not Addressed
Adult Protective Services	<input type="checkbox"/> N/A	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending	<input type="checkbox"/> Not Addressed

**\*\*\*\*Please attach Youth's current Readily At Hand Checklist\*\*\*\***

## CURRENT ACADEMIC SETTING

Not attending/not pursuing Academic Plan

**■PRE-GRADE 12 LEVEL or**       NA Youth is in Middle School  
 Public High School                       Safe School Sentence                       Alternative Learning School  
 On-Grounds School                       On-Grounds Other:  
 Youth's Verified Grade Level:  
 Anticipated completion date (mth/yr):

**■ADULT G.E.D EDUCATION SETTING or**       NA  
 Anticipated completion date (month/year):

**■POST-SECONDARY SETTING or**       NA  
 University                       Community College                       Business College  
 Vocational Program                       Other Certification Program  
 Anticipated completion date (mth/yr):

**■CURRENTLY ACCESSING:** or       NA  
 FAFSA       Yes                       No                      If No, Is application needed?  
 ETV Funds       Yes                       No                      If No, Is application needed?

**■ACADEMIC STRENGTHS**  
 ▪On Track to Earn:       Diploma       GED       Modified Diploma       Certification       Degree       Other:  
 ▪Describe: Youth understands the value of & is invested in completing his/her academic plan  
 ▪Youth's ability to access needed academic support, self-advocacy, etc.  
 ▪Academic Achievements to Date: describe diploma, certification, etc.

**■ACADEMIC NEEDS**  
 Credit Recovery                       Tutoring                       504 Plan  
 IEP (Individual Education Plan) Referral Needed and/or Modification of Existing Plan  
 S.A.T (Student Assistance Team referral needed or active)  
 Other:

**■TRANSITION NEEDS**

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

## LIFE SKILLS ATTAINMENT

### CASEY LIFE SKILLS (CLS) ASSESSMENT / CLS Report \*\*\*

- CLS Completed & Date of Last Assessment
- CLS In Progress & Anticipated Date of completion:
- Needs CLS assessment

- CLS Learning Plan has been developed & is in process:
- Needs CLS Learning Plan

### DEMONSTRATED KNOWLEDGE IN CLSA

<i>Daily Living</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue	<i>Work/Study Life</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i>Self Care</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue	<i>Career/Education Planning</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i>Relationship/Communication</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue	<i>Looking Forward</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i>Housing/Money Management</i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue			

### EXPERIENTIAL OPPORTUNITIES

Youth has participated in Life Skills Opportunities/Workshops in the following:

Food Handler's Card:       completed                       needs

### HANDS-ON SKILLS:

Laundry	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal
Meal Preparation	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal
Grocery Shopping	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal
Home Safety	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal
Kitchen Safety	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal
Other:	<input type="checkbox"/> skilled	<input type="checkbox"/> needs strengthening	<input type="checkbox"/> minimal

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

**\*\*\*Attach: CLS & the CLS Learning Plan\*\*\***

**CAREER/EMPLOYMENT**

**CURRENT EMPLOYMENT STATUS\*\*\* or NA**

- Not employed      Actively Job Searching      Disabled/Unable to Work  
Full Time      Part Time (hours per week:)

Start Date of current employment:      Employment Site:  
 Position:      Pay Rate:

**EMPLOYMENT/EMPLOYMENT PREP NEEDS**

- |                         |                                    |                                |                              |
|-------------------------|------------------------------------|--------------------------------|------------------------------|
| Interest Inventory      | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Resume*                 | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| References              | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Job Shadowing           | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Mock Interview          | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Sample Job Applications | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Job/Career Fair         | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Interviewing Outfit(s)  | <input type="checkbox"/> has       | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |

**LINKAGES**

- |                     |                                    |   |                              |
|---------------------|------------------------------------|---|------------------------------|
| HRDF                | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| DRS                 | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| Employment Services | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| Other: Disabled     | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| Other:              |                                    |   |                              |

