



**TRANSITION PLAN**  
 State Form TP072117JDJS  
 Department of Child Services

Name of Child		Case Number
Date of Birth	Date of Disposition	Effective Dates of plan (month, day, year)
Name of Mother		Name of Father
Name(s) of Sibling(s) in the home		
Describe the relevant risk and need factors identified in the IYAS (or attach the most recent IYAS Disposition or Residential Tool)		
Date of Transition Plan		Last Updated

<b>DOCUMENTS FOR TRANSITION PLAN:</b>		
<b><i>THE FOLLOWING DOCUMENTS ARE WHAT THE YOUTH SHOULD HAVE IN THEIR POSSESSION BEFORE LEAVING FOSTER CARE</i></b>		
<b><i>This list should be updated every six (6) months.</i></b>		
All documents should be in the youth's possession by age eighteen (18) or within ninety (90) days of the case dismissal.		
<b>Documents</b>	<b>Date Completed (Month, Day, Year)</b>	<b>Date the document is in youth's possession</b>
1. <input type="checkbox"/> Photo identification Type: <input type="checkbox"/> Learner's Permit <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID card		
2. <input type="checkbox"/> Birth Certificate, County and State of Birth		
3. <input type="checkbox"/> Social Security Card		
4. <input type="checkbox"/> Registered to vote upon reaching the age of eighteen (18)		
5. <input type="checkbox"/> Selective Service registration upon reaching the age of eighteen (18) (Males)		
6. <input type="checkbox"/> Copy of latest Individualized Education Plan (IEP) and/or Individualized Transition Plan through the youth's school (if applicable)		
7. <input type="checkbox"/> Copy of Bureau of Developmental Disability Services (BDDS) Transition Plan (if applicable)		
8. <input type="checkbox"/> Medical records (physical and mental health), (copy of latest Case/Treatment/Discharge Plan)		
9. <input type="checkbox"/> Medical Passport		
10. <input type="checkbox"/> Medicaid card		
Credit Report: <input type="checkbox"/> Yes <input type="checkbox"/> No	From Which Agency? <input type="checkbox"/> Experian (Date: _____ ) <input type="checkbox"/> TransUnion (Date: _____ ) <input type="checkbox"/> Equifax (Date: _____ )	

## Court Requirement: Education

**Current:** Certificate of Completion  Yes  No If yes, date of completion \_\_\_\_\_  
 High School Diploma  Yes  No If yes, date of completion \_\_\_\_\_  
 GED or TASC Completion  Yes  No If yes, date of completion \_\_\_\_\_

Goal:		
Next Action Step:	Parent:	
	PO:	
	Provider:	
	Youth:	
Measurement:		
Timeline:		
Status:		
Did a change of school occur as a result of this placement?		
Were efforts made to coordinate with the local educational agencies to ensure the child remained in the school the child was in at the time of removal?		
Has the probation officer coordinated with the new and previous educational providers to ensure transition from one school to the next?		

## Court Requirement: Employment /Volunteer

**Currently Employed or Volunteering**  Yes  No Employer: \_\_\_\_\_

Goal:		
Next Action Step:	Parent:	
	PO:	
	Provider:	
	Youth:	
Measurement:		
Timeline:		
Status:		

## Court Requirement: Housing

Current Housing:     Foster Care    Group Home    Residential Facility    Relative Home    Other

Goal:		
Next Action Step:	Parent:	
	PO:	
	Provider:	
	Youth:	
Measurement:		
Timeline:		
Status:		

## Court Requirement: Health Care

Goal:		
Next Action Step:	Parent:	
	PO:	
	Provider:	
	Youth:	
Measurement:		
Timeline:		
Status:		

## Court Requirement: Development of Problem Solving Skills

Goal:		
Next Action Step:	Parent:	
	PO:	
	Provider:	
	Youth:	
Measurement:		
Timeline:		
Status:		

**Court Requirement: Available Local, State, Federal Financial Assistance**

Goal:		
Next Action Step:	Parent:	
	PO:	
	Provider:	
	Youth:	
Measurement:		
Timeline:		
Status:		

