

Oklahoma Department of Mental Health and Substance Abuse Services  
Transition to Adulthood Tool Kit for Success  
(Pre-Discharge)

<b>Definition of Discharge</b>	The release or aging out of a young person from a treatment program, provider and/or facility. Pre-discharge engagement with young people in transition is important. Educating young people with SMI/SED in the variety of services available to them, allows ownership and accountability to natural form. For clinicians, sharing with young people the philosophy of community integration can inspire hope and promote resiliency.
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Community integration is generally viewed as a multidimensional construct, including both objective elements (activities outside the household, contact with neighbors and others) and subjective elements (feelings about the meaningfulness of social contacts, attitudes about one's sense of belonging, availability of help, feelings of influence, and emotional investment in the community and community members.

Jivanjee, Pauline; Kruzich, Jean; Gordon, Lynwood. "Community Integration of Transition Age Individuals": Views of Young People with a Mental Health Disorder. The Journal of Behavioral Health Services and Research. Oct 2008.

- Physical Integration: Young Adults in Transition ability to fulfill activities of daily living.
- Social Integration: Young Adults in Transition ability to engage in social interactions with community members (General Members).
- Psychological Integration: Young Adults in Transition having a sense of belonging in their community.

**Pre-Discharge Concepts**

1. COMMUNITY PRESENCE: PROMOTING CHOICE:
  - How can we increase the presence of the young person in local community life?
  - How can we help the young person have more control and choice in life?
2. COMMUNITY PARTICIPATION: SUPPORTING CONTRIBUTION:
  - How can we expand and deepen the young person's friendships?
  - How can we assist the young person to develop more competencies and contribute their unique gifts?
3. VALUED ROLES:
  - How can we enhance the reputation of the young person?
  - How can we increase the number of valued ways people can contribute to the success of the young person?

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Youth in transition need services that assist them with transportation, employment, housing, community integration, education and holistic health. Services and supports need to be developmentally appropriate in order to build upon the strengths of youth in transition. Services are most effective when youth are able to develop problem solving skills and experience consequences through decisions.

**Important Elements of a Service Plan for Young Adults in Transition**

- Allow youth in transition to actively participate by partnering with them in every aspect of service planning.
- Include all formal and informal members of the family (siblings, family members, significant others).
- For each formal and informal support, explore their commitment to the young person.
- Develop an integrated plan that addresses safety, permanence, and well-being.
- Facilitate an ongoing collaborative team approach.
- Recognize normal adolescent brain development and use this knowledge as the foundation to create service plans that guide them through normal developmental stages.
- Emphasize the importance of community networks.
- Provide early screening and assessments with ongoing tracking of progress.
- Support in creating meaningful relationships that engage them in their education.
- Provide a sense of rigor and challenge for young people so that, with adequate support, they will complete a program and gain a sense of accomplishment.
- Develop opportunities for real life learning of skills relevant to their transition before discharge.
- Focus on the whole individual for a successful transition because any neglected area can have negative spillover effects into others.
- Ensure that transition planning is person centered, involving the young person and other people important to them in the process.
- Design an unlimited number of desirable experiences.
- Focus on quality of life.
- Emphasize dreams, desires, and meaningful experience.

**Elements of Transition Planning before Discharge**

- Assessment of hard skills: Hard skills are tangible skills that can be taught according to a learning plan.
- Assessment of soft skills: Soft skills are developed through social experiences.
- Develop an Independent/Transition Plan: Developing an Independent Living Plan or Transition Plan with the young person's involvement.
- Gathering essential documents: Documents such as a certified copy of their Birth Certificate, a Social Security card, and a state issued identification card are required for basic adult living. Neither housing nor jobs can be obtained without these documents. They need a safe place to store their documents and also need to know the process for replacing them if lost.
- Teaching young people life skills.