**EMPLOYMENT SKILLS:**

**SPECIAL CERTIFICATIONS:**

**TRANSPORTATION NEEDS:**

**SHORT TERM EMPLOYMENT GOAL(S):**

**LONG TERM EMPLOYMENT GOAL(S):**

GOAL	STEPS/TIMELINE	RESONSIBLE PERSON	STATUS/UPDATE

**\*\*\*Attach current Resume & Detailed Past Work History List including reason for leaving\*\*\***

## FINANCE & MONEY MANAGEMENT

### BANK ACCOUNT STATUS

- Savings Account in own name\*:     has                       needs                       N/A
- Checking account in own name\*:     has                       needs                       N/A
- CD/Money Market account\*         has                       needs                       N/A
- ATM/Debit Card                             has                       needs                       N/A
- Direct Deposit                                 has                       needs                       N/A
- Online Banking                               has                       needs                       N/A
- Other: IDA                                     has                       needs                       N/A
- Other:

\*Name(s) of Financial Institution(s): \_\_\_\_\_

### REGULAR SOURCE OF INCOME

- Survivors Benefits (Amount)
- Other (List, Describe & Amount)

**FINANCIAL LITERACY** Youth has demonstrated money management skills:

<i><b>Saving/Investing</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i><b>Balancing/Reconciliation</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i><b>Lending/Financing</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i><b>Receives/Reviews Statements</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i><b>Bill Paying</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i><b>W-2</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i><b>Budgeting</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i><b>Paying/Filing Taxes</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i><b>Understanding Leases</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i><b>Finance Contract Terms</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue
<i><b>Accessing Personal Credit History Check/Reports</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue		<i><b>Understanding Insurance/Co-Pay</b></i>	<input type="checkbox"/> Achieved	<input type="checkbox"/> Continue

### RESOURCE LINKAGE (inform/educate as needed)

- SNAP                       TANF                       WIC                       H.U.D

GOAL	STEPS/TIMELINE	RESONSIBLE PERSON	STATUS/UPDATE

## WELL BEING ISSUES

### COVERAGE:

- |                    |                              |                                |                             |                        |                              |                                |                             |
|--------------------|------------------------------|--------------------------------|-----------------------------|------------------------|------------------------------|--------------------------------|-----------------------------|
| Medical Card:      | <input type="checkbox"/> Has | <input type="checkbox"/> Needs | <input type="checkbox"/> NA | Extended Medical Card: | <input type="checkbox"/> Has | <input type="checkbox"/> Needs | <input type="checkbox"/> NA |
| Private Insurance: | <input type="checkbox"/> Has | <input type="checkbox"/> Needs | <input type="checkbox"/> NA | Student Health:        | <input type="checkbox"/> Has | <input type="checkbox"/> Needs | <input type="checkbox"/> NA |
| Dental Insurance:  | <input type="checkbox"/> Has | <input type="checkbox"/> Needs | <input type="checkbox"/> NA | Optical/Vision:        | <input type="checkbox"/> Has | <input type="checkbox"/> Needs | <input type="checkbox"/> NA |

### ESTABLISHED PRIMARY HEALTH CARE PROFESSIONAL (name/location)

- Physician:
 Dentist
Other:

### HEALTH: Condition(s) and/or Significant History

- Generally Healthy with no remarkable health impairments or history
- Health Condition that routinely impacts/impairs functioning
- Health Condition generally controlled with medical intervention:
  - Significant Medical History – surgeries, etc.
  - Allergies:
  - Has Med Alert medallion
  - Needs Med Alert medallion
- Knowledgeable about Sexual Health
- Living Will (DHHR)

### MEDICATION COMPLIANCE

- Youth self-administers prescription medication responsibly
- Youth requires prompts/assistance with medication administration
- Youth has been educated on & can inform other regarding side effects of medication

### MENTAL HEALTH

- Youth self regulates sufficiently & is not engaged in mental health interventions at this time
- Youth currently engaged in mental health intervention & Primary Focus Is:
- Youth declines recommended mental health intervention(s)
- Youth has history of PRTF, Acute or Sub-Acute In-Patient Hospitalization interventions that could impact future planning