**Supportive Relationships**

Signature of Youth	Date
Printed Name of Youth	
Signature of Probation Officer	Date
Printed Name of Probation Officer	
Signature of Child Representative (If Applicable)	Date
Name of Child Representative (If Applicable)	
Signature of Child Representative (If Applicable)	Date
Name of Child Representative (If Applicable)	
Signature of Parent (If Applicable)	Date
Name of Parent (If Applicable)	
Signature of Other (If Applicable)	Date
Name of Other- Specificity Relationship (If Applicable)	
Signature of Other (If Applicable)	Date
Name of Other- Specificity Relationship (If Applicable)	
Signature of Other (If Applicable)	Date
Name of Other- Specificity Relationship (If Applicable)	
Signature of Other (If Applicable)	Date
Name of Other- Specificity Relationship (If Applicable)	
<input type="checkbox"/> Youth declined to participate in transitional planning <input type="checkbox"/> Youth decline to sign Transitional Plan	

**\* Please Retain a signed copy for the Probation Records**

# INDIANA BILL OF RIGHTS FOR YOUTH IN FOSTER CARE

**We, the Youth of the State of Indiana who are involved in a Child in Need of Services (CHINS), Collaborative Care (CC), or Delinquency Court case, are entitled to a voice and an opinion in decisions that will impact our lives. These are our basic rights during our case. Safety is paramount in our case. Reasonable restrictions, including court orders, may be imposed on the time, place, and manner in which we can exercise these rights, if it is determined that any restrictions are necessary for safety reasons. We have the right to be informed of these restrictions and the reasons for them in a manner that we can understand.**

## **Basic Rights:**

### **Fundamental Needs:**

**We** have the right to nutritious food, appropriate shelter, appropriate medical care, a public education, and sufficient clothing that fits us and is weather appropriate.

**We** have the right to be valued and treated with dignity and respect.

### **Safety and Protection:**

**We** have the right to be safe in our homes, placements, and communities. We have the right to be protected from all types of abuse, neglect, and exploitation, whether physical, verbal, emotional or sexual, and to be supported in reporting and combating abuse.

### **Freedom from Discrimination:**

**We** have the right not to be discriminated against based on our race, color, religion, sex, gender, age, mental or physical disability, national origin, marital status, familial status, political views, financial situation, sexual orientation, or gender identity. We have the right to learn about these things in a safe and supportive environment.

**Such** discrimination poses a threat to the health, safety and general well-being of the citizens of the State of Indiana and menaces the institutions and foundation of our community. We have the right not to tolerate any hurtful or insensitive attitudes aimed at the above characteristics.

### **Informed:**

**We** have the right to be informed of our rights during our involvement in our case. We have the right to receive a written list of our Bill of Rights for Youth in Foster Care<sup>1</sup> when we begin our case and at least every six months prior to the case plan conference.

**We** have the right to be told why we came into foster care and why we are still in foster care. We have the right to know what the plans are for our future.

**We** have the right to discuss our Bill of Rights for Youth in Foster Care during our monthly face-to-face meeting with our Family Case Manager (FCM)/Collaborative Care Case Manager (3CM)/Probation Officer (PO).

### **Privacy:**

**We** have the right to have our privacy protected and our right to confidentiality adhered to, as outlined by Indiana law. We can expect confidentiality from the adults involved in our cases.

### **Privacy: Cultural Beliefs:**

**We** have the right to celebrate our cultural identity, traditions, and beliefs and be allowed to observe and practice our beliefs in a safe and supportive environment.

### **Parental Involvement:**

**We** have the right to have our parents, as well as their families, involved in our case plan.

<sup>1</sup> The federal definition of foster care is "24 hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility." The full definition is available at: <http://www.gpo.gov/fdsys/pkg/CFR2002-title45-vol4/xml/CFR-2002-title45-vol4-sec1355-20.xml>.

**Education:**

- We** are entitled to a quality public education that will help us succeed in the future. We have the right to reasonable educational assistance including the right to be assessed for an Individual Education Plan (IEP), as appropriate, and tutoring, as available.
- We** have the right to a 504 plan (specific for students with physical or mental impairment that substantially limits a major life activity) based on our medical documented needs including emotional health.
- We** have the right to gifted, honors, Advanced Placement (AP), and International Baccalaureate (IB) coursework if we qualify.
- We** have the right to go to our same school, if possible, and have our old school give our new school our education records. We have the right to not be identified by school personnel as a youth in foster care.
- We** have the right to discuss educational or vocational options and the school or program that best fits our own needs and goals. We have the right to have a voice in our educational plan.
- We** have the right to participate in extracurricular, cultural, and personal enrichment activities, as balanced with the needs of other members of my household.
- We** have the right to be informed of scholarship opportunities.
- We** have the right to be informed of college testing exams (e.g., SAT and ACT) and receive waivers. We have the right to participate in college visits and speakers as well as learn about different post high school education opportunities.

