

Children's Special Health Care Services Youth Transition Worksheet

Name:
 CSHCS ID:
 Age:
 Date Completed:

This worksheet is to assist in the planning for your 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 medical condition	
I have planned for my:	
<input type="checkbox"/> Adult specialty medical care	
<input type="checkbox"/> Adult primary medical care	
<input type="checkbox"/> Adult dental care	
<input type="checkbox"/> Adult vision care	
I am able to:	
<input type="checkbox"/> Ask for assistance to care for myself	<input type="checkbox"/> Manage medications
<input type="checkbox"/> Describe my medical condition	<input type="checkbox"/> Advocate for myself
<input type="checkbox"/> Perform daily medical care/treatments	<input type="checkbox"/> Refill medications and supplies
<input type="checkbox"/> Consent to medical care	
<input type="checkbox"/> Make medical appointments	
<input type="checkbox"/> Understand my insurance coverage	
Financing	
As an adult, my medical care will be paid for by:	
<input type="checkbox"/> Private health insurance through my 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	
I am able to:	
<input type="checkbox"/> Ask for assistance with my money	
<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 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, I 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 a
<input type="checkbox"/> Other family members	<input type="checkbox"/> Long-term care facility	apply
As an adult, I will need transportation for:		
<input type="checkbox"/> Shopping	<input type="checkbox"/> Recreation	
<input type="checkbox"/> School	<input type="checkbox"/> Work	
<input type="checkbox"/> Appointments		
As an adult, my 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		
I have 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 I will/have 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"/> Education 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:		