### PARENTING ISSUES:    or    NA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Youth is currently pregnant   | <input type="checkbox"/> Youth is custodial parenting (with child in residence) |  |
| <input type="checkbox"/> Youth is non-custodial parent | <input type="checkbox"/> With Approved Visitation Plan                          | <input type="checkbox"/> No Visitation |

### LINKAGES (Check all that are needed)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Medication Management | <input type="checkbox"/> AA/NA                 | <input type="checkbox"/> Medication titration*          |
| <input type="checkbox"/> Medical                  | <input type="checkbox"/> Dental                | <input type="checkbox"/> Vision                | <input type="checkbox"/> Pregnancy Prevention           |
| <input type="checkbox"/> Prevention STDs          | <input type="checkbox"/> First Aide/CPR        | <input type="checkbox"/> Extended Medical Card | <input type="checkbox"/> Immunization                   |
| <input type="checkbox"/> DHHR Advanced Directives | <input type="checkbox"/> Nutrition             | <input type="checkbox"/> Pharmacy              | <input type="checkbox"/> Cultural/Linguistic competence |
| <input type="checkbox"/> Other:                   |  |  |   |

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

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\* Medication titration is the gradual increase or reduction in medication under the supervision of a doctor.

**PERMANENCE/CONNECTIONS**

**SUPPORTIVE ADULTS**

Name/Support Provided: Contact Route:  
 Name/Support Provided: Contact Route:  
 Name/Support Provided: Contact Route:

**PERMANENCY PACT (attach)**

Youth completed Permanency Pact on:

**FAMILY RELATIONSHIP** (Family as identified by youth) or  NA

Name/Role:  Active/Routine  Infrequent  
 Contact Route:  
 Name/Role:  Active/Routine  Infrequent  
 Contact Route:  
 Name/Role:  Active/Routine  Infrequent  
 Contact Route:

**SIBLING RELATIONSHIP** (approved without legal restriction) or  NA

Name  Active/Routine  Infrequent  
 Contact Route:  
 Name  Active/Routine  Infrequent  
 Contact Route:  
 Name  Active/Routine  Infrequent  
 Contact Route:

**TRIBAL MEMBER** or  NA

Tribe:  
 Location:  
 Primary Tribal Member Contact (name/address/phone/email):

**SUPPORT NEEDS**

Type: Connection Plan  
 Type: Connection Plan  
 Type: Connection Plan

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

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**COMMUNITY, CULTURE & SOCIAL LIFE**

**ACTIVE COMMUNITY CONNECTIONS** (please choose & identify)

- Volunteerism:
- Spiritual Support:
- Activities:
- Social Groups:
- Extra-Curricular:
- Membership:

**COMMUNITY OPPORTUNITIES**

Youth has identified he/she wants to pursue:

- Volunteerism – identify:
- Spiritual Support – identify:
- Activities – identify:
- Social Groups – identify:
- Extra-Curricular – identify:
- Membership – identify:

**CULTURAL CONNECTIONS**

Youth has identified he/she wants to pursue:

- Ethnic Heritage

**PEER CIRCLE**

- Youth has established healthy friendships
- Youth has limited peer support

**PEER CONTACT(S)**

Name & Contact Route:  
 Name & Contact Route:  
 Name & Contact Route:

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

## Casey Life Skills Learning Template

Your dreams can be a reality ...if you have a plan.

### Getting Started: Create your plan!

You are the expert on which behaviors, knowledge or skills are important to you. You can choose the skill areas and learning goals you want to work on. Your caregivers can help you in the planning process, too. The adults who care about your success can provide “real life” learning experiences so you can learn how to do different things. Be sure to update your plan from time to time. It’s important to chart your progress and move on to new goals.

