



Youth Transition Decision-Making (YTDM) Meeting Notes Youth's Plan

Case Information

Youth Name		
Parent/Caregiver Name	Parent/Caregiver/Noncustodial Names	
Date of YTDM Meeting	Facilitator Name	Facilitator Approval Number
Next Court Hearing Date and Time	Type of Hearing	

Desired Outcomes of this Meeting

Fostering Connections

Education (things to consider)

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> Graduation date Academic performance GED, high school diploma IEP or other | <ul style="list-style-type: none"> Extracurricular activities Job training options I-JAG | <ul style="list-style-type: none"> College visits/applications Financial aid applications ACT/SAT/COMPASS |
|---|---|--|

STRENGTHS:

NEEDS:

GOAL:

WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Employment (things to consider)			
<ul style="list-style-type: none"> • Transportation • Dress for success • Vocational rehabilitation/Iowa Works 		<ul style="list-style-type: none"> • Application/interview skills • Maintaining employment 	
<ul style="list-style-type: none"> • Develop resumé • Informal support 			
STRENGTHS:			
NEEDS:			
GOAL:			
WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Health (things to consider)			
<ul style="list-style-type: none"> • Insurance cards: medical/dental/vision • Medication management 		<ul style="list-style-type: none"> • Access to physician • SSI • Physical health 	
<ul style="list-style-type: none"> • Hygiene • Mental health • Reproductive health 			
STRENGTHS:			
NEEDS:			
GOAL:			
WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Housing (things to consider)	
<ul style="list-style-type: none"> • Safe, affordable, and stable • Current housing 	<ul style="list-style-type: none"> • After 18 • Supervised apartment living
STRENGTHS:	
NEEDS:	
GOAL:	

WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Supportive Relationships (things to consider)

- Aftercare
- Iowa Foster Care Youth Council
- Family interaction plan
- Healthy family connections
- Adult services
- Community/church connections
- Peers
- Permanency pact
- Mentors

STRENGTHS:

NEEDS:

GOAL:

WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Other (Discuss financial management, life skills, vital documents: birth certificate, Social Security card, driver's license or state picture ID, Selective Service, healthcare proxy, etc.)

STRENGTHS:

NEEDS:

GOAL:

WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Crisis Plan

Discuss what will be done if some part of the plan breaks down and a crisis happens.

Risk identified and steps to address the risk issues:	By WHEN :	Completed/Ongoing

