



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

## Shared Planning for Youth Aged 18-21 Receiving Voluntary Placement Services

PLAN EFFECTIVE DATE
END DATE
ADSA ID NUMBER

YOUTH'S LEGAL NAME	ADSA ID NUMBER
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YOUTH'S RESIDENCE	CITY	STATE	ZIP CODE
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	NAME	TELEPHONE NUMBER (Home, Work, Cell)
Parent/Legal Guardian		
Emergency Contact		
Foster Family/Staffed Residential Agency		
Doctor		
Dentist		
School		
Representative Payee Agency		
DDD VPS Social Worker		
CA Social Worker (If applicable)		
SIGNIFICANT OTHERS (Family, Friends and Neighbors)	RELATIONSHIP TO YOUTH	TELEPHONE NUMBER(Home, Work, Cell)

COMMUNITY AGENCIES AND FORMAL SUPPORTS
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INFORMAL COMMUNITY AGENCIES (CHURCH/YMCA/RECREATION CENTER)
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YOUTH'S VISION FOR THE FUTURE
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YOUTH QUESTIONS, CONCERNS, OR REQUESTS

NEEDS, CONCERNS OF FAMILY: WHAT WORRIES YOU? WHAT DO YOU NEED?

NEEDS CONCERNS OF FOSTER FAMILY/STAFFED RESIDENTIAL AGENCY: WHAT WORRIES YOU? WHAT DO YOU NEED?

**CARE PLAN**

(Identify how the youth will be supported while working towards independence in the area of personal care and Activities of Daily Living).

**MEDICAL APPOINTMENTS (Transportation, Decisions, Communication)**

Medical Consent form signed?  Yes  No

**FINANCIAL PLAN**

(Identify how the youth will be supported while working towards independence in the area of money management)

**OTHER**

Legal Status including guardianship and/or power of attorney.

Washington Identification Card:  Yes  No

If no, please provide date by which this task will be completed:

Selective Service Registration (if applicable):  Yes  No

If no, please provide date by which this task will be completed:

Voter Registration:  Yes  No

If no, please provide date by which this task will be completed:

Social Security Card:  Yes  No

If no, please provide date by which this task will be completed:

Copy of Birth Certificate:  Yes  No

If no, please provide date by which this task will be completed:

**SCHEDULES AND FUTURE PLANNING:**

House Rules:

Social Networking:

Transition Planning:

Vocational Planning:

**COMMUNICATION: (What is the plan for staying involved in your son or daughter's life?)**

**OTHER PLANS THAT MAY BE SHARED BY BOTH FAMILIES**

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SIGNATURE OF YOUTH	DATE
SIGNATURE OF LEGAL GUARDIAN (IF APPLICABLE)	DATE
SIGNATURE OF FOSTER PARENT/AGENCY REPRESENTATIVE	DATE
SIGNATURE OF DDD VPS SOCIAL WORKER	DATE

cc: Youth  
Foster Parent/Residential Agency  
Parent/Legal Guarding  
CA Social Worker (if applicable)  
Client File

## **Instructions**

This form should be completed prior to the youth turning age 18. The parent, DDD Social Worker, and staffed residential agency/foster parent should all attend the shared parenting planning meeting.

### **Plan Effective Date**

The effective date of the plan is the date the social worker signs the form. The form should be reviewed during the time of the annual assessment as well as updated as needed during the 90 day visits.

### **ADSA ID Number**

System generated number when client record is established.

### **End Date**

364 days from the plan effective date.

### **Youth's Residence**

Location of the placement address.

### **Doctor/Dentist**

Current doctor (Primary Care Physician) and dentist contact information.

### **School**

Current school contact information.

### **Representative Payee Agency**

Current Representative Payee Agency and contact information.

### **Significant Others**

All people who are involved in the youth's life and are important to him/her.

### **Community Agencies**

Outline what the plan is for providing these supports and how that is going to occur (e.g. Parent will be responsible for renewing the medical coupon annually).

### **Informal Community Agencies**

Outline what the plan is for providing these supports and how that is going to occur (e.g. Foster parent will transport youth to the YMCA every Tuesday evening from 6-8pm).

### **Youth's Vision for the Future:**

Outline what the youth expresses his/her vision for their future is including vocational supports, long-term residential supports, etc. What does the youth see for themselves as they progress into adulthood (vocational goals, housing, education, etc.).

### **Questions, Concerns, or Requests**

This is an opportunity for those involved in the planning meeting to discuss their fears, concerns, etc.

### **Care Plan**

Include information regarding how the care giver is going to support the youth to become more independent in the area of personal care. What goals is the youth working on to gain skills and abilities to function as an independent adult?

### **Medical Appointments**

Outline who will be attending, transporting, communicating, and delineating the shared parenting plan with regard to medical appointments. Include and document who has the authority to make medical decisions.

### **Financial Plan**

Include representative payee information and the plan for money management. Outline how the youth will be supported to work towards independence in the area of money management.

### **Schedules and Future Planning**

Outline what the expectations are and how the youth will be supported in the following areas: House Rules, Social Networking, Transition Planning and Vocational Planning.

### **Communication**

Outline what the parent and extended families plan is for staying involved in their son or daughter's life? What will that look like now that their child is 18?