

Pediatric to Adult Transition Planning

Total Questions : 35

Member Details :

Name: **Altruista ID:**
Date Of Birth: **Home Phone:**

1 Transition Assessment

Select Next Question

2 STAYING HEALTHY:

Select Next Question

3 I currently have a family doctor or clinic that I feel comfortable to go to when I am sick or in need of a checkup and I know the kinds of health care providers I will need to see as an adult

Yes, I have this

Select all interventions that apply:

- | | | | | | | |
|---|--|---|---|--|---|--------------------------------|
| <input type="checkbox"/> I will ask for assistance in coordinating the transfer of medical records to new providers | <input type="checkbox"/> I will communicate characteristics that are important to me in selecting an adult health care provider (i.e. gender, location, experience...) | <input type="checkbox"/> Referral to state or local parent support group (website) for support in identifying providers | <input type="checkbox"/> Review available physician options with my SC and make a selection | <input type="checkbox"/> With assistance from staff, I will learn where to look or how to call for local physician options within my health plan | <input type="checkbox"/> With guardian, provider and/or staff review local adult physicians in preparation for transition | <input type="checkbox"/> Other |
|---|--|---|---|--|---|--------------------------------|

Yes, I have part of this

Select all interventions that apply:

- | | | | | | | |
|---|--|---|---|--|---|--------------------------------|
| <input type="checkbox"/> I will ask for assistance in coordinating the transfer of medical records to new providers | <input type="checkbox"/> I will communicate characteristics that are important to me in selecting an adult health care provider (i.e. gender, location, experience...) | <input type="checkbox"/> Referral to state or local parent support group (website) for support in identifying providers | <input type="checkbox"/> Review available physician options with my SC and make a selection | <input type="checkbox"/> With assistance from staff, I will learn where to look or how to call for local physician options within my health plan | <input type="checkbox"/> With guardian, provider and/or staff review local adult physicians in preparation for transition | <input type="checkbox"/> Other |
|---|--|---|---|--|---|--------------------------------|

No, but I want to have this

Select all interventions that apply:

- | | | | | | | |
|---|--|---|---|--|---|--------------------------------|
| <input type="checkbox"/> I will ask for assistance in coordinating the transfer of medical records to new providers | <input type="checkbox"/> I will communicate characteristics that are important to me in selecting an adult health care provider (i.e. gender, location, experience...) | <input type="checkbox"/> Referral to state or local parent support group (website) for support in identifying providers | <input type="checkbox"/> Review available physician options with my SC and make a selection | <input type="checkbox"/> With assistance from staff, I will learn where to look or how to call for local physician options within my health plan | <input type="checkbox"/> With guardian, provider and/or staff review local adult physicians in preparation for transition | <input type="checkbox"/> Other |
|---|--|---|---|--|---|--------------------------------|

Someone will have to do this for me

Select all interventions that apply:

- | | | | | | | |
|---|--|---|---|--|---|--------------------------------|
| <input type="checkbox"/> I will ask for assistance in coordinating the transfer of medical records to new providers | <input type="checkbox"/> I will communicate characteristics that are important to me in selecting an adult health care provider (i.e. gender, location, experience...) | <input type="checkbox"/> Referral to state or local parent support group (website) for support in identifying providers | <input type="checkbox"/> Review available physician options with my SC and make a selection | <input type="checkbox"/> With assistance from staff, I will learn where to look or how to call for local physician options within my health plan | <input type="checkbox"/> With guardian, provider and/or staff review local adult physicians in preparation for transition | <input type="checkbox"/> Other |
|---|--|---|---|--|---|--------------------------------|

4 I have an individualized continuity of care plan for transitioning from my current children's health plan to an adult Medicaid option

Yes, I have this

Select all interventions that apply:

- | | | | | |
|--|---|--|--|--------------------------------|
| <input type="checkbox"/> I will review available adult Medicaid health plan options with my TS or SC | <input type="checkbox"/> With assistance I will apply for community services and other supports under the STAR+PLUS program prior to my 21st birthday | <input type="checkbox"/> Provide information on how to access information via KidsHealth http://video.kidshealth.org/uhc/specialneeds | <input type="checkbox"/> I will need a referral to state or local parent support group (website) for support | <input type="checkbox"/> Other |
|--|---|--|--|--------------------------------|

Yes, I have part of this

Select all interventions that apply:

- | | | | | |
|--|---|--|--|--------------------------------|
| <input type="checkbox"/> I will review available adult Medicaid health plan options with my TS or SC | <input type="checkbox"/> With assistance I will apply for community services and other supports under the STAR+PLUS program prior to my 21st birthday | <input type="checkbox"/> Provide information on how to access information via KidsHealth http://video.kidshealth.org/uhc/specialneeds | <input type="checkbox"/> I will need a referral to state or local parent support group (website) for support | <input type="checkbox"/> Other |
|--|---|--|--|--------------------------------|

No, I want to have this

Select all interventions that apply:

- | | | | | |
|--|---|--|--|--------------------------------|
| <input type="checkbox"/> I will review available adult Medicaid health plan options with my TS or SC | <input type="checkbox"/> With assistance I will apply for community services and other supports under the STAR+PLUS program prior to my 21st birthday | <input type="checkbox"/> Provide information on how to access information via KidsHealth http://video.kidshealth.org/uhc/specialneeds | <input type="checkbox"/> I will need a referral to state or local parent support group (website) for support | <input type="checkbox"/> Other |
|--|---|--|--|--------------------------------|

