

TRANSITIONAL INDEPENDENT LIVING PLAN & AGREEMENT

Youth: _____ Date of Birth: _____ Age: _____ Ethnicity: _____

Address: _____

Phone Number: _____ Text OK?: Email Address: _____

Instructions To Youth: The purpose of this agreement is to capture the goals you are agreeing to achieve over the next 6 months. It is a good organizing tool to help you stay focused and keep track of your progress toward accomplishing each goal. Your Social Worker/Probation Officer and caregiver will also have copies of this agreement and will help you achieve your goals.

Instructions to Caregiver: You are agreeing to assist the youth in the development of their ILP goals and to support the youth in completing the activities.

Instructions to Social Worker/Probation Officer: You are agreeing to assist the youth and the caregiver in completing this form, and develop Planned Services that will assist the youth in meeting his/her goals. Document the Planned Services and Delivered Services in CWS/CMS. Probation officers: use manual documentation procedures.

Service goals and activities to be addressed in the plan:

Goals are individualized based on your assessment and may include examples such as:

- develop a life-long connection to a supportive adult
- graduate from high school
- obtain a part-time job
- invest savings from part-time job
- develop community connections
- obtain a scholarship to attend college
- develop competency in the life skill of _____

Activities are individualized to help meet a specific goal. Example – if high school graduation is a goal, the youth directed activity might be to attend classes regularly with no tardies for the next 6 months.

For youth participating in ILP services, activities are reportable as ILP Delivered Services in CWS/CMS. The social worker shall select from one or more of the following ILP Service Types that an individualized completed activity fits in:

- | | |
|--------------------------------------|---|
| • Received ILP Needs Assessment | • ILP Room and Board Financial Assistance |
| • ILP Mentoring | • ILP Transitional Housing, THP, THP Plus |
| • ILP Education | • ILP Home Management |
| • ILP Education Post Secondary | • ILP Time Management |
| • ILP Education Financial Assistance | • ILP Parenting Skills |
| • ILP Career/Job Guidance | • ILP Interpersonal/Social Skills |
| • ILP Employment/Vocational Training | • ILP Financial Assistance Other |
| • ILP Money Management | • ILP Transportation |
| • ILP Consumer Skills | • ILP Other (Stipends/Incentives) |
| • ILP Health Care | |

- I understand that if I am employed as part of this plan, my earned income will be disregarded, as the purpose of my employment is to gain knowledge of needed work skills, habits and responsibilities to maintain employment. (WIC 11008.15)
- I understand that I can retain cash savings up to \$10,000 under this plan in an insured savings account and any withdrawal requires the written approval of my social worker/probation officer and must be used for purposes directly related to my transitional goals. (WIC 11155.5)
- I understand that I will receive assistance to obtain my personal documents and information about financial aid for postsecondary education/training. (WIC 16001.9)

Youth: _____ Date of Birth: _____ Age: _____

Case Worker Name: _____ Case Worker Phone: _____

Case Worker Email Address: _____

TILP 6-month timeline: _____ to _____.

Date Independent Living Needs Assessment completed: _____.

Based on the assessment of my level of functioning, the following transitional goals and activities meet my current needs.

I will participate in Independent Living Program (ILP) services to help meet my goals.

Goal	Activity	Responsible Parties	Planned Completion Date	Progress Date
Goal #1:				<input type="checkbox"/> Met Goal Date: _____ <input type="checkbox"/> Satisfactory Progress. <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #2:				<input type="checkbox"/> Met Goal Date: _____ <input type="checkbox"/> Satisfactory Progress. <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #3:				<input type="checkbox"/> Met Goal Date: _____ <input type="checkbox"/> Satisfactory Progress. <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #4:				<input type="checkbox"/> Met Goal Date: _____ <input type="checkbox"/> Satisfactory Progress. <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.

Comments:

Youth: _____ Date of Birth: _____ Age: _____
 Case Worker Name: _____ Case Worker Phone: _____
 Case Worker Email Address: _____

This Agreement will be updated on: _____ Update #: _____

Signing this agreement means we will all work to complete the steps necessary to help the youth reach his/her goals.

Youth's Signature

Date

Caregiver's Signature

Date

Social Worker/Probation Officer Signature

Date

Voter Registration Info:

Secretary of State Voter Registration
www.sos.ca.gov/elections/voter-registration

Secretary of State Voter Information Contact
www.sos.ca.gov/elections/contact/email-elections-division

Secretary of State Voter Hotline
 (800) 345-VOTE(8683)

Copies to: Youth
 Caregiver
 Case File
 ILP