

Your Name: _____

MRN #: _____

Your Age: _____

Date Completed: _____

I would like more information about the following:

- | | |
|--|---|
| <input type="checkbox"/> My medical Condition | <input type="checkbox"/> Counseling Services |
| <input type="checkbox"/> Designating a guardian for me | <input type="checkbox"/> Community Mental Health |
| <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> Substance Abuse Counseling |
| <input type="checkbox"/> Respite Services | <input type="checkbox"/> Safe Relationships |
| <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Safe Sex |
| | <input type="checkbox"/> Smoking Cessation |

Health Care

- I am able to care for myself.
 NO
 YES
 - I can describe my medical condition
 - I can perform daily medical care/treatments
 - I can manage my own medication schedule
 - I know my health insurance carrier & carry a medical insurance card
- My medical care will be paid for by:
 Family Health Insurance
 Medicaid/Medicare
 Other _____
 - I have planned for my transition to adult primary medical care
 - I have not yet planned for my transition to adult primary medical care

Financial/Income

- I am able to make financial decisions
 NO
 YES
- I will be able to become financially independent
 NO
 YES
- As an adult, my income will likely come from:
 Employment

- Family
- SSI (Supplemental Social Security Income)
- SSDI (Social Security Disability Insurance)
- Other _____

Functional Living Needs

6. As an adult, I will likely live:
- by Self
 - with Parents
 - Group Home
 - Campus/Dormitory
 - Long term care facility
 - Assisted Living
 - Other _____

Employment/Vocational

7. I presently or will participate in:
- Household Chores
 - Volunteering
 - Work Study
 - Internships/apprenticeship
 - Sheltered Workshop or other supported employment
 - Other _____

Educational

- I have received special education services and will continue to be eligible.
- I have not received special education services.

Thank you for completing this Transition Worksheet. If there is any additional information that you would like regarding your transition, please add your notes here: