

## Transitional Independent Living Plan & Agreement

Youth: John Campano Date of Birth: 11/14/92 Age 15 Ethnicity: Hispanic

Address: 3456 Kramer Lane, Santa Paula, CA 90000

**Instructions To Youth:** The purpose of this agreement is to capture the goals you are agreeing to achieve over the next 6 months. It is a good organizing tool to help you stay focused and keep track of your progress toward accomplishing each goal. Your Social Worker/Probation Officer and caregiver will also have copies of this agreement and will help you achieve your success.

**Instructions to Caregiver:** You are agreeing to assist the youth in the development of their ILP goals and to support the youth in completing the activities.

**Instructions to Social Worker/Probation Officer:** You are agreeing to assist the youth and the caregiver in completing this form, and develop Planned Services that will assist the youth in meeting his/her goals. Document the Planned Services and Delivered Services in CWS/CMS. Probation officers: use manual documentation procedures.

Service goals and activities to be addressed in the plan:

Goals are individualized based on your assessment and may include examples such as:

- develop a life-long connection to a supportive adult
- graduate from high school
- obtain a part-time job
- invest savings from part-time job
- develop community connections
- obtain a scholarship to attend college
- develop competency in the life skill of \_\_\_\_\_

Activities are individualized to help meet a specific goal. Example – if high school graduation is a goal, the youth directed activity might be to attend classes regularly with no tardies for the next 6 months.

For youth participating in ILP services, activities are reportable as ILP Delivered Services in CMS. The social worker shall select from one or more of the following ILP Service Types that an individualized completed activity fits in:

- Received ILP Needs Assessment
- ILP Mentoring
- ILP Education
- ILP Education Post Secondary
- ILP Education Financial Assistance
- ILP Career/Job Guidance
- ILP Employment/Vocational Training
- ILP Money Management
- ILP Consumer Skills
- ILP Health Care
- ILP Room and Board Financial Assistance
- ILP Transitional Housing, THP, THP Plus
- ILP Home Management
- ILP Time Management
- ILP Parenting Skills
- ILP Interpersonal/Social Skills
- ILP Financial Assistance Other
- ILP Transportation
- ILP Other (Stipends/Incentives)

I understand that if I am employed as part of this plan, my earned income will be disregarded, as the purpose of my employment is to gain knowledge of needed work skills, habits and responsibilities to maintain employment. (WIC 11008.15)

I understand that I can retain cash savings up to \$10,000 under this plan in an insured savings account and any withdrawal requires the written approval of my social worker/probation officer and must be used for purposes directly related to my transitional goals. (WIC 11155.5)

I understand that I will receive assistance to obtain my personal documents and information about financial aid for postsecondary education/training.(WIC 16001.9)

## Transitional Independent Living Plan & Agreement

Youth: John Campano      Date of Birth: 11/14/92      Age 15      Ethnicity: Hispanic

Case Worker Name: Frank Richards      Case Worker phone: 800 -555-1234

TILP 6-month timeline: **7/1/08 to 1/1/09** Date Independent Living Needs Assessment completed: **5/1/08**

**X** If I have not participated in the ILP program before, I agree to participate now.

**X** Based on the assessment of my level of functioning, the following transitional goals and activities meet my current needs.

Goal	Activity	Responsible Parties	Planned Completion date	Progress Review Held: __/__/__
Goal #1: Take on more responsibility for self care.	1. With the assistance of the caregiver I will be doing my own laundry with three months.  <i>(ILP Home Management)</i>	John Campano Lisa Evergreen ( foster parent)	10/1/08	<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #2: Improve my grade in Algebra	2. I will work with my tutor in algebra three times a week for one hour.  <i>(ILP Education).</i>	John Campano Keith Maine (tutor)	1/1/09	<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal # 3: Work in a veterinarian's office	3. I would like to work part time in a veterinarian's office. I will find out more about how to become a veterinarian. I will meet with my school counselor about what I can do to become a veterinarian.  <i>(ILP Career/Job Guidance)</i>	John Campano Lisa Evergreen (FP) Frank Richards(SW) Delia Veracruz (School Counselor)	10/15/08	<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #4: Socialize and begin dating	4. I would like to go on a group date to the movies, and will ask G---- if she would like to come with me by 8/1/08  <i>(ILP Interpersonal/Social Skills)</i>	John Campano Lisa Evergreen G----	8/1/08	<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.

