

Minnesota Department of Human Services Independent Living Plan

Youth's Name:

Plan Dates:

Next Review Date:

Worker Name:

Worker Phone:

What assessments were used to develop this plan?

- Casey Life Skills
- Educational
- Vocational
- Mental Health
- Chemical Health
- Other:

DESCRIBE

Identify individuals involved in developing/reviewing the plan:

Agency advised all parties of the availability of benefits of the foster care program past age 18?

- Yes
- No
- Not applicable

Date:

Reason:

All required parties received the notice:

- Youth
- Parents or legal guardians
- Foster parents or care provider
- Guardian ad litem

Educational, Vocational or Employment Planning

- Obtaining a high school diploma or its equivalent
- Engaging in career/employment planning and/or is employed
- Planning to or has enrolled in a post-secondary educational or training program (college, vocational/technical school, trade school) and is applying for or has obtained financial aid for which they are eligible, [including the Education and Training Voucher Program](#)

What has the youth identified as their educational, vocational or employment needs and goals?

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

| Provider | Timeframe | Progress |
|---|-----------|----------|
| What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals? | | |
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Youth's comments/feedback:

Transportation

- Enrolled in or completed a driver's education course and/or received a driver's license, or has demonstrated the ability to use public transportation in their community

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

| Provider | Timeframe | Progress |
|---|-----------|----------|
| What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals? | | |
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Youth's comments/feedback:

Health Care Planning and Medical Coverage

- The youth has health care coverage and providers to meet physical, dental and mental health needs, and has an understanding of physical, dental and mental health needs and services

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

| Provider | Timeframe | Progress |
|---|-----------|----------|
| What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals? | | |
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Youth's comments/feedback:

Planning for Housing

- Exploring safe, stable and affordable housing with necessary supports, which does not include a homeless shelter
- Identifying an alternative affordable housing plan, which does not include a homeless shelter, if the original housing plan is unworkable
- Saving sufficient funds to pay for first month's rent and a damage deposit

Where would the youth like to live upon discharge from foster care?

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

| Provider | Timeframe | Progress |
|---|-----------|----------|
| What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals? | | |
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Youth's comments/feedback:

Money Management

- Working part-time or interested in seeking part-time employment
- Learning to manage and budget income by opening and maintaining checking/savings accounts
- Becoming knowledgeable about credit and bank cards, developing good credit history, etc.

Federal law requires that the agency shall ensure that the youth receives annually at no cost to the youth, a copy of the youth's consumer credit report as defined in [Minnesota Statutes, Section 13C.001](#) and assistance in interpreting and resolving any inaccuracies in the report. If this has been done within the previous twelve month period it is not necessary to do it again before the youth is discharged from foster care.

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

| Provider | Timeframe | Progress |
|---|-----------|----------|
| What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals? | | |
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Youth's comments/feedback:

Social and Recreational Skills

- Involved in school, extracurricular, cultural and/or religious activities
- Developing or pursuing interests or hobbies at home and in the community
- Regular opportunities to engage in age or developmentally appropriate activities

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

| Provider | Timeframe | Progress |
|---|-----------|----------|
| What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals? | | |
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Youth's comments/feedback:

Establishing and Maintaining Connections

- The youth has a lifelong connection to at least one caring adult, including discussing the opportunity for adoption
- The youth has established connections with their family and community

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

| Provider | Timeframe | Progress |
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| What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals? | | |
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Youth's comments/feedback:

Disability Income Assistance

Applying for or obtained disability income assistance for which the youth is eligible.

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

Vital Documents

Vital Documents ([Minnesota Statutes, section 260C.203\(e\)\(3\)](#)) that must be obtained prior to discharge including youth's social and medical history ([Minnesota Statutes, section 260C.219\(e\)](#)).

- Social Security Card
- Birth Certificate
- State identification card or driver's license
- Tribal enrollment identification card
- Contact information for the youth's siblings, if they are in foster care
- Contact list of the youth's medical, dental and mental health providers
- Youth's social and medical history
- Medical records
- Dental records
- Green card, school visa, or other immigration documentation
- School Records
- If male, has registered for the Selective Service

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

| Provider | Timeframe | Progress |
|---|-----------|----------|
| What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals? | | |
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Youth's comments/feedback:

Additional Goal 1

Goal:

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

| Provider | Timeframe | Progress |
|---|-----------|----------|
| What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals? | | |
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Youth's comments/feedback:

Additional Goal 2

Goal:

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

| Provider | Timeframe | Progress |
|---|-----------|----------|
| What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals? | | |
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Youth's comments/feedback:

Signature Page

The plan should be signed by the youth and social worker. The youth and foster parent or caregiver should be given a copy of the plan.

Youth:

Social Worker:

Supervisor:

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.