



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

Transition Action Plan

Full Name:

Last

First

M.I.

Birth Date:

Current Age:

Gender:

Follow-up Dates:

Date

Developed: _____

Transition Domains

Identify the domains included in this transition plan, along with the readiness score

Completed Domains

- ☐ Finances and Money Management
- ☐ Education
- ☐ Career and Employment
- ☐ Supports (Formal/Informal)
- ☐ Life Skills
- ☐ Community Integration, Culture and Social Life
- ☐ Transportation
- ☐ Housing
- ☐ Self Care and Health
- ☐ Essential Documents

Additional Plans

Have other providers or partners created a plan on behalf of the young person? If yes, consider building or merging parts of other plans into the youth transition plan

- ☐ Individualized Education Plan
- ☐ Treatment Plan and Discharge Plan
- ☐ Voc Rehab/IPE (Individualized Plan for Employment)
- ☐ Workforce Investment Act (WIA)
- ☐ Developmental Disabilities Individual Support Plan (DD ISP)

Transition Supports (Team Members)

Please list three potential team members.

Full Name:

Relationship and Role:

Email Address:

Phone:

()

Full Name:

Relationship and Role

Email Address:

Phone:

()

Full Name:

Relationship and Role

Email Address:

Phone:

()



(OHTI) Finances and Money Management Tool Kit

Individualized Finance and Money Management Action Plan

Full Name:

Date

Developed: _____

Last

First

M.I.

What I Have

Bank or Credit Union account status:

Bank or Credit Union Name:

☐ Checking account open ☐ Savings account open ☐ ATM account open

Currently Employed:

Yes ☐ No ☐

☐ Debt card account open ☐ Other:

Sources of Income (Description):

Monthly Amount

1.

\$

2.

\$

3.

\$

Demonstrated Money Management Skills

☐ Taxes

☐ Budgeting

☐ Other:

☐ Banking

☐ Financial Literacy

☐ Other:

☐ Saving/Investing

☐ IDA Program Training

☐ Other:

Available Financial Resources

Assistance Type

Eligibility (What's required to qualify)

Who I Contact (and how to apply)

Financial Related References

Please list three professional references.

Full Name:

Relationship:

Company:

Phone:

()

Address:

Full Name:

Relationship:

Company:

Phone:

()

Address:



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)

Progress

(OHTI) Education Tool Kit

Individualized Education Action Plan

Full Name:

Date _____

Developed:

Last

First

M.I.

Education History

Current Education Status:

Last Grade Completed:

Attending full time: ☐ Attending full time in an institution: ☐ Attending part time: ☐

Attending alternative education: ☐ Attending GED program: ☐

Not attending: ☐

On track to earn:

Degree: ☐ Associates Degree: ☐ Diploma: ☐ GED or modified diploma: ☐ Other: ☐

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 Resources

Assistance Type

Eligibility (What's required to qualify)

Who I Contact (and how to apply)

This is My Education 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)	Progress
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Date _____

Full Name:

Developed:

Last

First

M.I.

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

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:

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)	Progress
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(OHTI) Life Skills Tool Kit

Individualized Life Skills Action Plan

Full Name:

Last

First

M.I.

Date

Developed: _____

What I Have

Casey Life Skills Assessment: Completed ☐ In Progress ☐ Not Completed ☐

Other Life Skills Assessment Instrument (): Completed ☐ In Progress ☐ Not Completed ☐

Effective and efficient knowledge
of life skills

- ☐ Cooking (Healthy Meals)
- ☐ Cleaning
- ☐ Laundry
- ☐ Personal Hygiene
- ☐ Home Safety
- ☐ Dining Etiquette
- ☐ Recreation/leisure
- ☐ Grocery shopping
- ☐ Communication
- ☐ Problem solving

Available Resources

Assistance Type

Eligibility (What's required to qualify)

Who I Contact (and how to apply)

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)

Progress



Mid-Term (1 Year) Goals	Steps and Services (and who will help me)	Progress
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(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

Community Connections (groups, social clubs, etc)

Contact Person

Phone #

Peer Circle

Name:

Length of time knowing:

Contact Information:

Name:

Length of time knowing:

Contact Information:

Name:

Length of time knowing:

Contact Information:

Name:

Length of time knowing:

Contact Information:

Name:

Length of time knowing:

Contact Information:

Available Resources

Assistance Type

Eligibility (What's required to qualify)

Who I Contact (and how to apply)

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)

Progress



Mid-Term (1 Year) Goals	Steps and Services (and who will help me)	Progress
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(OHTI) Transportation Tool Kit

Individualized Transportation Action Plan

Full Name:

Last

First

M.I.

Date

Developed: _____

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:

Yes ☐ No ☐

Date obtained: _____

Available Transportation Resources

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

Mid-Term (1 Year) Goals

Steps and Services (and who will help me)

Progress



(OHTI) Housing Assessment Tool Kit

Individualized Housing Action Plan

Full Name:

Date

Developed: _____

Last

First

M.I.

What I Have

Where I live now:

Planned Completion Date:

Housing after I Age out of Services:

Sample Rental Application Completed:

Yes ☐

No ☐

Currently Employed:

Yes ☐

No ☐

Backup Plan (In case of emergency, this is where I'll go)

Barriers to Accessing Housing
(Review the list of barriers with the young person and use this information to guide the rest of the discussion.)

- ☐ No rental history
- ☐ Eviction(s) _____ in _____ years
- ☐ Large Family (3+ children)
- ☐ Single Parent Household
- ☐ Head of Household under 18
- ☐ Sporadic Employment History
- ☐ No High School Diploma/GED
- ☐ Insufficient or No Income
- ☐ Insufficient Savings
- ☐ No or Poor Credit History
- ☐ Debts
- ☐ Repeated or Chronic Homelessness
- ☐ Recent History of Substance Abuse or Actively Using Drugs or Alcohol
- ☐ Recent Criminal History or Felony
- ☐ Adult or Child with Mild to Severe Behavioral Problems
- ☐ History of Abuse and/or Battery but Abuser not in the Unit
- ☐ Recent or Current Abuse and/or Battering (client fleeing abuser)
- ☐ Acute or Chronic Mental Illness
- ☐ Acute or Chronic Physical Disability
- ☐ Unable to get Utilities in Head of Household's Name
- ☐ If evicted, state reasons:

Available Housing Resources

Assistance Type

Eligibility (What's required to qualify)

Who I Contact (and how to apply)



Housing Related References

Please list three professional references.

Full Name:

Relationship:

Company:

Phone:

()

Address:

Full Name:

Relationship:

Company:

Phone:

()

Address:

This is My Housing 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

Mid-Term (1 Year) Goals

Steps and Services (and who will help me)

Progress



Mid-Term (1 Year) Goals	Steps and Services (and who will help me)	Progress
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(OHTI) Essential Documents Tool Kit

Individualized Essential Documents Action Plan

Full Name:

Date

Developed: _____

Last

First

M.I.

What I Have (Personal 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: _____

Available Resources

Assistance Type

Eligibility (What's required to qualify)

Who I Contact (and how to apply)

This is My Housing 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

Mid-Term (1 Year) Goals

Steps and Services (and who will help me)

Progress