Someone will have to do this for me

Select all interventions that apply:

- | | | | | |
|--|---|--|--|--------------------------------|
| <input type="checkbox"/> I will review available adult Medicaid health plan options with my TS or SC | <input type="checkbox"/> With assistance I will apply for community services and other supports under the STAR+PLUS program prior to my 21st birthday | <input type="checkbox"/> Provide information on how to access information via KidsHealth http://video.kidshealth.org/uhc/specialneeds | <input type="checkbox"/> I will need a referral to state or local parent support group (website) for support | <input type="checkbox"/> Other |
|--|---|--|--|--------------------------------|

5 I can explain to others how my family's customs and beliefs might affect my health care decisions and medical treatments

Yes, I can do this

Select all interventions that apply:

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Practice discussing my belief systems with parents or trusted adult to increase understanding and ability to verbalize implications | <input type="checkbox"/> Have member and/or family write down certain customs and/or beliefs and the impact on health care decisions to use as reference when needed | <input type="checkbox"/> Receive referrals for English as a second language or interpreter services in my local community | <input type="checkbox"/> Other |
|--|--|---|--------------------------------|

Yes, I can do part of this

Select all interventions that apply:

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Practice discussing my belief systems with parents or trusted adult to increase understanding and ability to verbalize implications | <input type="checkbox"/> Have member and/or family write down certain customs and/or beliefs and the impact on health care decisions to use as reference when needed | <input type="checkbox"/> Receive referrals for English as a second language or interpreter services in my local community | <input type="checkbox"/> Other |
|--|--|---|--------------------------------|

No, but I want to do this

Select all interventions that apply:

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Have member and/or family write down certain customs and/or beliefs and the impact on health care decisions to use as reference when needed | <input type="checkbox"/> Practice discussing my belief systems with parents or trusted adult to increase understanding and ability to verbalize implications | <input type="checkbox"/> Receive referrals for English as a second language or interpreter services in my local community | <input type="checkbox"/> Other |
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Someone will have to do this for me

Select all interventions that apply:

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|--|--|---|--------------------------------|
| <input type="checkbox"/> Practice discussing my belief systems with parents or trusted adult to increase understanding and ability to verbalize implications | <input type="checkbox"/> Have member and/or family write down certain customs and/or beliefs and the impact on health care decisions to use as reference when needed | <input type="checkbox"/> Receive referrals for English as a second language or interpreter services in my local community | <input type="checkbox"/> Other |
|--|--|---|--------------------------------|

6 I know what to do and who to call in case of an emergency

Yes, I can do this

Select all interventions that apply:

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Will write down specific emergency contacts including family members, friends, doctors and emergency responders | <input type="checkbox"/> Will practice making pretend phone calls using my phone | <input type="checkbox"/> With assistance from parent, trusted adult or United staff I will create a written script to use if needed when communicating with emergency responders | <input type="checkbox"/> Other |
|--|--|--|--------------------------------|

Yes, I can do part of this

Select all interventions that apply:

- Will practice making pretend phone calls using my phone
- Will write down specific emergency contacts including family members, friends, doctors and emergency responders
- With assistance from parent, trusted adult or United staff I will create a written script to use if needed when communicating with emergency responders
- Other

No, but I want to do this

Select all interventions that apply:

- Will write down specific emergency contacts including family members, friends, doctors and emergency responders
- Will practice making pretend phone calls using my phone
- With assistance from parent, trusted adult or United staff I will create a written script to use if needed when communicating with emergency responders
- Other

Someone will have to do this for me

Select all interventions that apply:

- Will write down specific emergency contacts including family members, friends, doctors and emergency responders
- Will practice making pretend phone calls using my phone
- With assistance from parent, trusted adult or United staff I will create a written script to use if needed when communicating with emergency responders
- Other

7 I understand how my health condition may affect my development during puberty

Yes, I know this

Select all interventions that apply:

- Referrals for Community resources that can assist with family planning
- Write down questions to ask doctor about how my health condition will affect me through puberty
- Write down the people I can ask about questions I have about my body and body changes
- Other

Yes, I know part of this

Select all interventions that apply:

- Write down the people I can ask about questions I have about my body and body changes
- Referrals for Community resources that can assist with family planning
- Write down questions to ask doctor about how my health condition will affect me through puberty
- Other

No, but I want to learn this

Select all interventions that apply:

- Write down the people I can ask about questions I have about my body and body changes
- Referrals for Community resources that can assist with family planning
- Write down questions to ask doctor about how my health condition will affect me through puberty
- Other

Someone will have to know this for me

Select all interventions that apply:

- Write down the people I can ask about questions I have about my body and body changes
- Referrals for Community resources that can assist with family planning
- Write down questions to ask doctor about how my health condition will affect me through puberty
- Other

8 I understand the risks and dangers of smoking, drinking and using drugs including how they affect my condition or interact with the medications I take

Yes, I know this

Select all interventions that apply:

- Review provided informational materials regarding dangers of smoking, drinking and using drugs
- Identify how to respond if I am around peers who are smoking, drinking and using drugs
- Referral for local community substance abuse treatment centers and options as applicable
- Identify how using prescribed medication is different than illicit drug
- Learn how to identify how my current prescriptions interact with alcohol, tobacco or other drugs and what to do if I may accidentally overdose
- Other