Your Name: \_\_\_\_\_

Begin Date: \_\_\_\_\_ Progress Check Date: \_\_\_\_\_

**CLSA Primary Skills Areas (✓ the primary and secondary area(s) you will work on)**

<input type="checkbox"/> Daily Living	<input type="checkbox"/> Self Care	<input type="checkbox"/> Relationships & Communications	<input type="checkbox"/> Housing & Money Management	<input type="checkbox"/> Work & Study Life	<input type="checkbox"/> Careers & Education	<input type="checkbox"/> Permanent Connections
<b>Secondary Skills Areas</b>						
<input type="checkbox"/> Food/Nutrition <input type="checkbox"/> Home Cleanliness <input type="checkbox"/> Home Safety <input type="checkbox"/> Home Repairs <input type="checkbox"/> Computer Basics <input type="checkbox"/> Permanency	<input type="checkbox"/> Health <input type="checkbox"/> Personal Benefits <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Personal Safety <input type="checkbox"/> Sexuality	<input type="checkbox"/> Personal Development <input type="checkbox"/> Developing Relationships <input type="checkbox"/> Communication <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Legal Permanency	<input type="checkbox"/> Budgeting/Spending <input type="checkbox"/> Banking/Credit <input type="checkbox"/> Housing <input type="checkbox"/> Transportation	<input type="checkbox"/> Personal Development <input type="checkbox"/> Study Skills <input type="checkbox"/> Time Mgmt <input type="checkbox"/> Employment <input type="checkbox"/> Legal <input type="checkbox"/> Income Tax	<input type="checkbox"/> Education Plan <input type="checkbox"/> Career Plan	

Learning Goal #1: \_\_\_\_\_

Expectations: At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

**Youth Action Plan** = The actions you take to reach your goals should be clear so you know exactly what to do. Identify what will be done to reach your goals and who will do them: you, social worker, parent or other caregivers.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

Progress Check Date: \_\_\_\_\_

Learning Goal #2: \_\_\_\_\_

Expectations: At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

Progress Check Date: \_\_\_\_\_

**Learning Goal #3:** \_\_\_\_\_

**Expectations:** At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

(add additional goals and activities as needed)

Names and contact information of caring adults who would like to participate in your success: i.e., social worker, parent or guardian, teacher, uncle or aunt, grandparent, etc.

- 1.
- 2.
- 3.

**Optional Signatures:**

You \_\_\_\_\_

Life Skills Instructor \_\_\_\_\_

Caregiver \_\_\_\_\_

Completion Date: \_\_\_\_\_

## **GLOSSARY OF TERMS & Linkages**

MODIFY = Formerly known as the WV Chafee Community Support Services

NYTD = National Youth Transitioning Data base Survey that is required to be administered by the WV DHHR BCF Staff person at designated intervals starting when the youth is 17+

Readily at Hand Checklist = A listing of critical documents for youth ages 16+. Access via: [www.itsmymove.org](http://www.itsmymove.org)

ETV = Educational Training Vouchers. In 2000, the West Virginia Legislature enacted a law called HB-4784. It allows eligible youth in foster care to receive free tuition if attending a West Virginia public college or university.

FAFSA = Free Application for Student Aid. Access via: [www.fafsa.ed.gov/](http://www.fafsa.ed.gov/)

504 Plan = The 504 Plan is a plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment. Access via: [wvde.state.wv.us/](http://wvde.state.wv.us/)

Casey Life Skills (CLS) = Free online life skills assessment. Access via: [www.caseylifeskills.org](http://www.caseylifeskills.org)

HRDF = Human Resource Development Foundation. HRDF offers innovative approaches to development in economic, education and social areas of service. Access via: <http://hrdfportal.org/web>

WV Division of Rehabilitation Services (DRS) = The West Virginia Division of Rehabilitation Services (DRS) helps people with disabilities establish and reach their vocational goals. Access via: [www.wvdrs.org](http://www.wvdrs.org)

PRTF = Psychiatric Residential Treatment Facility

Permanency PACT = For more information access via: [www.fosterclub.org](http://www.fosterclub.org)

**IN THE CIRCUIT COURT OF LOGAN COUNTY, WEST VIRGINIA**

**STATE OF WEST VIRGINIA,**

**Plaintiff,**

**vs.**

**Case No. XXX**

**XXX,**

**Respondent/Juvenile**

**ORDER GRANTING YOUTH TRANSITION PLAN**

On this day came the State of West Virginia by Sabrina Deskins, Assistant Prosecuting Attorney and the infant respondent, by Guardian *ad Litem* Robert T. Noone, together with ( XXX enter other parties and counsel), pursuant to a Motion by the Guardian *ad Litem* for implementation of a **Youth Transition Plan**.

