ABOUT TRANSITION

A GUIDE FOR YOUNG PEOPLE WITH DISABILITIES TRANSITIONING TO ADULTHOOD IN CALIFORNIA
What’s Changing?

Every day comes with some kind of change. Sometimes it’s a little change, sometimes it’s a big one. And, because growing up with a disability can come with certain challenges, the better prepared you are to meet them, the more likely you’ll be to reach your goals.

You now get to make choices you’ve never had to make before – choices on things like health care, education, employment, finances, independent living, and even new social and recreational choices. These new choices come with new ways of doing things, so knowing where to find resources that can help you is a good thing. This information guide will help you and your family make plans that will help you become the successful adult you have the potential to be. It offers you tips and work sheets to help you learn how to take a more active role in your own life decisions.

Things change, it’s exciting, and everything you need to help you adapt is within your reach! And, BTW: Tell your parents there’s some good stuff for them in here, too. With a little bit of help, you can do anything you dream of because... Talent Knows No Limits.
<table>
<thead>
<tr>
<th>MEDICAL</th>
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</thead>
<tbody>
<tr>
<td>I understand my medical condition</td>
</tr>
<tr>
<td>I can:</td>
</tr>
<tr>
<td>- Make medical appointments</td>
</tr>
<tr>
<td>- Consent/Assent to medical care</td>
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<tr>
<td>- Perform my medical care/daily treatments</td>
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<tr>
<td>- Understand my insurance/Medicaid/KidCare coverage</td>
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<table>
<thead>
<tr>
<th>INDEPENDENT LIVING</th>
</tr>
</thead>
<tbody>
<tr>
<td>As an adult, I will live with:</td>
</tr>
<tr>
<td>Self with no supports/assistance</td>
</tr>
<tr>
<td>Self with supports/assistance</td>
</tr>
<tr>
<td>Parents</td>
</tr>
<tr>
<td>I will be able to:</td>
</tr>
<tr>
<td>- Care for my own personal needs</td>
</tr>
<tr>
<td>- Unable to provide self care, can direct others</td>
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</tbody>
</table>

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  

<table>
<thead>
<tr>
<th>EDUCATION</th>
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<tbody>
<tr>
<td>I know my interests, skills, and strengths in school</td>
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<tr>
<td>I know my educational goals on the transition plan</td>
</tr>
<tr>
<td>I understand my education rights (under IDEA, Section 504, ADA)</td>
</tr>
<tr>
<td>I understand that I can participate in my IEP meetings by age 14 or sooner</td>
</tr>
<tr>
<td>I am happy with the services that I receive from school</td>
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**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
- Full time employment without supports
- Part time
- 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: __________________________________________
This Youth Transition Toolkit is based, in part, on materials developed by John Reiss, Ph.D. and his Health Care Transition team at the Institute for Child Health Policy, University of Florida

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