Yes, I know some of this

Select all interventions that apply:

- Review provided informational materials regarding dangers of smoking, drinking and using drugs
- Identify how to respond if I am around peers who are smoking, drinking and using drugs
- Referral for local community substance abuse treatment centers and options as applicable
- Identify how using prescribed medication is different than illicit drug
- Learn how to identify how my current prescriptions interact with alcohol, tobacco or other drugs and what to do if I may accidentally overdose
- Other

No, but I want to know more about this

Select all interventions that apply:

- Review provided informational materials regarding dangers of smoking, drinking and using drugs
- Identify how to respond if I am around peers who are smoking, drinking and using drugs
- Referral for local community substance abuse treatment centers and options as applicable
- Identify how using prescribed medication is different than illicit drug
- Learn how to identify how my current prescriptions interact with alcohol, tobacco or other drugs and what to do if I may accidentally overdose
- Other

Someone will have to know this for me

Select all interventions that apply:

- Review provided informational materials regarding dangers of smoking, drinking and using drugs
- Identify how to respond if I am around peers who are smoking, drinking and using drugs
- Referral for local community substance abuse treatment centers and options as applicable
- Identify how using prescribed medication is different than illicit drug
- Learn how to identify how my current prescriptions interact with alcohol, tobacco or other drugs and what to do if I may accidentally overdose
- Other

9 BEING INDEPENDENT:

Select Next Question

10 I am able to take care of my personal needs without help including bathing, dressing, toileting, eating, etc.

Yes, I can do this

Select all interventions that apply:

- Identify community resources for in-home services
- Referral to state or local parent support group
- Use pictures or written step by step instructions to help me complete these tasks on my own
- Other

Yes, I can do part of this

Select all interventions that apply:

- Identify community resources for in-home services
- Referral to state or local parent support group
- Use pictures or written step by step instructions to help me complete these tasks on my own
- Other

No, but I want to do this

Select all interventions that apply:

- Identify community resources for in-home services
- Referral to state or local parent support group
- Use pictures or written step by step instructions to help me complete these tasks on my own
- Other

Someone will have to do this for me

Select all interventions that apply:

- Identify community resources for in-home services
- Referral to state or local parent support group
- Use pictures or written step by step instructions to help me complete these tasks on my own
- Other

11 I know where I want to live as an adult and know what supports I need to live independently (i.e. meal preparation, cleaning, laundry, getting to stores)

Yes, I know this

Select all interventions that apply:

- With United staff or my families assistance I will create a goal for where I want to live
- I will identify the skills I have and the skills I still need to reach my goal
- I will create a plan with steps needed to develop needed skills
- Identify resources for in-home training supports
- Provide community resources for independent living or community living
- Provide assistance on how to find a house or apartment
- Provide information on the process of buying and renting
- Other

Yes, I know some of this

Select all interventions that apply:

- With United staff or my families assistance I will create a goal for where I want to live
- I will identify the skills I have and the skills I still need to reach my goal
- I will create a plan with steps needed to develop needed skills
- Identify resources for in-home training supports
- Provide community resources for independent living or community living
- Provide assistance on how to find a house or apartment
- Provide information on the process of buying and renting
- Other

No, but I want to have this

Select all interventions that apply:

- With United staff or my families assistance I will create a goal for where I want to live
- I will identify the skills I have and the skills I still need to reach my goal
- I will create a plan with steps needed to develop needed skills
- Identify resources for in-home training supports
- Provide community resources for independent living or community living
- Provide assistance on how to find a house or apartment
- Provide information on the process of buying and renting
- Other

Someone will have to do this for me

Select all interventions that apply:

- With United staff or my families assistance I will create a goal for where I want to live
- I will identify the skills I have and the skills I still need to reach my goal
- I will create a plan with steps needed to develop needed skills
- Identify resources for in-home training supports
- Provide community resources for independent living or community living
- Provide assistance on how to find a house or apartment
- Provide information on the process of buying and renting
- Other

12 I have a reliable transportation plan in place to get around in the community and to any appointments I have scheduled

Yes, I have this

Select all interventions that apply:

- Obtain phone number for community transportation service
- Practice calling transportation service if door to door pick up services are available in the area
- Teach and review map of bus stops in local area
- Draw bus route to and from daily locations
- Provide drivers education resources in the community
- Complete paperwork to obtain driver's license
- Other

Yes, I have part of this

Select all interventions that apply:

- Obtain phone number for community transportation service
- Practice calling transportation service if door to door pick up services are available in the area
- Teach and review map of bus stops in local area
- Draw bus route to and from daily locations
- Provide drivers education resources in the community
- Complete paperwork to obtain driver's license
- Other

No, but I want to have this

Select all interventions that apply:

- Obtain phone number for community transportation service
- Practice calling transportation service if door to door pick up services are available in the area
- Teach and review map of bus stops in local area
- Draw bus route to and from daily locations
- Provide drivers education resources in the community
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- Other

Someone will have to do this for me

Select all interventions that apply:

- Obtain phone number for community transportation service
- Practice calling transportation service if door to door pick up services are available in the area
- Teach and review map of bus stops in local area
- Draw bus route to and from daily locations
- Provide drivers education resources in the community
- Complete paperwork to obtain driver's license
- Other

13 I am able to manage my own money and budget household expenses

Yes, I can do this

Select all interventions that apply:

- Identify community education or other local or web-based resources that support financial learning
- Add basic money management skills to my Individualized Education Plan (IEP)
- I will explore options for opening a checking/debit card account
- I will assist and participate with my family member/caregiver when they are paying bills
- I will create a budgeting tool or map to track my expenses
- Other

Yes, I can do part of this

Select all interventions that apply:

- Identify community education or other
- Add basic money management skills to
- I will explore options for opening
- I will assist and participate with my family
- I will create a budgeting tool
- Other

local or web-based resources that support financial learning

my Individualized Education Plan (IEP)

a checking/debit card account

member/caregiver when they are paying bills

or map to track my expenses

No, but I want to do this

Select all interventions that apply:

- Identify community education or other local or web-based resources that support financial learning
- Add basic money management skills to my Individualized Education Plan (IEP)
- I will explore options for opening a checking/debit card account
- I will assist and participate with my family member/caregiver when they are paying bills
- I will create a budgeting tool or map to track my expenses
- Other

Someone will have to do this for me

Select all interventions that apply:

- Identify community education or other local or web-based resources that support financial learning
- Add basic money management skills to my Individualized Education Plan (IEP)
- I will explore options for opening a checking/debit card account
- I will assist and participate with my family member/caregiver when they are paying bills
- I will create a budgeting tool or map to track my expenses
- Other

14 I understand how my health care needs or disability may interfere with my ability to make financial and/or medical decisions

Yes, I know this

Select all interventions that apply:

- Provide member/parent /caregiver information on guardianship and power of attorney
- Make referral to guardianship and power of attorney resources
- Offer referral to Parent2Parent resource
- I will learn more about being responsible for the decisions I make and understanding the legal implications of being my own guardian
- I will ask questions to my doctor before I make medical decisions to make sure I understand all my options
- Staff will assist member with understanding rights and responsibilities related to medical decision making
- Other

Yes, I know part of this

Select all interventions that apply:

- Provide member/parent /caregiver information on guardianship and power of attorney
- Make referral to guardianship and power of attorney resources
- Offer referral to Parent2Parent resource
- I will learn more about being responsible for the decisions I make and understanding the legal implications of being my own guardian
- I will ask questions to my doctor before I make medical decisions to make sure I understand all my options
- Staff will assist member with understanding rights and responsibilities related to medical decision making
- Other

No, but I want to learn more about this

Select all interventions that apply:

- Provide member/parent /caregiver information on guardianship and power of attorney
- Make referral to guardianship and power of attorney resources
- Offer referral to Parent2Parent resources
- I will learn more about being responsible for the decisions I make and understanding the legal implications of being my own guardian
- I will ask questions to my doctor before I make medical decisions to make sure I understand all my options
- Staff will assist member with understanding rights and responsibilities related to medical decision making
- Other

Someone will have to know this for me

Select all interventions that apply:

- Provide member/parent /caregiver information on
- Make referral to guardianship and power of
- Offer referral to Parent2Parent resources
- I will learn more about being responsible for the decisions I
- I will ask questions to my doctor before I make
- Staff will assist member with understanding rights and
- Other

guardianship and power of attorney

attorney resources

make and understanding the legal implications of being my own guardian

medical decisions to make sure I understand all my options

responsibilities related to medical decision making

15 MANAGING YOUR OWN HEALTHCARE:

Select Next Question

16 I understand my healthcare needs and disability and can explain these needs to others

Yes, I can do this

Select all interventions that apply:

- Review available informational materials about methods for explaining my health needs to others
- I will ask my doctor about easy ways or resources to help me explain my health care needs to others
- I will know my health status and be confident in communicating when my condition is worsening
- Referral for support and advocacy group resources
- Practice talking about my health care needs or disability with staff or family member
- I will learn what insurance I have and what benefits are covered and not covered
- I will know how to manage bills, co-payments and ask questions of my insurance carrier
- Other

Yes, I can do part of this

Select all interventions that apply:

- Review available informational materials about methods for explaining my health needs to others
- I will ask my doctor about easy ways or resources to help me explain my health care needs to others
- I will know my health status and be confident in communicating when my condition is worsening
- Referral for support and advocacy group resources
- Practice talking about my health care needs or disability with staff or family member
- I will learn what insurance I have and what benefits are covered and not covered
- I will know how to manage bills, co-payments and ask questions of my insurance carrier
- Other

No, but I want to do this

Select all interventions that apply:

- Review available informational materials about methods for explaining my health needs to others
- I will ask my doctor about easy ways or resources to help me explain my health care needs to others
- I will know my health status and be confident in communicating when my condition is worsening
- Referral for support and advocacy group resources
- Practice talking about my health care needs or disability with staff or family member
- I will learn what insurance I have and what benefits are covered and not covered
- I will know how to manage bills, co-payments and ask questions of my insurance carrier
- Other

Someone will have to do this for me

Select all interventions that apply:

- Review available informational materials about methods for explaining my health needs to others
- I will ask my doctor about easy ways or resources to help me explain my health care needs to others
- I will know my health status and be confident in communicating when my condition is worsening
- Referral for support and advocacy group resources
- Practice talking about my health care needs or disability with staff or family member
- I will learn what insurance I have and what benefits are covered and not covered
- I will know how to manage bills, co-payments and ask questions of my insurance carrier
- Other

