IOWA Health and Human Services

# Youth Transition Decision-Making (YTDM) Youth's Dream Path

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

| **Desired Outcomes of this Meeting** |
|---|

IOWA Health and Human Services

**What is my dream?** _____

## Dream Path

| Now | What will happen | Who will help | 0 – 3 months | 4 – 9 months |
|---|---|---|---|---|
| **Education** | | | | |
| **Employment** | | | | |
| **Health** | | | | |
| **Housing** | | | | |
| **Supportive Relationships** | | | | |

**Plan B:**