

# Oklahoma Healthy Transition Initiative (OHTI) Transition Action Plan Tool Kit

			Transitio	n Action Plan		
Full Name:						ate eveloped:
Last		,	First	M.I.	,	
Birth Date:	Current Age:		Gender:	Follow-up Dates:		
SHEET SHEET SHEET		PAR	Transiti	on Domains		
Identify the domains in this transition plan, alo the readiness score		C	empleted Domains Finances and Mone Education Career and Employ Supports (Formal/In Life Skills Community Integrat Transportation Housing Self Care and Healt Essential Documen	y Management ment nformal) ion, Culture and S	Social Life	
Additional Plans Have other providers of created a plan on beha young person? If yes, building or merging pa other plans into the your transition plan	alf of the consider rts of	0000	Individualized Educat Treatment Plan and D Voc Rehab/IPE (Indiv Workforce Investmen Developmental Disab	rischarge Plan vidualized Plan for I t Act (WIA)		)
	The state of		Transition Suppo	orts (Team Memb	oers)	
Please list three pote Full Name:	ntial team n	nem	bers.	Relationship and	Role:	
Email Address:	36			Phone:		-
Full Name:	**			Relationship and	Role	.10 2
Email Address:				Phone:		
Full Name:				Relationship and	Role	
Email Address:				Phone:		



### (OHTI) Finances and Money Management Tool Kit

Individu	alized Finance a	nd Money Managemen		
Full Name:			Date Develo	ped:
	First	М.І.		
Bank or Credit Union account status:		What I Have	Bank or Credit U	Inion Name:
☐ Checking account open ☐ Savi	ngs account open	☐ ATM account open	Currently Employ	yed: No □
☐ Debt card account open ☐ Othe Sources of Income (Description):	er:			
4				Monthly Amount \$
1. 2.				\$
3.				\$
Demonstrated Money Management ☐ Taxes	Budgeting		Other:	
☐ Banking ☐ Saving/Investing	☐ Financial	Literacy am Training	☐ Other: ☐ Other:	
Gaving/investing		Financial Resources	- Strict:	William Bull
Assistance Type	Eligibility (W	hat's required to qualify)	Who I Contact	(and how to apply)
9				€
er g				
	Financial	Related References		NO. 12 15 15 15 15
Please list three professional referen	ices.		Studadio - 15 - 1565 - 213- 240	
Full Name:		Relationship:		
Company:		Phone:		
Address:		( )		e
Full Name:		Relationship:		
Company:		Phone:		
Address:	70	( )		



### This is My Financial and Money Management Plan

Short Term (6 Month) Goals

Steps and Services (and who will help me)

Progress

Mid-Term (1 Year) Goals

Steps and Services (and who will help me)



### (OHTI) Education Tool Kit

	Individualized Education	n Action Plan					
Full Name:			Date Developed:				
Last	First	M.I.	* * *				
Education History							
Current Education Status: Attending full time:  Attending full time:  Attending full time:  Attending alternative education:  Not attending:  On track to earn:  Degree:  Associates Degree:  Diplo	Attending GED program:		Last Grade Completed:				
Currently have an IEP: Yes No	Last Date IEP was updated:						
Previous School Attended:		Last	grade level completed:				
Previous School Attended:		Last grade level completed:					
	Available Reso	urces					
Assistance Type	Eligibility (What's requi	red to qualify)	Who I Contact (and how to apply)				
	This is My Educat	tion Plan					
	Stone and Sarvices (		ma) Progress				



Steps and Services (and who will help me)



Short Term (6 Month) Goals

## (OHTI) Career and Employment

Individualized Career at	nd Employment Action Plan	Dete
		Date Developed:
Full Name:  Last First	M.I.	
	loyment Experience	
Current employment status: Full Time  Part Time (Number of hours per week or pay period:	Resume Completed:	
Current Position:	Pay Rate:	
Employer Name:	Employer Address:	
City, State, Zip code:	Phone:	
Past Employment History	- 1 All	
Employer Name:	Employer Address:	
City, State, Zip code:	Phone :( )	Dates of Employment:
Name of Supervisor:	Position:	Reason for leaving:
Employer Name:	Employer Address:	
City, State, Zip code:	Phone :( )	Dates of Employment:
Name of Supervisor:	Position:	Reason for leaving:
Employer Name:	Employer Address:	
City, State, Zip code:	Phone :( )	Dates of Employment:
Name of Supervisor:	Position:	Reason for leaving:
•	ar and Employment Plan	