17 I am comfortable asking and answering questions of doctors, nurses and therapists including questions related to sexual development (i.e. birth control, safe sex, sexually transmitted infections)

Yes, I can do this

Select all interventions that apply:

- I will ask for help from staff or family member to assist me
- I will ask for the opportunity to spend
- I will practice role playing with caregiver, trusted adult or care
- I will write down my questions or comments
- Other

with writing questions and comments before an appointment

time alone with my health care provider during each visit

coordinator to build comfort and confidence in speaking with clinicians

before I go to a medical professional

Yes, I can do part of this some of the time

Select all interventions that apply:

- I will practice role playing with caregiver, trusted adult or care coordinator to build comfort and confidence in speaking with clinicians
- I will write down my questions or comments before I go to a medical professional
- I will ask for the opportunity to spend time alone with my health care provider during each visit
- I will ask for help from staff or family member to assist me with writing questions and comments before an appointment
- Other

No, but I want to do this

Select all interventions that apply:

- I will practice role playing with caregiver, trusted adult or care coordinator to build comfort and confidence in speaking with clinicians
- I will write down my questions or comments before I go to a medical professional
- I will ask for the opportunity to spend time alone with my health care provider during each visit
- I will ask for help from staff or family member to assist me with writing questions and comments before an appointment
- Other

Someone will have to do this for me

Select all interventions that apply:

- I will practice role playing with caregiver, trusted adult or care coordinator to build comfort and confidence in speaking with clinicians
- I will write down my questions or comments before I go to a medical professional
- I will ask for the opportunity to spend time alone with my health care provider during each visit
- I will ask for help from staff or family member to assist me with writing questions and comments before an appointment
- Other

18 I am responsible for taking my medications and tracking my prescription refills

Yes, I do this

Select all interventions that apply:

- Highlight key pieces of information needed to fill prescriptions (such as name of medication, pharmacy phone number, etc.)
- I will know and communicate any drug allergies I have including known reactions (i.e. hives, difficulty breathing...)
- Practice role playing with caregiver, trusted adult or care coordinator how to call the pharmacy and fill your prescription
- Offer information on available technology apps to support medication management
- I will ask my pharmacist and/or health care provider for help in understanding my medications and the best way to make sure they are always available for me
- Other

Yes, I do this some of the time

Select all interventions that apply:

- Highlight key pieces of information needed to fill prescriptions (such as name of medication, pharmacy phone number, etc.)
- I will know and communicate any drug allergies I have including known reactions (i.e. hives, difficulty breathing...)
- Practice role playing with caregiver, trusted adult or care coordinator how to call the pharmacy and fill your prescription
- Offer information on available technology apps to support medication management
- I will ask my pharmacist and/or health care provider for help in understanding my medications and the best way to make sure they are always available for me
- Other

No, but I want to do this

Select all interventions that apply:

- Highlight key pieces of information needed to fill prescriptions (such as name of medication, pharmacy phone number, etc.)
- I will know and communicate any drug allergies I have including known reactions (i.e. hives, difficulty breathing...)
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- Offer information on available technology apps to support medication management
- I will ask my pharmacist and/or health care provider for help in understanding my medications and the best way to make sure they are always available for me
- Other

Someone will have to do this for me

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- Offer information on available technology apps to support medication management
- I will ask my pharmacist and/or health care provider for help in understanding my medications and the best way to make sure they are always available for me
- Other

as name of medication, pharmacy phone number, etc.)

reactions (i.e. hives, difficulty breathing...)

coordinator how to call the pharmacy and fill your prescription

medication management

medications and the best way to make sure they are always available for me

19 I am responsible for scheduling my own doctor appointments and ordering my own medical supplies

Yes, I can do this

Select all interventions that apply:

- Encourage member to keep written log of important phone numbers and/or script for phone calls
- I will know what my equipment is for and how to address minor issues
- Identify tools (print/electronic) that may be helpful in tracking appointments
- Practice with caregiver, trusted adult or care coordinator calling doctor's office and/or medical supply company to schedule appointments or order supplies/equipment
- Other

Yes, I can do part of this

Select all interventions that apply:

- Identify tools (print/electronic) that may be helpful in tracking appointments
- Practice with caregiver, trusted adult or care coordinator calling doctor's office and/or medical supply company to schedule appointments or order supplies/equipment
- I will know what my equipment is for and how to address minor issues
- Encourage member to keep written log of important phone numbers and/or script for phone calls
- Other

No, but I want to do this

Select all interventions that apply:

- Identify tools (print/electronic) that may be helpful in tracking appointments
- Practice with caregiver, trusted adult or care coordinator calling doctor's office and/or medical supply company to schedule appointments or order supplies/equipment
- I will know what my equipment is for and how to address minor issues
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Someone will have to do this for me

Select all interventions that apply:

- Identify tools (print/electronic) that may be helpful in tracking appointments
- Practice with caregiver, trusted adult or care coordinator calling doctor's office and/or medical supply company to schedule appointments or order supplies/equipment
- I will know what my equipment is for and how to address minor issues
- Encourage member to keep written log of important phone numbers and/or script for phone calls
- Other

20 EDUCATIONAL SERVICES:

Select Next Question

21 I attend school regularly and complete school assignments that are on the right level for me

Yes, I do this

Select all interventions that apply:

- Need assistance from School Liaison
- I will learn how to access disability supports and counseling services in my school
- I will take responsibility for getting to school regularly
- I will use an alarm to help me get to my bus in time
- I will ask the teacher for accommodations I need to help me with my assignments
- I will ask for help from the teacher when I am having trouble with an assignment
- Staff and family will assist me with learning my accommodations and how to express them
- Other

Yes, I do this some of the time

Select all interventions that apply:

- Need assistance from School Liaison
- I will learn how to access disability supports and counseling services in my school
- I will take responsibility for getting to school regularly
- I will use an alarm to help me get to my bus in time
- I will ask the teacher for accommodations I need to help me with my assignments
- I will ask for help from the teacher when I am having trouble with an assignment
- Staff and family will assist me with learning my accommodations and how to express them
- Other

time

No, but I want to do this

Select all interventions that apply:

- Need assistance from School Liaison
- I will learn how to access disability supports and counseling services in my school
- I will take responsibility for getting to school regularly
- I will use an alarm to help me get to my bus in time
- I will ask the teacher for accommodations I need to help me with my assignments
- I will ask for help from the teacher when I am having trouble with an assignment
- Staff and family will assist me with learning my accommodations and how to express them
- Other

Someone will have to do this for me

Select all interventions that apply:

- Need assistance from School Liaison
- I will learn how to access disability supports and counseling services in my school
- I will take responsibility for getting to school regularly
- I will use an alarm to help me get to my bus in time
- I will ask the teacher for accommodations I need to help me with my assignments
- I will ask for help from the teacher when I am having trouble with an assignment
- Staff and family will assist me with learning my accommodations and how to express them
- Other

22 I participate in and understand the development of my Individualized Education Plan (IEP) or 504 plan

Yes, I can do this

Select all interventions that apply:

- Will ensure I receive a copy of my post-secondary goals and transition plan
- Needs assistance from school liaison
- I will ask my teacher before the IEP or 504 meeting if I can help create my goals
- With the help of staff or family member, I will write down my questions before the meeting starts
- I will ask my teacher, family member, or staff to lead or participate in my IEP or 504 meeting
- I will ask for a copy of my Procedural Safeguards
- Staff or family member will assist me with understanding my rights under the Individuals with Disabilities Act
- I will ensure all my accommodations I need to be successful in school are listed in my IEP or 504 plan
- Other

Yes, I do part of this

Select all interventions that apply:

- Will ensure I receive a copy of my post-secondary goals and transition plan
- Needs assistance from school liaison
- I will ask my teacher before the IEP or 504 meeting if I can help create my goals
- With the help of staff or family member, I will write down my questions before the meeting starts
- I will ask my teacher, family member, or staff to lead or participate in my IEP or 504 meeting
- I will ask for a copy of my Procedural Safeguards
- Staff or family member will assist me with understanding my rights under the Individuals with Disabilities Act
- I will ensure all my accommodations I need to be successful in my IEP or 504 plan
- Other

No, but I want to do this

Select all interventions that apply:

- Will ensure I receive a copy of my post-
- Needs assistance from school liaison
- I will ask my teacher before the IEP
- With the help of staff or family member,
- I will ask my teacher, family member,
- I will ask for a copy of my Procedural Safeguards
- Staff or family member will assist me with understanding my rights
- I will ensure all my accommodations I need to be successful in
- Other

secondary goals and transition plan	or 504 meeting if I can help create my goals	I will write down my questions before the meeting starts	or staff to lead or participate in my IEP or 504 meeting	under the Individuals with Disabilities Act	school are listed in my IEP or 504 plan
-------------------------------------	--	--	--	---	---

Someone will have to do this for me

Select all interventions that apply:

- | | | | | | | | | |
|--|---|--|--|---|--|---|---|--------------------------------|
| <input type="checkbox"/> Will ensure I receive a copy of my post-secondary goals and transition plan | <input type="checkbox"/> Needs assistance from school liaison | <input type="checkbox"/> I will ask my teacher before the IEP or 504 meeting if I can help create my goals | <input type="checkbox"/> With the help of staff or family member, I will write down my questions before the meeting starts | <input type="checkbox"/> I will ask my teacher, family member, or staff to lead or participate in my IEP or 504 meeting | <input type="checkbox"/> I will ask for a copy of my Procedural Safeguards | <input type="checkbox"/> Staff or family member will assist me with understanding my rights under the Individuals with Disabilities Act | <input type="checkbox"/> I will ensure all my accommodations I need to be successful in school are listed in my IEP or 504 plan | <input type="checkbox"/> Other |
|--|---|--|--|---|--|---|---|--------------------------------|

23 I receive the necessary time and supports needed to take care of my health care needs at school

Yes, I get time I need

Select all interventions that apply:

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> With assistance of staff, teacher, or family member, I will have a personal schedule that reminds me when to go take my medicine or manage other health needs during the school day | <input type="checkbox"/> I will request the classes I want with my teachers and counselors | <input type="checkbox"/> I will request a copy of my schedule and accommodations from the IEP or 504 plan | <input type="checkbox"/> Other |
|--|--|---|--------------------------------|

Yes, I get some of the time I need

Select all interventions that apply:

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> With assistance of staff, teacher, or family member, I will have a personal schedule that reminds me when to go take my medicine or manage other health needs during the school day | <input type="checkbox"/> I will request the classes I want with my teachers and counselors | <input type="checkbox"/> I will request a copy of my schedule and accommodations from the IEP or 504 plan | <input type="checkbox"/> Other |
|--|--|---|--------------------------------|

