

Minnesota Department of Human Services
90 Day Transition Plan for Youth Discharged after Age 18

Youth:

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:

Health care directive

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](#).

Per the Affordable Care Act, youth who have left foster care or will be leaving foster care on their 18th birthday or later are eligible for Medical Assistance (MA) up to age 26. To qualify for this MA category an individual must meet the following criteria: Is under age 26; was in foster care in Minnesota; had foster care end at age 18 or older, and was enrolled in MA or MinnesotaCare at the time foster care ended. Former foster care youth interested in applying for this category of MA, go to the [MNSure](#) website.

*[Patient Protection and Affordable Care Act, Public Law 111-148, section 2004](#)
[Minnesota Statutes, section 256B.055, subdivision 17](#)*

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
- 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 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

Free annual customer credit reports can be obtained by:

Phone: (977) 322-8228

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

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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| Type | Name |
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| Address | Phone/Email |
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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:

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.