Transition Screening Tool

Do you need assistance with or information about any of the following?

Health		Employ	yment		
	Finding a primary care doctor to	`a`	Career planning/job training		
	address my adult health care needs		Finding a job with supports and		
	Finding a specialty care doctor		accommodations/job coach		
	Paying for adult health care		Services provided through Vocational		
	Getting treatments, therapies,		Rehabilitation		
	equipment, supplies or medication		Keeping SSI while working and going		
	Connecting with agencies that can		to school		
	provide me with more information on				
	my disability or special health care need	Educat	ion		
	(UCP, OI Foundation, MDA).		Accommodations at school/college for		
	(,, , , ,		students with disabilities		
Legal I	Rights		(IEP/504/ADA)		
	Advocacy		Transition planning in high school		
	Selective Services Registration		Post secondary education		
	American with Disabilities Act		Paying for school/college		
	Education rights/personal rights		Vocational Rehabilitation		
	Guardianship Information				
	Wills & Trust	Transp	ortation		
	Advanced Directives	َ ت	Drivers education/license		
			Adaptive driving equipment		
Indepe	ndent Living		Public transportation		
ā	Accessible, affordable housing		•		
	Supervised living programs	Comm	unity Resources		
	Independent living supports		Social Security Benefits		
	Personal care attendant		Health Insurance/Medicaid		
			Division of Services for People with		
Psychosocial			Disabilities (DSPD)		
	Family/support networks		Respite Care		
	Support Groups		Mental Health Services		
	Sexuality		Assistive Technology		
	Depression/loneliness		Recreation/Sports		
	Stress management		Assistance programs (food stamps,		
	Anger/Violence at school or home		TANF, housing)		
	Bullying		Spiritual Home		
	Risk Taking Behavior (drugs, alcohol,		Leisure Activities		
	smoking, unprotected sex)				
_					
Do you ha	ive other questions or concerns about your futu	ire?			
Would yo	u like to meet with a Care Coordinator today in	n clinic or be	contacted by telephone?		
□ In	n clinic				
☐ Telephone:(phone number)					
	,	.44			
x		tact person)			
	Jo, thank you				

TRANSITION ACTION CARE PLAN

YOUNG ADULT'S NAMEPRIMARY CARE PHYSICIAN		PARENTS/GUARDIAN	DOB	ID		
		REFERRED TO			-	
DIAGNOSIS	S					
OTHER AG	ENCIES INVOLVED				-	
SCHOOL	CHOOL SCHOOL CONTACT					
NEEDS SSI	MEDICAID	HEALTH INSURANCE	GUARDIANSHIP	GUARDIANSHIP		
DATE	TRANSITION NEEDS IDENTIFIED	ACTION BY WHO WHEN	DATE COMPLETED	FUTURE SCHEDULING	STAFF/ PARENT INITIALS	
DATES RE	VIEWED:		·			

From the Medical Home Portal www.medicalhomeportal.org, 2009