

Minnesota Department of Human Services

90 Day Transition Plan

Purpose: [Minnesota Statutes, Section 260C.203\(f\)](#) requires that for foster youth who will be discharged from foster care at age 18 or older, the responsible social service agency must develop a personalized transition plan as directed by the youth. The transition plan must be developed and executed during the 90 day period immediately prior to the expected date of discharge from foster care. The transition plan must be as detailed as the youth elects and include specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, work force supports and employment services.

The plan must include information on the importance of designating another individual to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in these decisions and the youth does not have, or does not want, a relative who would otherwise be authorized to make these decisions. The plan must provide the youth with the option to execute a health care directive as provided under Minnesota Statutes, [Chapter 145C](#). If youth want to pursue a Health Care Directive a suggested form is available in [Minnesota Statutes, section 145C.16](#).

[Minnesota Statutes, section 260C.203\(f\)](#) also requires the agency to ensure that the youth receives, at no cost to the youth, a copy of their consumer credit report as defined in [Minnesota Statute, 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.

The agency shall also provide the youth with appropriate contact information if the youth needs more information or needs help dealing with a crisis situation through age 21.

90 Day Transition Plan

Youth:

County Case #:

Family Name:

Plan Dates

Worker Name:

Worker Phone:

Youth's strengths:

Describe how the youth was involved in developing the plan:

Identify other individuals involved in developing the plan:

Housing, Education and Employment

Where will the youth live upon discharge?

Identify the youth's plans for education upon discharge:

Identify the youth's plan for employment and/or work force supports upon discharge:

Health Information

| Primary/Secondary | Contact Number | Insurance Provider | |
|-------------------|----------------|--------------------|--------------|
| Health Plan/Type | | Policy Number | Group Number |
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List the health care provider's accepting the youth's health care coverage:

List medical, dental, mental health and eye appointments scheduled after discharge:

| Appointment Type | Date | Time |
|------------------|----------------|------|
| Provider | Address | |
| Phone | | |
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Supportive Services and Connections with Adults

Specify services for the youth including relationships with supportive adults upon discharge:

What relationship and support can the youth expect from their foster parents/caregivers upon discharge?

Person(s) identified as the youth's supportive adult(s) who will always be able to get in touch with the youth:

| Name | | Relationship | |
|------------|------------|---------------|--|
| Home Phone | Cell Phone | Email Address | |
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Vital Documents

Vital Documents: The responsible social agency must provide the following vital documents to the youth at no charge prior to discharge. [Minnesota Statutes, section 260C.203\(e\)\(3\)](#)

- Social Security Card
- Birth Certificate
- State identification card or driver's license
- 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 as required in Minnesota Statutes, Section 260C.219(e) and defined in Minnesota Statutes, Section 259.43
- Medical records
- Dental records
- Green card, school visa or other immigration documentation
- School records and education report
- If male, has registered for selective services
- Credit Report

Contacts

Contact information: Provide the youth with the identified resources/contacts if they need more information or help dealing with a crisis situation through age 21.

| Type | Name |
|---------|-------------|
| Address | Phone/Email |
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Free annual customer credit reports can be obtained by:

Phone (877) 322-8228

Online: <http://www.annualcreditreport.com/cra/index.jsp>

Signature Setup

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

Signatories

Youth:

Social Worker:

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.