Steps and Services (and who will help me)



Steps and Services (and who will help me)



### (OHTI) Formal and Informal Supports Tool Kit

Individuali	zed Formal and Informal Supports Action Pla	n		
		Date Developed:		
Full Name:  Last First	M.I.	Developed.		
Last	Formal and Informal Supports	White State Control of the		
Full Name:	Relationship:			
Company:	Phone :( )	Email:		
Address:	Support Pact Completed:			
Full Name:	Relationship:			
Company:	Phone: ( )	Email:		
Address:	Support Pact Completed:			
Full Name:	Relationship:			
Company:	Phone: ( )	Email:		
Address:	Permanency Pact Completed	:		
Relationship with Biological Family Member	rs			
Name:	Relationship:	Current Relationship Status:		
Name:	Relationship:	Current Relationship Status:		
Name:	Relationship:	Current Relationship Status:		
This is My Plan for Involvement of Formal or Informal Supports				
Short Term (6 Month) Goals	Steps and Services (and who will help me)	Progress		

Mid-Term (1 Year) Goals

Steps and Services (and who will help me)





### (OHTI) Life Skills Tool Kit

	Individual	ized Life Skills Action Plan	
Full Name:			Date Developed:
Last	First	M.I.	Bovolopou.
	AT THE RESERVE	What I Have	
Casey Life Skills Assessment: Co Other Life Skills Assessment Instru	ompleted  In Prog ument ( ): Co		Completed
Effective and efficient knowledge of life skills	Cooking (He Cleaning Laundry Personal Hyg Home Safety Dining Etiqu Recreation/le Grocery shop Communicat Problem solv	ette isure oping ion	
	A	vailable Resources	
Assistance Type	Eligibility	(What's required to qualify)	Who I Contact (and how to apply)
	*		
×			
	This is My Plan (Ho	ousing plan should be incorporated into the individualized	d wrap plan)
Short Term (6 Month) Goals	Steps a	nd Services (and who will help	o me) Progress



Steps and Services (and who will help me)



# (OHTI) Community, Culture and Social Life Tool Kit

Individualized Community, Culture and Social Life Action Plan					
Full Name:			Date Developed:		
Last	First	M.I.			
		What I Have		-301	
Community Connections (gro	oups, social clubs, etc)	Contact Person	Phone #		
		V			
		***************************************			
5					
Peer Circle					
7 55, 5,15,6					
Name:	Length of time know		Contact Information:		
Name:	Length of time knowi		Contact Information:		
Name:	Length of time knowi	ng:	Contact Information:		
Name:	Length of time knowi	ng:	Contact Information:		
Name:	Length of time knowi	ng:	Contact Information:		
Name:	Length of time knowi	ng:	Contact Information:		
	Avai	lable Resources		43	
Assistance Tune	Eliaibility /W	lhat's required to qua	lify) Who I Contact (and how to anni-	v)	

This is My Plan (Housing plan should be incorporated into the individualized wrap plan)

Short Term (6 Month) Goals

Steps and Services (and who will help me)



Steps and Services (and who will help me)



### (OHTI) Transportation Tool Kit

ln	dividualized Transportation Action Plan	
Full Name:	Developed:	
Last Firs	st M.I.	
THE Z WAS SUBJECT OF	What I Have	
My current mode of transportation: Car: ☐ Bike: ☐ Friend/Family: ☐ Public	Transportation: Walk:	
Transportation needed for:		
Driver's license status: Yes ☐ No ☐	Permit status: Date obtained: Yes \( \square\) No \( \square\)	
COLUMN TO THE REAL PROPERTY.	Available Transportation Resources	(April 1 - 1 17)
Assistance Type	Eligibility (What's required to qualify) Who I Contact (and	how to apply)
	This is My Transportation Plan	
Short Term (6 Month) Goals	Steps and Services (and who will help me)	Progress
	*	
		Duannaa
Mid-Term (1 Year) Goals	Steps and Services (and who will help me)	Progress