**Health and Well-being:**

- We** have the right to an adequate support system and to receive appropriate services to address our physical, mental health, emotional, nutritional, and spiritual needs.
- We** have the right to know the reasons behind any physical, dental, and mental health Care decision made on our behalf, as well as alternate or culturally specific options, and We have the right to request a second opinion.
- We** have a right to see and understand our treatment plans, be informed about and have a say in treatment decisions being made. We have a right to be informed about our medications and medication options. We have the right to have a voice in decisions about our medical, dental, and mental health care.
- We** have the right to discuss medication options. We have the right to be informed about the purpose of prescribed medication and any potential problems with not taking the medication.
- We** have the right to ask about our biological families' medical and mental health histories. We recognize **We** may not be entitled to such information or the information may not be available.
- We** have the right to follow our own spiritual path, within reasonable limits.
- We** have the right to have meaningful and informed conversations about Family planning.
- We** have the right to learn how to budget, spend reasonably, and save any funds that We earn.

**Record and Personal Belongings:**

- We** have the right to request our personal belongings to be taken with us upon our initial out of home placement.
- We** have the right to have our personal belongings secured and transported with us during placement transitions, when appropriate.
- We** have the right to be informed of search policies. We have the right to be told if certain items are forbidden (or we are not allowed to have them) and why. If our belongings are removed, it must be documented.
- We** have the right to have our records and personal information kept private and only have them discussed when it is essential to our care.

**Family and Community:****Placement with Siblings:**

- We** have the right to be placed in a home with as many of our siblings as possible, when appropriate. When we are not placed together, we have the right to maintain regular, appropriate contact—including face-to-face visits—with our siblings. If we cannot be placed with our siblings, we have the right to be informed why placement together is not possible.

**Visitation:**

- We** have the right to have a visit with parents and siblings within 48 hours after a CHINS placement.
- We** have the right to have regular visits with parents, siblings, and other relatives unless visitation is not in our best interests based on our individual needs. These visits should not be used as a reward or punishment for our behavior or the behavior of our parents or relatives.

**Pregnant or Parenting Youth:**

**We** , as pregnant or parenting youth, have a right to raise our children unless the court specifies otherwise. -  
We, as pregnant or parenting youth, have a right to make decisions for our children.

**Community and Environment:**

**We** have the right to be active members in our community. We have the right to advocate for ourselves and have our voices heard.

**We** have the right to stay connected with important people in our lives outside of the foster care system as long as safety remains paramount.

**We** have the right to discuss a privacy plan (to determine the appropriate communication in public settings).

**Legal Proceedings:**

**We** have the right to be notified of our court hearings.

**We** have the right to attend court hearings.

**We** have the right to have a Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL) appointed to our CHINS case. If we do not have a CASA or GAL available in our CHINS case, we have the right to contact the Director of the local CASA office.

**We** have the right to request an attorney be appointed to our case.

**We** have the right to obtain information in order to contact appropriate agencies such as our local tribal office or consulate of our country of origin.

**We** have the right to have regular contact from and unrestricted access to our FCM/3CM/ PO, attorney appointed to our case, and advocates and to be allowed to have confidential conversations with such individuals.

**We** have the right to request a meeting/hearing with the Judge who is overseeing our case.

**Violations:**

If we think our rights have been violated or feel that something is wrong, we can:

**Talk** with our FCM/3CM/PO, their supervisor, and/or the Local Office Director/Chief Probation Officer.

**File** a grievance or complaint with the private foster care agency by contacting the foster care agency Director.

**Request** a Child and Family Team Meeting for a CHINS case.

**Contact** our child advocate (CASA or GAL), if applicable.

**Go** through the process of requesting a meeting/hearing with the Judge.

**Contact** the DCS Ombudsman at 877-682-0101 or by email at DCSOmbudsman@idoa.in.gov.

**Join** the Regional and State Youth Advisory Board (YAB) and make positive change in the whole system. **Contact** the YAB office at 317-920-2503 for more information on a YAB near you.

**Safety is paramount in our case. Reasonable restrictions, including court orders, may be imposed on the time, place, and manner in which we can exercise these rights, if it is determined that any restrictions are necessary for safety reasons. We have the right to be informed of these restrictions and the reasons for them in a manner that we can understand.**

I acknowledge I have received a copy of this document. I have had the opportunity to ask questions, and I understand my rights.

Youth Name (Printed):

\_\_\_\_\_

Youth Name (Signature):

\_\_\_\_\_

FCM/3CM/PO Name (Printed):

\_\_\_\_\_

FCM/3CM/PO Name (Signature):

\_\_\_\_\_