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**Elements of an Effective Independent Living Plan** (Minnesota Best Practices for Transition Youth Ed. 2006)

[http://www.positivelyminnesota.com/Programs\\_Services/Youth\\_Services/Shared\\_Youth\\_Vision/Inter-Agency\\_Projects/Transition\\_Services\\_Best\\_Practices.pdf](http://www.positivelyminnesota.com/Programs_Services/Youth_Services/Shared_Youth_Vision/Inter-Agency_Projects/Transition_Services_Best_Practices.pdf)

1. Educational, vocational, or employment planning.
2. Health care planning and medical coverage.
3. Transportation, including, when appropriate, assists the young person in obtaining a driver's license.
4. Money management.
5. Planning for housing.
6. Social and recreational skills.
7. Establishing and maintaining connections with the community.

**Transition Plan Tool Kit Item**

Casey Life Skills Assessment (CLSA) which is available at [www.caseylifeskills.org](http://www.caseylifeskills.org)

The CLSA is an assessment of youth independent living skills. It consists of statements about life skills that the youth and his/her caretakers complete. The resulting CLSA score report should be used as a starting point for discussion and development of an independent living plan or transition plan by the social worker, the youth, the caretaker and other supportive adults in the young person's life. <http://lifeskills.casey.org/>

- The CLSA and the scored reports are free.
- No permission is needed to use the CLSA or any of the tools at the Casey Life Skills web site.

**Discharge Planning “Linking Young People to Elements of an Effective Plan”**

(Minnesota Best Practices for Transition Youth Ed. 2006)

[http://www.positivelyminnesota.com/Programs\\_Services/Youth\\_Services/Shared\\_Youth\\_Vision/Inter-Agency\\_Projects/Transition\\_Services\\_Best\\_Practices.pdf](http://www.positivelyminnesota.com/Programs_Services/Youth_Services/Shared_Youth_Vision/Inter-Agency_Projects/Transition_Services_Best_Practices.pdf)

**EDUCATIONAL AND VOCATIONAL PLANNING**

Practice recommendations for Education and Vocational Planning before discharge:

- Request that services such as rehabilitative services get involved before discharge.
- Help young people attain aptitude and vocation interest assessments.
- Assure young people benefit from career development, vocational and job training offered through their high school or local Workforce Investment Boards.
- Encourage extracurricular activities to help young people develop positive social skills and self-esteem.

**EMPLOYMENT**

Practice recommendations for Employment before discharge:

- Help young people identify natural skills and abilities.
- Encourage career exploration through Workforce Investment Boards.
- Support development of job readiness skills and employment skills solutions.
- Work with job placement agencies before discharge.
- Develop employment-based collaborations between business, social services, education and employment agencies (i.e. internships, volunteerism and paid employment).

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**HEALTH CARE – MEDICAL COVERAGE**

**Practice recommendations before discharge:**

- Arrange comprehensive physical, dental, vision, hearing, mental health and substance abuse screening and assessments before discharge.
- Educate young people about their mental health issues, sexual decision-making, and constructive ways of dealing with stress.
- Identify individuals who can help young people maintain safety and wellness.
- Assist youth in consolidating and updating health records.
- Link and advocate for young people currently on SSI/SSDI and/or any other public assistance programs.

**TRANSPORTATION**

**Practice recommendations before discharge:**

- Arrange opportunities for young people to learn to use public transportation in the urban areas.
- Provide bus cards and educate young people about discounted public transportation opportunities.
- Plan with informal/formal supports the steps necessary to become a licensed driver.
- Arrange for young people to take driver's education and get their driver's license.
- Help young people learn how to purchase auto insurance and a reliable vehicle.
- Help young people learn basic auto maintenance.

**MONEY MANAGEMENT**

**Practice recommendations before discharge:**

- Educate young people about money management techniques.
- Engage formal/informal supports or other caretakers in teaching money management skills.
- Help the young people create a monthly budget and open a savings account.
- Involve young people in a life skills training which includes money management.
- Involve young people in learning money management skills on-line.
- Link and advocate for a young person's involvement in local financial institution literacy programs (Credit Unions, Banks and Federal Reserve Programs).

**PLANNING FOR HOUSING**

**Practice recommendations before charge:**

- Provide life skills trainings that teach young people how to live independently.
- Develop knowledge of housing issues and housing resources for young people aging out of care.
- Create alliances with housing providers.
- Ensure that young people have a safe, affordable place to live when they leave care – discharge to shelter care is not an acceptable plan.

