Iowa Department of Human Services

**Youth Transition Decision-Making (YTDM)
Meeting Notes**

**Youth’s Plan**

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

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| **Desired Outcomes of this Meeting** |

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| **Fostering Connections** |

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| **Education** (things to consider) |
| * Graduation date
* Academic performance
* GED, high school diploma
* IEP or other
 | * Extracurricular activities
* Job training options
* I-JAG
 | * College visits/applications
* Financial aid applications
* ACT/SAT/COMPASS
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| **STRENGTHS:** |

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| **NEEDS:** |

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| **GOAL:** |

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| **Employment** (things to consider) |
| * Transportation
* Dress for success
* Vocational rehabilitation/Iowa Works
 | * Application/interview skills
* Maintaining employment
 | * Develop resumé
* Informal support
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| **STRENGTHS:** |

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| **Health** (things to consider) |
| * Insurance cards: medical/dental/vision
* Medication management
 | * Access to physician
* SSI
* Physical health
 | * Hygiene
* Mental health
* Reproductive health
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| **STRENGTHS:** |

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| **NEEDS:** |

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| **Housing** (things to consider) |
| * Safe, affordable, and stable
* Current housing
 | * After 18
* Supervised apartment living
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| **STRENGTHS:** |

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| **Supportive Relationships** (things to consider) |
| * Aftercare
* Iowa Foster Care Youth Council
* Family interaction plan
 | * Healthy family connections
* Adult services
* Community/church connections
 | * Peers
* Permanency pact
* Mentors
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| **STRENGTHS:** |

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| **Other** (Discuss financial management, life skills, vital documents: birth certificate, Social Security card, driver’s license or state picture ID, Selective Service, healthcare proxy, etc.) |
| **STRENGTHS:** |

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| **Crisis Plan** |

Discuss what will be done if some part of the plan breaks down and a crisis happens.

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| **Risk identified and steps to address the risk issues:** | By **WHEN:** | **Completed/Ongoing** |
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| **Signatures and Notifications** |

| Invited Team Members | Role | Contact Information | Attended |
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