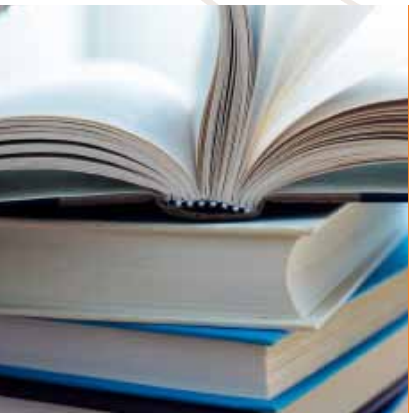




ABOUT **TRANSITION**

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.



Youth/young Adult Transition Worksheet

Last Name

CMS Enrollee's Name: _____

Age and DOB: _____ ate Reviewed: _____

MEDICAL	
I understand my medical condition <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Self with supports/assistance <input type="checkbox"/> Friends	
<input type="checkbox"/> Parents <input type="checkbox"/> Group home <input type="checkbox"/> Other (specify): _____	
I will be able to:	
<input type="checkbox"/> Care for my own personal needs	<input type="checkbox"/> Care for my own personal needs with help
<input type="checkbox"/> Unable to provide self care, can direct others	<input type="checkbox"/> Require total personal care assistance
My transportation will be provided by (check all that apply):	
<input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Public transportation (bus or taxi) <input type="checkbox"/> Medicaid transportation	
<input type="checkbox"/> Other (specify): _____	
I will need transportation for (check all that apply):	
<input type="checkbox"/> Medical appointments <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Recreation	
EDUCATION	
I know my interests, skills, and strengths in school	<input type="checkbox"/> Yes <input type="checkbox"/> No
I know my educational goals on the transition plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand my education rights (under IDEA, Section 504, ADA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I can participate in my IEP meetings by age 14 or sooner	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am happy with the services that I receive from school	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____



www.tknlyouth.org



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