### (OHTI) Housing Assessment Tool Kit

	Individua	lized Housing Action Plan	<b>医99. 指在在图形</b> 是 [10]
Full Name:		) (8)	Date Developed:
Last	First	M.I.	
STATE OF THE PARTY	THE RESIDENCE	What I Have	
Where I live now:	8		Planned Completion Date:
Housing after I Age out of Services:			
		6	
Sample Rental Application Completed:	Curre Yes	ently Employed:	
Yes No Backup Plan (In case of emergency, this is		1 10 🗆	
Backap Flam (in case of smergeney, time is	misis in gay		
Barriers to Accessing Housing (Review the list of barriers with the young person and use this information to guide the rest of the discussion.)	□ Single Parer □ Head of Hou □ Sporadic Em □ No High Sch □ Insufficient of □ Insufficient of □ Insufficient of □ Debts □ Repeated or □ Recent Histor □ Adult or Chil □ History of Ak	in years y (3+ children) nt Household usehold under 18 nployment History nool Diploma/GED or No Income	I Problems not in the Unit
		urrent Abuse and/or Battering (d ronic Mental Illness	silent fleeling abuser)
	☐ Acute or Chi	ronic Physical Disability	
	☐ Unable to ge ☐ If evicted, st	et Utilities in Head of Household <sup>i</sup> ate reasons:	's Name
			z ·
	Availa	ble Housing Resources	
Assistance Type	Eligibility	y (What's required to qualify)	Who I Contact (and how to apply)



DOMESTIC OF THE PARTY OF THE PA	Housing Related References	
Please list three professional references.		
Full Name:	Relationship:	
Company:	Phone:	
Address:	( )	
Full Name:	Relationship:	
Company:	Phone:	
Address:	( )	
This is My Ho	ousing Plan (Housing plan should be incorporated into the individualized wrap plan)	
Short Term (6 Month) Goals	Steps and Services (and who will help me)	Progress

Steps and Services (and who will help me)



### (OHTI) Self Care+Health Tool Kit

	Individualized Self Care+Health Action Plan						
Full Name:	First	М.І.	Date Developed:				
		What I Have		STATE OF THE STATE			
Current Health insurance	coverage (name of compa	ny, plan and etc):	Policy Number:	End date of coverage:			
Primary Doctor:	Primary Clinic or Hospital:		Doctor or Primary	Clinic Phone Number:			
Health Issues: Yes No No	Prescriptions:		Type of Health Issu	ies:			
<b>Current Mental Health ins</b>	urance coverage (name of	company/plan):	Policy #:				
Current Therapist: Mental Health History Axis III Mental Health Prescriptions:	Past Inpatient Visits: Axis I: Axis IV		Inpatient Hospi Axis II	al #:			
Current Dental Insurance	Coverage (name of compa	ny/plan):					
Primary Dentist:	Primary Dentist Office:		Policy Number: Primary Dentist				
Current Dental Issues:	Dental History:		Dental Prescrip	tions:			
Vision Needs:							
Additional Health Education Substance Abuse: Anger Management: Coping Skills:	Healthy Relationships:  Sex Education:  Holistic Health:	Advocacy:  Managing Peer Relationships:  ilable Resources	Social Skill Dev Life Skill Develo Stress Manager	pment:			
Assistance Type	Eligibility (V	Vhat's required to qua	lify) Who I Conta	ct (and how to apply)			

### This is Self Health Care Plan

Short Term (6 Month) Goals

Steps and Services (and who will help me)



Steps and Services (and who will help me)



### **(OHTI) Essential Documents Tool Kit**

	Indivi	dualized Essenti	al Documents Action	Plan			
Full Name:				Date Developed:			
Last	First		M.I.				
		What I Have (Pe	rsonal Documents)				
Social Security Card:	Have:	Applied:	Do not have:				
State Pictured ID:	Have:	Applied:	Do not have:	*			
Birth Certificate	Have:	Applied:	Do not have:				
Citizen/immigration documents:	Have:	Applied:	Do not have:				
Tribal Card:	Have:	Applied:	Do not have:				
		A					
	Available Resources						
Assistance Type		Eligibility (What's	s required to qualify)	Who I Contact (and how to apply)			

This is illy Housing Plan (Housing plan should be incorporated into the individualized wrap plan)	Plan (Housing plan should be incorporated into the individualized wrap plan)	-
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Short Term (6 Month) Goals

Steps and Services (and who will help me)

**Progress** 

Mid-Term (1 Year) Goals

Steps and Services (and who will help me)