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		0 00000
	my disability or special health care need	Educat	ion
	(UCP, OI Foundation, MDA).		Accommodations at school/college for
	(CCI, GII ounduion, MEII).	_	students with disabilities
Legal 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	_	v ocational remainment
	Wills & Trust	Tranco	ortation
_	Advanced Directives		Drivers education/license
_	ravancea Breetives		Adaptive driving equipment
Indene	ndent Living		Public transportation
	Accessible, affordable housing	_	Tuble transportation
	Supervised living programs	Commi	unity Resources
	Independent living supports		Social Security Benefits
_	Personal care attendant		Health Insurance/Medicaid
_	1 Crsonar care attendant		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)	_	Leisure / tenvines
	smoking, unprotected sex)		
Do you ha	ive other questions or concerns about your futu	ıra?	
Do you na	ive only questions of concerns about your rute	iic:	
Would yo	u like to meet with a Care Coordinator today in	n clinic or be	e contacted by telephone?
	n clinic		
□ T	Telephone:(phone number)		
	,	44	
(contact person)			
	Jo, thank you		