**Oxford Housing Option**

- For young people with co-occurring or substance abuse disorder.
- Oxford House is an alternative to modified therapeutic communities in that it provides communal-living self-help to abstinence from alcohol and substance abuse. The Oxford Houses are not administered by professionals or paraprofessionals, but by their residents through peer social support and self-government. The Oxford House provides a drug-free and supportive community without limitations to length of stay. According to a 2008 longitudinal analysis study, Oxford housing residents with high versus low baseline psychiatric severity reported significant more days using medication, decreased outpatient psychiatric treatment, yet no significant differences for number of days abstinent and time living in an Oxford House (John M et.al 2008 ). Most Oxford Houses are located in middle-class, low-crime, low drug-traffic neighborhoods. Residents provide for themselves by paying for their own rent, food, utilities, and by sharing house chore duty.

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**Housing First Option (Promising Practice)**

- Housing First is an evidence-based practice that looks at housing as a tool, rather than a reward, for recovery. It is an approach to ending homelessness that centers on providing permanent housing first and then providing services as needed and requested. Housing First has a focus on helping individuals (young people) access and sustain permanent rental housing as quickly as possible without time limits.

Contact your local Continuum of Care for additional information:

<http://hudhre.info/index.cfm?do=actionCocContactsSearch&st=OK&cSort=&optTwo=%2Findex.cfm%3Fdo%3DviewCocContacts%26st%3DOK%26cSort%3D%23t1&optThree>

**SOCIAL AND RECREATIONAL SKILLS**

**Practice recommendations before discharge:**

- Train formal/informal supports how to respond to “teachable moments” to assist young people in healthy identity formation.
- Provide activities that support young people in developing a positive sense of self.
- Acknowledge and support young people who identify as gay, lesbian, bi-sexual or transgender and help them find information and resources.

**FAMILY AND COMMUNITY CONNECTIONS**

**Practice recommendations before discharge:**

- The Casey Life Skills Organization offers a variety of tool kits to address transition challenges for young people:  
Housing: [http://www.casey.org/Resources/Publications/pdf/ItsMyLife\\_Housing.pdf](http://www.casey.org/Resources/Publications/pdf/ItsMyLife_Housing.pdf)  
Employment: [http://www.casey.org/Resources/Publications/pdf/ItsMyLife\\_Housing.pdf](http://www.casey.org/Resources/Publications/pdf/ItsMyLife_Housing.pdf)  
Financial Education: [http://www.casey.org/resources/publications/pdf/ItsMyLife\\_PostsecondaryEducation\\_FinancialAid.pdf](http://www.casey.org/resources/publications/pdf/ItsMyLife_PostsecondaryEducation_FinancialAid.pdf)  
LGBTQ: [http://www.casey.org/Resources/Publications/pdf/MentalHealthEthnicitySexuality\\_FR.pdf](http://www.casey.org/Resources/Publications/pdf/MentalHealthEthnicitySexuality_FR.pdf)  
Post-Secondary Education and Training: <http://www.casey.org/resources/publications/ItsMyLife/Education.htm>
- Connect youth with opportunities to select well-screened mentors who can act as role models and teach youth specific skills

**Suggested Promising Practices**

- Prepare young people to manage their own medical/dental/mental health.
- Connect young people with appropriate health resources in their own community.
- Allow young people to make peace with the past “trauma counseling.”
- Develop/expand personal support systems.
- Promote culture identity/development.
- Work on substance abuse challenges.
- Promote and support community integration.\*
- Increase personal confidence.
- Find opportunities for young people to contribute to the community.
- Promote peer support.
- Orient new staff and care providers to transition youth culture.

**Essential Documents Links**

Birth Certificate <http://www.cdc.gov/nchs/w2w.htm>

Social Security Card <http://www.ssa.gov/>

Photo Identification or Driver’s License <http://www.dps.state.ok.us/dls/okid.htm>

Immunization Records [http://www.ok.gov/health/Disease\\_Prevention\\_Preparedness/Immunizations/](http://www.ok.gov/health/Disease_Prevention_Preparedness/Immunizations/)

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OHTI Transition Planning Tool Kit:





# (OHTI) Finances and Money Management Tool Kit

## Individualized Finance and Money Management Action Plan

Full Name: \_\_\_\_\_ Date Developed: \_\_\_\_\_  
*Last First M.I.*

### What I Have

Bank or Credit Union account status: \_\_\_\_\_ Bank or Credit Union Name: \_\_\_\_\_

Checking account open   
  Savings account open   
  ATM account open   
 Currently Employed: Yes  No   
 Debt card account open   
  Other: \_\_\_\_\_

Sources of Income (Description):

	<i>Monthly Amount</i>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

### Demonstrated Money Management Skills

Taxes                                     
  Budgeting                                     
  Other: \_\_\_\_\_  
 Banking                                     
  Financial Literacy                                     
  Other: \_\_\_\_\_  
 Saving/Investing                                     
  IDA Program Training                                     
  Other: \_\_\_\_\_

### Available Financial Resources

**Assistance Type                                      Eligibility (What's required to qualify)                                      Who I Contact (and how to apply)**

### Financial Related References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ (     )

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ (     )



**This is My Financial and Money Management Plan**

**Short Term (6 Month) Goals**

**Steps and Services (and who will help me)**

**Progress**

**Mid-Term (1 Year) Goals**

**Steps and Services (and who will help me)**

**Progress**



# (OHTI) Education Tool Kit

## Individualized Education Action Plan

Full Name: \_\_\_\_\_ Date Developed: \_\_\_\_\_  
*Last First M.I.*

## Education History

Current Education Status: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_  
 Attending full time:  Attending full time in an institution:  Attending part time:   
 Attending alternative education:  Attending GED program:   
 Not attending:   
 On track to earn:  
 Degree:  Associates Degree:  Diploma:  GED or modified diploma:  Other:

Currently have an IEP:  
 Yes  No

Last Date IEP was updated:

Previous School Attended: \_\_\_\_\_ Last grade level completed: \_\_\_\_\_  
 Previous School Attended: \_\_\_\_\_ Last grade level completed: \_\_\_\_\_

## Available Resources

Assistance Type	Eligibility (What's required to qualify)	Who I Contact (and how to apply)
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## This is My Education Plan

Short Term (6 Month) Goals	Steps and Services (and who will help me)	Progress
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Mid-Term (1 Year) Goals	Steps and Services (and who will help me)	Progress
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# (OHTI) Career and Employment

## Individualized Career and Employment Action Plan

Full Name: \_\_\_\_\_ Date Developed: \_\_\_\_\_  
*Last First M.I.*

## Career and Employment Experience

Current employment status: Full Time  **Part Time**   
 (Number of hours per week or pay period: ) Resume Completed:

Current Position: Pay Rate:  
 Employer Name: Employer Address:  
 City, State, Zip code: Phone:  
 ( )

### Past Employment History

Employer Name: Employer Address:  
 City, State, Zip code: Phone :( ) Dates of Employment:  
 Name of Supervisor: Position: Reason for leaving:

Employer Name: Employer Address:  
 City, State, Zip code: Phone :( ) Dates of Employment:  
 Name of Supervisor: Position: Reason for leaving:

Employer Name: Employer Address:  
 City, State, Zip code: Phone :( ) Dates of Employment:  
 Name of Supervisor: Position: Reason for leaving:

## This is My Career and Employment Plan

Short Term (6 Month) Goals	Steps and Services (and who will help me)	Progress
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Mid-Term (1 Year) Goals	Steps and Services (and who will help me)	Progress
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# (OHTI) Formal and Informal Supports Tool Kit

## Individualized Formal and Informal Supports Action Plan

Full Name: \_\_\_\_\_ Date Developed: \_\_\_\_\_  
*Last First M.I.*

### Formal and Informal Supports

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone :( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Support Pact Completed: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Support Pact Completed: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Permanency Pact Completed: \_\_\_\_\_

#### Relationship with Biological Family Members

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Current Relationship Status: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Current Relationship Status: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Current Relationship Status: \_\_\_\_\_

### This is My Plan for Involvement of Formal or Informal Supports

Short Term (6 Month) Goals	Steps and Services (and who will help me)	Progress
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Mid-Term (1 Year) Goals	Steps and Services (and who will help me)	Progress
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# (OHTI) Life Skills Tool Kit

## Individualized Life Skills Action Plan

Full Name: \_\_\_\_\_ Date Developed: \_\_\_\_\_  
*Last First M.I.*

### What I Have

Casey Life Skills Assessment: Completed  In Progress  Not Completed   
 Other Life Skills Assessment Instrument ( ): Completed  In Progress  Not Completed

- Effective and efficient knowledge of life skills
- Cooking (Healthy Meals)**
  - Cleaning**
  - Laundry**
  - Personal Hygiene**
  - Home Safety**
  - Dining Etiquette**
  - Recreation/leisure**
  - Grocery shopping**
  - Communication**
  - Problem solving**

### Available Resources

Assistance Type	Eligibility (What's required to qualify)	Who I Contact (and how to apply)
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### This is My Plan (Housing plan should be incorporated into the individualized wrap plan)

Short Term (6 Month) Goals	Steps and Services (and who will help me)	Progress
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Mid-Term (1 Year) Goals	Steps and Services (and who will help me)	Progress
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# (OHTI) Community, Culture and Social Life Tool Kit

## Individualized Community, Culture and Social Life Action Plan

Full Name: \_\_\_\_\_ Date Developed: \_\_\_\_\_  
*Last First M.I.*

### What I Have

Community Connections (groups, social clubs, etc)	Contact Person	Phone #

### Peer Circle

Name:	Length of time knowing:	Contact Information:
<b>Name:</b>	Length of time knowing:	Contact Information:
<b>Name:</b>	Length of time knowing:	Contact Information:
<b>Name:</b>	Length of time knowing:	Contact Information:
<b>Name:</b>	Length of time knowing:	Contact Information:
<b>Name:</b>	Length of time knowing:	Contact Information:

### Available Resources

Assistance Type	Eligibility (What's required to qualify)	Who I Contact (and how to apply)

## This is My Plan (Housing plan should be incorporated into the individualized wrap plan)

Short Term (6 Month) Goals	Steps and Services (and who will help me)	Progress



Mid-Term (1 Year) Goals	Steps and Services (and who will help me)	Progress
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# (OHTI) Transportation Tool Kit

## Individualized Transportation Action Plan

Full Name: \_\_\_\_\_ Date Developed: \_\_\_\_\_  
*Last First M.I.*

## What I Have

My current mode of transportation:  
**Car:**  **Bike:**  **Friend/Family:**  **Public Transportation:**  **Walk:**

Transportation needed for:

Driver's license status:  
 Yes  No

Permit status:  
 Yes  No

**Date obtained:**

## Available Transportation Resources

Assistance Type	Eligibility (What's required to qualify)	Who I Contact (and how to apply)
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## This is My Transportation Plan

Short Term (6 Month) Goals	Steps and Services (and who will help me)	Progress
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Mid-Term (1 Year) Goals	Steps and Services (and who will help me)	Progress
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# (OHTI) Housing Assessment Tool Kit

## Individualized Housing Action Plan

Full Name: \_\_\_\_\_ Date Developed: \_\_\_\_\_  
*Last First M.I.*

## What I Have

Where I live now: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_

Housing after I Age out of Services:

Sample Rental Application Completed:

Yes  No

Currently Employed:

Yes  No

Backup Plan (In case of emergency, this is where I'll go)

Barriers to Accessing Housing  
 (Review the list of barriers with the young person and use this information to guide the rest of the discussion.)

