Parent/Caregiver Transition Worksheet

This worksheet is to assist in the planning for your youth's transition to adulthood. Please check the boxes below that apply at this time. After this worksheet is complete it should be used to assess what needs to be done for transition.

Health Care

☐ I understand my youth's medical condition

I have planned for my youth's:

☐ Adult specialty medical care
☐ Adult primary medical care
☐ Adult dental care
☐ Vision Care
☐ Guardianship

My youth is able to:

☐ My youth is unable to care for self
☐ Describe his/her medical condition
☐ Perform daily medical care/treatments
☐ Consent to medical care
☐ Make medical appointments
☐ Understand his/her insurance coverage
☐ Manage medications
☐ Advocate for self
☐ Refill medications and supplies

Financing

As an adult, my youth's medical care will be paid for by:

☐ Private health insurance through employment
☐ Family's private health insurance
☐ Medicaid
☐ Medicare
☐ Trust/Will
☐ None of these apply

My youth is able to:

☐ My youth is unable to make financial decisions.
☐ Earn money to pay bills
☐ Manage a checking or savings account
☐ Budget/ Money
☐ Make financial decisions
☐ Manage a credit card
☐ None of these apply

As an adult, my youth's income will be from:

☐ Employment
☐ Trust/Will
☐ Family
☐ SSI (Supplemental Social Security Income)
☐ SSDI (Social Security Disability Insurance)
☐ Other_____

Functional Living Needs

As an adult, my youth will live with:

☐ Self ☐ Group Home ☐ Assisted Living
☐ Parents ☐ Campus/ dormitory ☐ None of these
☐ Other family members ☐ Long-term care facility apply

As an adult, my youth will need transportation for:
☐ Shopping ☐ Recreation
☐ School ☐ Work
☐ Appointments

Transportation will be provided by:
☐ Self
☐ Agencies (List:_____)
☐ Family members (List:_____)
☐ Public Transportation

Employment/Vocational

My child has prepared for work through:
☐ Household chores
☐ Volunteering
☐ Continuing education
☐ Part time job
☐ Job shadowing
☐ Work study programs
☐ None of these apply

After high school my child will/has enter(ed):
☐ Full-time employment ☐ Part-time employment ☐ None of these
☐ Continuing education ☐ Supported employment apply
☐ Internship/apprenticeship ☐ Sheltered workshop

I Would Like to Have More Information About

☐ Guardianship ☐ Educational Resources
☐ Medicaid ☐ CMH Services
☐ SSI/SSDI
☐ Independent Living
☐ Public Transportation
☐ School
☐ Michigan Vocation Rehabilitative Services
☐ Social/ Recreational opportunities
☐ Other_____
☐ Other_____

Comments: