

Children's Special Health Care Services Parent's/Caregiver's Transition Worksheet

Youth's Name:
 CSHCS ID:
 Youth's Age
 Date Completed:

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	
<input type="checkbox"/> I understand my youth's medical condition	
I have planned for my youth's:	
<input type="checkbox"/> Adult specialty medical care	<input type="checkbox"/> Vision Care
<input type="checkbox"/> Adult primary medical care	<input type="checkbox"/> Guardianship
<input type="checkbox"/> Adult dental care	
My youth is able to:	
<input type="checkbox"/> My youth is unable to care for self	
<input type="checkbox"/> Describe his/her medical condition	<input type="checkbox"/> Manage medications
<input type="checkbox"/> Perform daily medical care/treatments	<input type="checkbox"/> Advocate for self
<input type="checkbox"/> Consent to medical care	<input type="checkbox"/> Refill medications and supplies
<input type="checkbox"/> Make medical appointments	
<input type="checkbox"/> Understand his/her insurance coverage	
Financing	
As an adult, my youth's medical care will be paid for by:	
<input type="checkbox"/> Private health insurance through employment	
<input type="checkbox"/> Family's private health insurance	
<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Medicare	
<input type="checkbox"/> Trust/Will	
<input type="checkbox"/> None of these apply	
My youth is able to:	
<input type="checkbox"/> My youth is unable to make financial decisions.	
<input type="checkbox"/> Earn money to pay bills	
<input type="checkbox"/> Manage a checking or savings account	
<input type="checkbox"/> Budget/ Money	
<input type="checkbox"/> Make financial decisions	
<input type="checkbox"/> Manage a credit card	
<input type="checkbox"/> None of these apply	
As an adult, my youth's income will be from:	
<input type="checkbox"/> Employment	<input type="checkbox"/> SSI (Supplemental Social Security Income)
<input type="checkbox"/> Trust/Will	<input type="checkbox"/> SSDI (Social Security Disability Income)
<input type="checkbox"/> Family	
<input type="checkbox"/> Other _____	

Functional Living Needs		
As an adult, my youth will live with:		
<input type="checkbox"/> Self	<input type="checkbox"/> Group Home	<input type="checkbox"/> Assisted Living
<input type="checkbox"/> Parents	<input type="checkbox"/> Campus/ dormitory	<input type="checkbox"/> None of these
<input type="checkbox"/> Other family members	<input type="checkbox"/> Long-term care facility	apply
As an adult, my youth will need transportation for:		
<input type="checkbox"/> Shopping	<input type="checkbox"/> Recreation	
<input type="checkbox"/> School	<input type="checkbox"/> Work	
<input type="checkbox"/> Appointments		
Transportation will be provided by:		
<input type="checkbox"/> Self		
<input type="checkbox"/> Agencies (List: _____)		
<input type="checkbox"/> Family members (List: _____)		
<input type="checkbox"/> Public Transportation		
Employment/Vocational		
My child has prepared for work through:		
<input type="checkbox"/> Household chores		
<input type="checkbox"/> Volunteering		
<input type="checkbox"/> Continuing education		
<input type="checkbox"/> Part time job		
<input type="checkbox"/> Job shadowing		
<input type="checkbox"/> Work study programs		
<input type="checkbox"/> None of these apply		
After high school my child will/has enter(ed):		
<input type="checkbox"/> Full-time employment	<input type="checkbox"/> Part-time employment	<input type="checkbox"/> None of these
<input type="checkbox"/> Continuing education	<input type="checkbox"/> Supported employment	apply
<input type="checkbox"/> Internship/apprenticeship	<input type="checkbox"/> Sheltered workshop	
I Would Like to Have More Information About		
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Educational Resources	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> CMH Services	
<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Independent Living		
<input type="checkbox"/> Public Transportation		
<input type="checkbox"/> School		
<input type="checkbox"/> Michigan Vocation Rehabilitative Services		
<input type="checkbox"/> Social/ Recreational opportunities		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		
Comments:		