The Court recognizes that the transition plan for children in foster care shall implemented for those children 14 years of age or older.pursuant to the Youth Transitioning Policy (Social Service Manuel, Chapter 26, Youth Transistioning).

The Court finds that the above infant respondent is eligible for such Youth Transition Planning and the Social Worker assigned to this matter shall provide the undersigned Judge with an updated copy of the Youth Transition Plan during each subsequent hearing. The Court makes reference to the March 18, 2014 DHHR, Memorandum issued to CPS Workers, CPS Supervisors, Youth Service Supervisors and others, advising them of the necessity of such reporting . The Youth Service Plan shall also be provided to members of the MDT at or in advance of the child's MDT

Meetings during the course of this care while the child remains in foster care.

The Youth Transition Plan submitted to this Court shall include, but not be limited to the following issues and concerns:

1. SKILLS ASSESSMENT - Please note the time deadlines for said Assessment pursuant to Section 2.1.1, Social Services Manuel, Youth Transitioning, Chapter 26.
2. The child in care shall be provided the *Curriculum and Life Skills Domain* as provided in Section 2.2, Social Services Manuel, Youth Transitioning, Chapter 26.
3. The Youth must participate in their own transition/learning plan with said plan being personalized for this particular youth to aid in their transition to adulthood.
4. The Youth's worker SHALL request a Consumer Credit Report from all three (3) credit reporting agencies, annually, beginning when the child turns sixteen years old or enters foster care after the age of sixteen, pursuant to Section 3.1.1, Social Services Manuel, Youth Transitioning, Chapter 26. Should a credit reporting agency identify a record for this Youth, the issues must be resolved. The Guardian *ad Litem* or attorney, together with the DHHR attorney, shall assist the social worker in resolution of any credit issue.
5. The Court recognizes that Youth Transitioning will need a variety of services to aid in their transition to adulthood and self sufficiency.

The Youth Transition Report to the Court shall include efforts regarding case management services, transitional living placement eligibility and participation in Chafee/Modify programs. .

6. At the applicable time, prior to discharge, the report shall also address the transition plan for the child's housing needs, mental health needs, medical needs, future healthcare.
7. Consistent with the Foster and Connections Act of 2008, the youth shall be provided linkage to reliable adults/mentors during the transition period.
8. Report any efforts regarding Voluntary Foster Care Services Contract for this Youth as she/he obtains age 18 (FC-18). Has the Youth been advised of the eligibility to return to foster care in the event an FC-18 is not initially elected?
9. Ensure the Juvenile has a clear understanding of the FC-18.
10. Regarding educational needs, if the Youth has not obtained a GED or high school education by their eighteenth (18<sup>th</sup>) birthday, all options are to be explained to them, including request for financial support and other programs or other services available from the WV DHHR or other community resources appropriate to meet his/her needs. This Youth shall be provided information on post-secondary educational programs, as well as the support the Department may offer those who

continue their education through the Foster Care Program.

11. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

12. The parties, including the DHHR, have a period of ten (10) days, from the date of entry of the Court's Order, in which to file any objections in writing. If no written objections are received within ten (10) days, then the Court's Order shall remain in full force and effect.

13. The Clerk of the Court shall forward an attested copy of the Order to all parties of record including the WV DHHR - Attn: \_\_\_\_\_.

ENTERED this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_.

\_\_\_\_\_  
JUDGE

Prepared and Presented by:

\_\_\_\_\_  
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