



YOUTH/YOUNG ADULT TRANSITION WORKSHEET

CMS Plan Enrollee's Name: _____

Age and DOB: _____

Date Reviewed: _____

MEDICAL

I understand my medical condition Yes No

I can:

- Make medical appointments Find adult primary care & specialty doctors
- Consent/Assent to medical care Can describe my medical condition
- Perform my medical care/daily treatments Talk to doctors alone
- Understand my insurance/Medicaid/KidCare coverage Refill medications/supplies

INDEPENDENT LIVING

As an adult, I will live with:

- Self with no supports/assistance Self with supports/assistance Friends
- Parents Group home Other (specify): _____

I will be able to:

- Care for my own personal needs Care for my own personal needs with help
- Unable to provide self care, can direct others Require total personal care assistance

My transportation will be provided by (check all that apply):

- Self Family Public transportation (bus or taxi) Medicaid transportation
- Other (specify): _____

I will need transportation for (check all that apply):

- Medical appointments Shopping School Work Recreation

EDUCATION

I know my interests, skills, and strengths in school Yes No

I know my educational goals on the transition plan Yes No

I understand my education rights (under IDEA, Section 504, ADA) Yes No

I understand that I can participate in my IEP meetings by age 14 or sooner Yes No

I am happy with the services that I receive from school Yes No

FINANCIAL

I can manage by myself (check all that apply): A budget Checking account
 Paying bills Financial decisions Savings account

I can manage with assistance (check all that apply): A budget Checking account
 Paying bills Financial decisions Savings account

If I need some or total assistance with any of these in the future, I will be helped by:

Family member Other (please specify) _____

EMPLOYMENT/VOCATIONAL TRAINING

I know my interests, skills and strengths for employment and a career

I have prepared/am preparing for work by (check all that apply):

Household chores Work/study program Volunteering Part-time or summer job
 Job shadowing Other (please specify) _____

After high school, I will enter:

Post-secondary school (specify community college, university, or college) _____
 Vocational training program (please specify): _____
 Other continuing education (please specify): _____
 Supported employment – Full time Part time
 Full time employment without supports Part time employment without supports
 Apprenticeship program Sheltered workshop

I have spoken with the following people about employment and vocational training:

School guidance counselor Vocational Rehabilitation Waiver support coordinator
 Other (please specify agency or organization): _____

SOCIAL/RECREATION

I belong to (check all that apply): Scouts Sports team School club/activity
 Church organization Other (specify) _____

I spend time with friends (outside of school or work): Yes No

I would like to have more opportunities for social events and recreation: Yes No

I know how to speak to and behave with a (check all that apply): Teachers Employer

Co-workers Store clerks Healthcare providers Police/Fire fighters Friends
 Peers Adults they know Strangers

TRANSITION INFORMATION STILL NEEDED

Insurance Adult healthcare SSI Medicaid/Waivers School Employment
 Independent Living IDEA, Section 504, ADA rights and responsibilities Transportation
 Vocational Rehabilitation Social/Recreation Other: _____