

[Clear](#)

TRANSITIONAL PLAN

Note: This Plan is required for all Transitional Support Services recipients.

[Go To Page 2](#)[Go To Page 3](#)

CLIENT DEMOGRAPHICS:

Name: _____ Age: _____ ☐ Male ☐ Female

Address: _____

City, State, Zip: _____

Home phone: _____ Other phone/contact info: _____

Date of birth: _____ Social Security #: _____ Ethnicity: _____

Last Placement/Caregiver Contact Information: _____

Supportive Interpersonal Relationships (i.e. with a responsible adult) Contact Information: _____

CURRENT LIVING ARRANGEMENT:

☐ Independently rent an apartment

☐ Stay in a college dorm

☐ Group Home

☐ Former Foster Parent's Home

☐ Other: _____

☐ Share apartment with friends

☐ Return to Parent's home

☐ Live with relatives

☐ Pay Home Mortgage

Marital Status: ☐ Single ☐ Married Do you have children? ☐ Yes ☐ No If yes, # of children: _____

Are you expecting a child? ☐ Yes ☐ No If yes, baby's due date: _____

EDUCATION INFORMATION:

Name of School Attending, if applicable: _____

School's Address: _____

School's Phone # & Staff Contact Name: _____

Are you familiar with the location, support staff, and the available resources to assist you at your institution of higher education? ☐ Yes ☐ No ☐ N/A

If No, do you need any assistance with arranging a campus tour prior to your initial attendance at your institution of higher education? ☐ Yes ☐ No

HIGHEST COMPLETED ACADEMIC LEVEL:

Grade Level: ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ High School Grad: Graduation date: _____

College: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

GED: ☐ Have obtained ☐ Preparing for a GED Anticipated GED Exam Date: _____

Have you completed all of the required applications, tests, and financial aid forms (see below) prior to the completion of this Transitional Plan? ☐ Yes ☐ No

If No, do you need any assistance with completing this process? ☐ Yes ☐ No

If Yes, which of the following do you need information about:

☐ Pell Grant ☐ Bright Futures Scholarship ☐ Florida Fee Exemption/Tuition Waiver

☐ Other: _____

[Go To Page 2](#)[Go To Page 3](#)

Do you have a documented disability as defined in Florida Statute 1009.41 (i.e. as defined by the Americans with Disabilities Act)? ☐ Yes ☐ No

If Yes, do you require special accommodations (i.e., part-time attendance, alternative testing methods, etc.) to assist you during post-secondary educational or training attendance? ☐ Yes ☐ No

NOTE: Please provide proper disability documentation (i.e. medical statement signed by a licensed physician, SSI, etc.).

Do you require special support services to assist you during post-secondary educational or training attendance? ☐ Yes ☐ No

If Yes, please describe what assistance you will need (i.e. housing, childcare, tutoring, etc.):

Your overall cumulative Grade Point Average (G.P.A.) for the two semesters preceding your 18th birthday or the initial application date, or previous semester if attending school equals: _____

If your Academic Program does NOT maintain a G.P.A. system, are you making satisfactory progress as certified by the institution of higher education? ☐ Yes ☐ No

You are currently enrolled in: ☐ University ☐ Community College ☐ High School

☐ Adult Education/GED Program ☐ Vocational training classes

☐ Other (i.e., business school, modeling school, etc.): _____

You are currently attending school: ☐ Full-time ☐ Part-time ☐ Not currently attending school

EMPLOYMENT STATUS:

☐ I am working part-time. ☐ I am working full-time. ☐ I am looking for a job.

☐ I need help to maintain a job. ☐ I am unable to work because _____

TRANSITION PLAN:

I agree to complete the following tasks by the mutually agreed upon date of: _____ (Examples of proposed tasks may include, but are not limited to, participation in life skills classes, tutoring, employment, substance abuse counseling, mental health counseling, parenting classes, and attend medical appointments.)

Failure to follow through with these identified tasks may prevent me from continuing to receive Transitional Support Services funds.

SERVICE NEEDS: I am in need of the following services in order to complete my Transition Plan:

ACKNOWLEDGEMENT: In signing this Transition Plan, I acknowledge that:

- I have participated in the development of my Transition Plan.
- I agree to participate in the services outlined in this Transition Plan.
- I have received a copy of this Transition Plan.

Signature Student/Young Adult Requesting Services

Date

Signature of Independent Living Staff

Date

[Go Back To Page One](#)