This Agreement will be updated on: **1/1/09** Update # \_\_\_\_\_

**Signing this agreement means we will all work to complete the steps necessary to help the youth reach his/her goals.**

\_\_\_\_\_  
*John Campano*  
Youth's signature

\_\_\_\_\_  
6/28/08  
Date

\_\_\_\_\_  
*Lisa Evergreen*  
Caregiver's signature

\_\_\_\_\_  
6/28/08  
Date

\_\_\_\_\_  
*Frank Richards*  
Social Worker/Probation Officer signature

\_\_\_\_\_  
6/28/08  
Date

## Transitional Independent Living Plan & Agreement

Youth: John Campano

Date of Birth: 11/14/92

Age 15

Ethnicity: Hispanic

Case Worker Name: Frank Richards

Case Worker phone: 800 -555-1234

TILP 6-month timeline: **7/1/08 to 1/1/09** Date Independent Living Needs Assessment completed: **5/1/08**

**X** If I have not participated in the ILP program before, I agree to participate now.

**X** Based on the assessment of my level of functioning, the following transitional goals and activities meet my current needs.

Goal	Activity	Responsible Parties	Planned Completion date	Progress Review Held: 12/29/08
Goal #1: Take on more responsibility for self care.	1. With the assistance of the caregiver I will be doing my own laundry with three months.  <i>(ILP Home Management)</i>	John Campano Lisa Evergreen ( foster parent)	10/1/08	<input checked="" type="checkbox"/> Met Goal Date <u>12/3/08</u> <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #2: Improve my grade in Algebra	2. I will work with my tutor in algebra three times a week for one hour.  <i>(ILP Education).</i>	John Campano Keith Maine (tutor)	1/1/09	<input type="checkbox"/> Met Goal Date _____ <input checked="" type="checkbox"/> Satisfactory Progress <input checked="" type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
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Goal #4: Socialize and begin dating	4. I would like to go on a group date to the movies, and will ask G---- if she would like to come with me by 8/1/08  <i>(ILP Interpersonal/Social Skills)</i>	John Campano Lisa Evergreen G----	8/1/08	<input checked="" type="checkbox"/> Met Goal Date <u>7/16/09</u> <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.

This Agreement will be updated on: 1/1/09 Update # \_\_\_\_\_

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John Campano  
Youth's signature

6/28/08  
Date

Lisa Evergreen  
Caregiver's signature

6/28/08  
Date

Frank Richards  
Social Worker/Probation Officer signature

6/28/08  
Date



## Transitional Independent Living Plan & Agreement

Youth: John Campano Date of Birth: 11/14/92 Age 16 Ethnicity: Hispanic

Address: 3456 Kramer Lane, Santa Paula, CA 90000

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- ILP Money Management
- ILP Consumer Skills
- ILP Health Care
- ILP Room and Board Financial Assistance
- ILP Transitional Housing, THP, THP Plus
- ILP Home Management
- ILP Time Management
- ILP Parenting Skills
- ILP Interpersonal/Social Skills
- ILP Financial Assistance Other
- ILP Transportation
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## Transitional Independent Living Plan & Agreement

Youth: John Campano

Date of Birth: 11/14/92

Age 16

Ethnicity: Hispanic

Case Worker Name: Frank Richards

Case Worker phone: 800 -555-1234

TILP 6-month timeline: **1/1/09-7/1/09** Date Independent Living Needs Assessment completed: **5/1/08**

If I have not participated in the ILP program before, I agree to participate now.

Based on the assessment of my level of functioning, the following transitional goals and activities meet my current needs.

Goal	Activity	Responsible Parties	Planned Completion date	Progress Review Held: __/__/__
Goal #1: Becoming a firefighter	1. I will do a meet with a captain at a firehouse and do a tour by 2/1/09.  (ILP Career/Job Guidance)	John Campano Lisa Evergreen ( foster parent) Sandy Garrison, Captain, Fire Station #2	2/1/09	<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #2: Improve my grade in Algebra	1. I will work with my tutor in algebra three times a week for one hour.  (ILP Education).	John Campano Keith Maine (tutor)	6/15/09	<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal # 3: I will develop a budget and begin a savings account	1. I will attend an ILP class on Money Management.  (ILP Money Management)	John Campano Frank Richards(SW) Mary Parks (ILP Coordinator)	3/1/09	<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #4: I will cook for the family one dinner a week.	1. I will attend an ILP class on meal planning and preparation  (ILP Home Management)	John Campano Lisa Evergreen Mary Parks (ILP Coordinator)	4/1/09	<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.

This Agreement will be updated on: 7/1/09 Update # 1

**Signing this agreement means we will all work to complete the steps necessary to help the youth reach his/her goals.**

John Campano  
Youth's signature

12/29/08  
Date

Lisa Evergreen  
Caregiver's signature

12/29/08  
Date

Frank Richards  
Social Worker/Probation Officer signature

12/29/08  
Date