**Parent’s/Caregiver’s Transition Worksheet**

Youth’s Name: 
Youth’s Age: 
Date Completed: 

This worksheet is to assist in the planning for your youth’s transition to adulthood. Please check the boxes below that apply at this time. After this worksheet is complete it should be used to assess what needs to be done for transition.

### Health Care

- [ ] I understand my youth’s medical condition

I have planned for my youth’s:

- [ ] Adult specialty medical care
- [ ] Adult primary medical care
- [ ] Adult dental care

My youth is able to:

- [ ] My youth is unable to care for self
- [ ] Describe his/her medical condition
- [ ] Perform daily medical care/treatments
- [ ] Consent to medical care
- [ ] Make medical appointments
- [ ] Understand his/her insurance coverage

### Financing

As an adult, my youth’s medical care will be paid for by:

- [ ] Private health insurance through employment
- [ ] Family’s private health insurance
- [ ] Medicaid
- [ ] Medicare
- [ ] Trust/Will
- [ ] None of these apply

My youth is able to:

- [ ] My youth is unable to make financial decisions.
- [ ] Earn money to pay bills
- [ ] Manage a checking or savings account
- [ ] Budget/Money
- [ ] Make financial decisions
- [ ] Manage a credit card
- [ ] None of these apply

As an adult, my youth’s income will be from:

- [ ] Employment
- [ ] SSI (Supplemental Social Security Income)
- [ ] Trust/Will
- [ ] SSDI (Social Security Disability Income)
- [ ] Family
- [ ] Other

Adapted by Utah Family Voices Family to Family Health Information Center from The University of Illinois at Chicago, Division of Specialized Care for Children
### Functional Living Needs

As an adult, my youth will live with:

- [ ] Self
- [ ] Parents
- [ ] Other family members
- [ ] Group Home
- [ ] Campus/ dormitory
- [ ] Assisted Living
- [ ] Long-term care facility
- [ ] None of these apply

As an adult, my youth will need transportation for:

- [ ] Shopping
- [ ] School
- [ ] Appointments
- [ ] Recreation
- [ ] Work

Transportation will be provided by:

- [ ] Self
- [ ] Agencies (List: __________________________________________________)
- [ ] Family members (List: ___________________________________________)
- [ ] Public Transportation

### Employment/Vocational

My child has prepared for work through:

- [ ] Household chores
- [ ] Volunteering
- [ ] Continuing education
- [ ] Part time job
- [ ] Job shadowing
- [ ] Work study programs
- [ ] None of these apply

After high school my child will/has entered:

- [ ] Full-time employment
- [ ] Continuing education
- [ ] Internship/apprenticeship
- [ ] Part-time employment
- [ ] Supported employment
- [ ] Sheltered workshop
- [ ] None of these apply

### I Would Like to Have More Information About

- [ ] Guardianship
- [ ] Medicaid
- [ ] SSI/SSDI
- [ ] Independent Living
- [ ] Public Transportation
- [ ] School
- [ ] NJ Voc Rehab Services
- [ ] Social/ Recreational opportunities
- [ ] Other: ____________________________
- [ ] Other: ____________________________

### Comments:

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