- No rental history
- Eviction(s) \_\_\_\_\_ in \_\_\_\_\_ years
- Large Family (3+ children)
- Single Parent Household
- Head of Household under 18
- Sporadic Employment History
- No High School Diploma/GED
- Insufficient or No Income
- Insufficient Savings
- No or Poor Credit History
- Debts
- Repeated or Chronic Homelessness
- Recent History of Substance Abuse or Actively Using Drugs or Alcohol
- Recent Criminal History or Felony
- Adult or Child with Mild to Severe Behavioral Problems
- History of Abuse and/or Battery but Abuser not in the Unit
- Recent or Current Abuse and/or Battering (client fleeing abuser)
- Acute or Chronic Mental Illness
- Acute or Chronic Physical Disability
- Unable to get Utilities in Head of Household's Name
- If evicted, state reasons:

## Available Housing Resources

**Assistance Type**

**Eligibility (What's required to qualify)**

**Who I Contact (and how to apply)**



**Housing Related References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (     ) \_\_\_\_\_

Address: \_\_\_\_\_

**This is My Housing Plan** (Housing plan should be incorporated into the individualized wrap plan)

<b>Short Term (6 Month) Goals</b>	<b>Steps and Services (and who will help me)</b>	<b>Progress</b>
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<b>Mid-Term (1 Year) Goals</b>	<b>Steps and Services (and who will help me)</b>	<b>Progress</b>
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# (OHTI) Self Care+Health Tool Kit

## Individualized Self Care+Health Action Plan

Full Name: \_\_\_\_\_ Date Developed: \_\_\_\_\_  
*Last First M.I.*

## What I Have

**Current Health insurance coverage (name of company, plan and etc):** Policy Number: \_\_\_\_\_ End date of coverage: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Primary Clinic or Hospital: \_\_\_\_\_ Doctor or Primary Clinic Phone Number: \_\_\_\_\_

Health Issues: Yes  No  Prescriptions: \_\_\_\_\_ Type of Health Issues: \_\_\_\_\_

**Current Mental Health insurance coverage (name of company/plan):** Policy #: \_\_\_\_\_

Current Therapist: \_\_\_\_\_ Past Inpatient Visits: \_\_\_\_\_ Inpatient Hospital #: \_\_\_\_\_  
 Mental Health History: \_\_\_\_\_ Axis I: \_\_\_\_\_ Axis II: \_\_\_\_\_  
 Axis III: \_\_\_\_\_ Axis IV: \_\_\_\_\_  
 Mental Health Prescriptions: \_\_\_\_\_

**Current Dental Insurance Coverage (name of company/plan):**

Primary Dentist: \_\_\_\_\_ Primary Dentist Office: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Primary Dentist Number: \_\_\_\_\_

Current Dental Issues: \_\_\_\_\_ Dental History: \_\_\_\_\_ Dental Prescriptions: \_\_\_\_\_

**Vision Needs:**

Additional Health Education Concerns:  
 Substance Abuse:  Healthy Relationships:  Advocacy:  Social Skill Development:   
 Anger Management:  Sex Education:  Managing Peer Relationships:  Life Skill Development:   
 Coping Skills:  Holistic Health:  Stress Management:

## Available Resources

Assistance Type	Eligibility (What's required to qualify)	Who I Contact (and how to apply)
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## This is Self Health Care Plan

Short Term (6 Month) Goals	Steps and Services (and who will help me)	Progress
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Mid-Term (1 Year) Goals	Steps and Services (and who will help me)	Progress
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# (OHTI) Essential Documents Tool Kit

## Individualized Essential Documents Action Plan

Full Name: \_\_\_\_\_ Date Developed: \_\_\_\_\_  
*Last First M.I.*

### What I Have (Personal Documents)

Social Security Card:	Have:	Applied:	Do not have:	_____
State Pictured ID:	Have:	Applied:	Do not have:	_____
Birth Certificate	Have:	Applied:	Do not have:	_____
Citizen/immigration documents:	Have:	Applied:	Do not have:	_____
Tribal Card:	Have:	Applied:	Do not have:	_____

### Available Resources

<b>Assistance Type</b>	<b>Eligibility (What's required to qualify)</b>	<b>Who I Contact (and how to apply)</b>
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### This is My Housing Plan (Housing plan should be incorporated into the individualized wrap plan)

<b>Short Term (6 Month) Goals</b>	<b>Steps and Services (and who will help me)</b>	<b>Progress</b>
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<b>Mid-Term (1 Year) Goals</b>	<b>Steps and Services (and who will help me)</b>	<b>Progress</b>
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