

COUNTY COMMISSIONERS
John N. Lechner, Chairman
Matthew B. McConnell
Brian Beader



Albert E. Acker Building
8425 Sharon-Mercer Road
Mercer, PA 16137-3155
Telephone: (724) 662-2703
or (724) 962-1999
After hours/Emergency (724) 662-6130
Fax: (724) 662-0676

COUNTY OF MERCER
CHILDREN AND YOUTH SERVICES

Youth Transitional Plan

Date this plan was developed: _____

I am aware that I can remain in placement until age 21 if I am continuing with my education or I am involved in a course of treatment.

Yes No N/A

Housing

A. Plan for housing while in placement (if applicable):

While in placement I will live with:

Name: _____

Address: _____

B. Plan for housing when I leave care or go out on my own:

Address: _____

Include room and board (how much and who is paying for it):

What the rules and expectations are for me:

How much money will be available to me when I go out on my own and what the sources of that money are:

Who will I be living with (include name of roommates or family members that you are planning to live with):

With who and where will I be staying on holidays or breaks:

Name: _____

Address: _____

C. My back-up housing plan: If my plan for housing falls through, where will I live? What are my options? Please have two (2) options:

Option #1:

I will live: _____

With: _____

Options #2:

I will live: _____

With: _____

Other housing questions to discuss:

I understand that I may need to sign a contract for housing:

Yes No

Where do I get housing applications:

Contact person: _____

Date to be completed: _____

Public Housing options in the area that I plan to live include:

Who in my support system can help me with housing and how:

Education

Are you a high school graduate or do you already have your GED?

Yes No

Current educational program (Include name, address and phone number of school or GED program):

Planned date of graduation: _____

Who are my current important education contacts (could include guidance counselor, teachers, principals, OVR representative, etc.):

Name: _____

Title: _____

E-mail: _____

Phone: _____

Name: _____

Title: _____

E-mail: _____

Phone: _____

Name: _____

Title: _____

E-mail: _____

Phone: _____

Name: _____

Title: _____

E-mail: _____

Phone: _____

Name: _____

Title: _____

E-mail: _____

Phone: _____

Name: _____

Title: _____

E-mail: _____

Phone: _____

Post-Secondary Education Plan

I plan to go to school after I am finished with high school or have my GED:

Yes No

If **yes**, I plan on attending:

Name of school: _____

Address of school: _____

I plan on studying: _____

Important contacts at planned school (include name, title, phone number and e-mail):

Name: _____

Title: _____

E-mail: _____

Phone: _____

Name: _____

Title: _____

E-mail: _____

Phone: _____

Name: _____

Title: _____

E-mail: _____

Phone: _____

I plan to enter the military:

Yes No

Which Branch of the military: _____

Recruiter

Name: _____

Phone number: _____

Other plans/needs for education include:

Who in my support system can help me with education needs and how?

Transportation

Do you have a driver's license or plan to get a driver's license?

Yes No

How I will get around:

Public transportation in the area I plan to live includes:

Other plans/needs for transportation include:

Who in my support system can help me with transportation:

Financial

Source of income: _____

My budget includes: _____

Do I have a savings or checking account:

Yes No

Other financial plans/needs include:

Who in my support system can help me with finances and how:

Employment

I am currently working at:

Efforts I need to make to get a job:

Workforces available to me:

Other employment plans/needs include:

Who in my support system can help me with employment and how:

Physical Health

My insurance coverage will be (current and future):

Doctor:

Name: _____

Address: _____

Phone: _____

Dentist:

Name: _____

Address: _____

Phone: _____

Eye Doctor:

Name: _____

Address: _____

Phone: _____

Gynecologist or Pre-natal Care:

Name: _____

Address: _____

Phone: _____

Specialists:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Who in my support system can help with my physical health:

Emotional Health

Where I can go to have my emotional health needs met:

Persons that can monitor medication for me:

Name: _____

Address: _____

Phone: _____

Who in my support system can help with my emotional health:

My Circle of Support

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Name: _____

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Name: _____

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Phone: _____

My 24 hour **emergency** contact is:

Name: _____

Address: _____

Phone: _____

Person I would like to make decisions for me if I am unable to make them
for myself:

Name: _____

Address: _____

Phone: _____

Life Skills

What skills I already have:

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What skills I need and people that can help with these:

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Prevention

My prevention plan includes:

Documents

Documents I have:

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Documents I need and how I can get them:

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Social

Youth with a Child of Their Own

Plan for where my child will live, supports for my child, childcare, medical care for child, etc.:

Things I need and want to get started:

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Other Areas Needing Addressed:

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Signatures

Youth Signature Date

Parent/Guardiant's Signature Date

Guardian Ad Litem's Signature Date

IL Case Management/IL Coordinator's Signature Date

CYS Caseworker's Signature Date

CASA Representative's Signature Date