



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

## Planning for Youth Aged 18-21 Receiving Out-of-Home 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		
Supported Decision Maker		
Emergency Contact		
Licensed or Certified Provider		
Doctor		
Dentist		
Specialist		
School IEP / 504 Contact's Name		
Representative Payee		
Significant Others (Family, Friends and Neighbors)	Relationship to You	Telephone Number (Home, Work, Cell)

COMMUNITY AGENCIES AND FORMAL SUPPORTS (I.E., WISE, MENTAL HEALTH PROVIDER, AND/OR ABA PROVIDER)

INFORMAL COMMUNITY AGENCIES (I.E., CHURCH / YMCA / RECREATION CENTER)

YOUTH'S VISION FOR THE FUTURE

YOUTH QUESTIONS, CONCERNS, OR REQUESTS

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

ARE THERE SUPPORTS IDENTIFIED IN THE POSITIVE BEHAVIOR SUPPORT PLAN THAT ARE NOT SUSTAINABLE OR PERMISSIBLE IN AN ADULT COMMUNITY SETTING? IS ASSISTANCE NEEDED OR REQUESTED TO IDENTIFY AND IMPLEMENT A FADE PLAN?

**Care Plan (Daily Routine, Night-time Schedules, Care Preferences)**

(Identify how the youth will be supported to work towards independence in the area of Advocacy, 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 to work toward 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:

**Future Planning**

What habilitative goals have been identified to support transition into adult community settings?

How will the youth be supported to make and maintain relationships, particularly after transitioning into adult community settings?

In preparation for adult services, how will the youth, family, provider, and DDA work together to support the youth's vision of the future? This could be a series of meetings, Personal Centered Planning, or other my page plans.

Is the youth participating in transition services through their school district?

Does the youth need assistance to access vocational services, such as DVR or school vocational resources?

**Communication: (What is the plan for staying involved in your youth's life?)**

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SIGNATURE OF YOUTH	DATE
SIGNATURE OF LEGAL GUARDIAN (IF APPLICABLE)	DATE
SIGNATURE OF LICENSED OR CERTIFIED PROVIDER	DATE

cc: Youth  
Parent/Legal Guarding  
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?