



YOUTH/YOUNG ADULT TRANSITION WORKSHEET

CMS Enrollee's Name: _____

Age and DOB: _____

Date Reviewed: _____

MEDICAL

I understand my medical condition Yes No

I can:

- | | |
|--|--|
| <input type="checkbox"/> Make medical appointments | <input type="checkbox"/> Find adult primary care & specialty doctors |
| <input type="checkbox"/> Consent/Assent to medical care | <input type="checkbox"/> Can describe my medical condition |
| <input type="checkbox"/> Perform my medical care/daily treatments | <input type="checkbox"/> Talk to doctors alone |
| <input type="checkbox"/> Understand my insurance/Medicaid/KidCare coverage | <input type="checkbox"/> 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: _____