No, but I want to do this

Select all interventions that apply:

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> With assistance of staff, teacher, or family member, I will have a personal schedule that reminds me when to go take my medicine or manage other health needs during the school day | <input type="checkbox"/> I will request the classes I want with my teachers and counselors | <input type="checkbox"/> I will request a copy of my schedule and accommodations from the IEP or 504 plan | <input type="checkbox"/> Other |
|--|--|---|--------------------------------|

Someone will have to do this for me

Select all interventions that apply:

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> With assistance of staff, teacher, or family member, I will have a personal schedule that reminds me when to go take my medicine or manage other health needs during the school day | <input type="checkbox"/> I will request the classes I want with my teachers and counselors | <input type="checkbox"/> I will request a copy of my schedule and accommodations from the IEP or 504 plan | <input type="checkbox"/> Other |
|--|--|---|--------------------------------|

24 CAREER SERVICES:

Select Next Question

25 I know what I want to do after high school and have a plan in place to achieve my goals

Yes, I have this

Select all interventions that apply:

- | | | | | | | | | |
|--|--|---|---|--|--|---|---|--------------------------------|
| <input type="checkbox"/> Complete career interest assessments such as O'NET to develop an employment | <input type="checkbox"/> Provide and assist member with completing a career interest inventory | <input type="checkbox"/> Create at least three goals with member for reaching | <input type="checkbox"/> Refer to local community and government programs to support vocational | <input type="checkbox"/> Member will create a resume or practice filling out a job application | <input type="checkbox"/> Member will practice job interview scenarios with a trusted | <input type="checkbox"/> Member will know how to ask for a reference or letter of reference | <input type="checkbox"/> Refer to resources for post-secondary planning including financial aid | <input type="checkbox"/> Other |
|--|--|---|---|--|--|---|---|--------------------------------|

goal their post-high school goal training, volunteer opportunities or continued education adult resources

Yes, I have part of this

Select all interventions that apply:

- Complete career interest assessments such as O'NET to develop an employment goal
- Provide and assist member with completing a career interest inventory
- Create at least three goals with member for reaching their post-high school goal
- Refer to local community and government programs to support vocational training, volunteer opportunities or continued education
- Member will create a resume or practice filling out a job application
- Member will practice job interview scenarios with a trusted adult
- Member will know how to ask for a reference or letter of reference
- Refer to resources for post-secondary planning including financial aid resources
- Other

No, but I want to have this

Select all interventions that apply:

- Complete career interest assessments such as O'NET to develop an employment goal
- Provide and assist member with completing a career interest inventory
- Create at least three goals with member for reaching their post-high school goal
- Refer to local community and government programs to support vocational training, volunteer opportunities or continued education
- Member will create a resume or practice filling out a job application
- Member will practice job interview scenarios with a trusted adult
- Member will know how to ask for a reference or letter of reference
- Refer to resources for post-secondary planning including financial aid resources
- Other

Someone will have to do this for me

No, but I want to have this

- Complete career interest assessments such as O'NET to develop an employment goal
- Provide and assist member with completing a career interest inventory
- Create at least three goals with member for reaching their post-high school goal
- Refer to local community and government programs to support vocational training, volunteer opportunities or continued education
- Member will create a resume or practice filling out a job application
- Member will practice job interview scenarios with a trusted adult
- Member will know how to ask for a reference or letter of reference
- Refer to resources for post-secondary planning including financial aid resources
- Other

26 I am aware of my states Vocational Rehabilitation services and have completed an application for these services

Yes, I have done this

Select all interventions that apply:

- Assist member with completing application for VR services
- Provide state VR contact information and informational materials
- Support member/family with coordination with State VR to help identify future employment and employment training opportunities
- Other

Yes, I have done part of this

Select all interventions that apply:

- Provide state VR contact information and informational materials
- Support member/family with coordination with State VR to help identify future employment and employment training opportunities
- Assist member with completing application for VR services
- Other

No, but I want to have this

Select all interventions that apply:

- Provide state VR contact information and informational materials
 - Support member/family with coordination with State VR to help identify future employment and employment training opportunities
 - Assist member with completing application for VR services
 - Other
- Someone will have to do this for me
- Select all interventions that apply:
- Provide state VR contact information and informational materials
 - Support member/family with coordination with State VR to help identify future employment and employment training opportunities
 - Assist member with completing application for VR services
 - Other

27 I understand how my health care needs may impact my ability to work

Yes, I know this

Select all interventions that apply:

- Assist member in learning their accommodations needed to be successful
- Ensure that member understands what reasonable accommodations are and how to express those to an employer
- Identify accommodations and supports needed to secure and maintain meaningful employment
- Practice disclosing my disability to an employer through role play exercise with trusted adult
- Practice stating accommodations with staff or family member
- Write and /or verbally express my accommodations needed to be successful in my house, the community, and/or at work
- Other

Yes, I know some of this

Select all interventions that apply:

- Identify accommodations and supports needed to secure and maintain meaningful employment
- Write and /or verbally express my accommodations needed to be successful in my house, the community, and/or at work
- Practice stating accommodations with staff or family member
- Practice disclosing my disability to an employer through role play exercise with trusted adult
- Ensure that member understands what reasonable accommodations are and how to express those to an employer
- Assist member in learning their accommodations needed to be successful
- Other

No, but I want to have this

Select all interventions that apply:

- Identify accommodations and supports needed to secure and maintain meaningful employment
- Write and /or verbally express my accommodations needed to be successful in my house, the community, and/or at work
- Practice stating accommodations with staff or family member
- Practice disclosing my disability to an employer through role play exercise with trusted adult
- Ensure that member understands what reasonable accommodations are and how to express those to an employer
- Assist member in learning their accommodations needed to be successful
- Other

Someone will have to know this for me

Select all interventions that apply:

- Identify accommodations and supports needed to secure and maintain meaningful employment
- Write and /or verbally express my accommodations needed to be successful in my house, the community, and/or at work
- Practice stating accommodations with staff or family member
- Practice disclosing my disability to an employer through role play exercise with trusted adult
- Ensure that member understands what reasonable accommodations are and how to express those to an employer
- Assist member in learning their accommodations needed to be successful
- Other

28 SOCIAL SECURITY, MEDICAID, AND WAIVER BENEFITS

Select Next Question

29 I am currently receiving Social Security Income or another type of public assistance and know how much I receive each month

Yes, I know this

Select all interventions that apply:

- I will identify the impact of employment on benefits through community resources and benefit experts
- I will monitor my monthly statement to ensure I understand how much I am earning
- With assistance I will learn how to deposit my earnings
- With assistance from staff or caregiver, identify if other public assistance is needed and apply
- Provide information on local LTSS or HCBS programs member may be eligible for
- Provide assistance in applying for community services and other supports under STAR + PLUS available after the member's 21st birthday
- Other

Yes, I know some of this

Select all interventions that apply:

- I will identify the impact of employment on benefits through community resources and benefit experts
- I will monitor my monthly statement to ensure I understand how much I am earning
- With assistance I will learn how to deposit my earnings
- With assistance from staff or caregiver, identify if other public assistance is needed and apply
- Provide information on local LTSS or HCBS programs member may be eligible for
- Provide assistance in applying for community services and other supports under STAR + PLUS available after the member's 21st birthday
- Other

No, but I want to know this

Select all interventions that apply:

- I will identify the impact of employment on benefits through community resources and benefit experts
- I will monitor my monthly statement to ensure I understand how much I am earning
- With assistance I will learn how to deposit my earnings
- With assistance from staff or caregiver, identify if other public assistance is needed and apply
- Provide information on local LTSS or HCBS programs member may be eligible for
- Provide assistance in applying for community services and other supports under STAR + PLUS available after the member's 21st birthday
- Other

Someone will have to know this for me

Select all interventions that apply:

- I will identify the impact of employment on benefits through community resources and benefit experts
- I will monitor my monthly statement to ensure I understand how much I am earning
- With assistance I will learn how to deposit my earnings
- With assistance from staff or caregiver, identify if other public assistance is needed and apply
- Provide information on local LTSS or HCBS programs member may be eligible for
- Provide assistance in applying for community services and other supports under STAR + PLUS available after the member's 21st birthday
- Other

30 I am aware of services and waivers available through my states disability agency and have applied for needed services

Yes, I have this

Select all interventions that apply:

- Will receive contact information and informational materials for disability services through United staff
- I will complete applications for services
- Explain different services available and recommend possible services that may be beneficial for the member
- Other

Yes, I have part of this

Select all interventions that apply:

- Will receive contact information and informational materials for disability services through United staff
- I will complete applications for services
- Explain different services available and recommend possible services that may be beneficial for the member
- Other

- No, but I want to have this
Select all interventions that apply:
 - Will receive contact information and informational materials for disability services through United staff
 - I will complete applications for services
 - Explain different services available and recommend possible services that may be beneficial for the member
 - Other
- Someone will have to do this for me
Select all interventions that apply:
 - Will receive contact information and informational materials for disability services through United staff
 - I will complete applications for services
 - Explain different services available and recommend possible services that may be beneficial for the member
 - Other

31 I am happy and satisfied with my life

- Yes, I am
Select all interventions that apply:
 - Identify at least 3 of my strengths and abilities
 - Identify people and things I do that make me happy
 - Identify community resources that could assist with increasing my personal fulfillment
 - Referral for counseling of services
 - Other
- Yes, I am some of the time
Select all interventions that apply:
 - Identify at least 3 of my strengths and abilities
 - Identify people and things I do that make me happy
 - Identify community resources that could assist with increasing my personal fulfillment
 - Referral for counseling of services
 - Other
- No, but I want find more ways to have this
Select all interventions that apply:
 - Identify at least 3 of my strengths and abilities
 - Identify people and things I do that make me happy
 - Identify community resources that could assist with increasing my personal fulfillment
 - Referral for counseling of services
 - Other
- Someone will have to help me with this
Select all interventions that apply:
 - Identify at least 3 of my strengths and abilities
 - Identify people and things I do that make me happy
 - Identify community resources that could assist with increasing my personal fulfillment
 - Referral for counseling of services
 - Other

32 I am involved in recreational and/or social activities either in person or online (social media)

- Yes, I do this
Select all interventions that apply:
 - Identify local opportunities and resources that offer recreational and/or social activities that I could join
 - Develop a safety plan for utilizing social media and other online social applications
 - Role Play potential social scenarios and interactions with a trusted adult to increase my comfort levels in social settings
 - Other
- Yes, I do this sometimes
Select all interventions that apply:
 - Identify local opportunities and resources that offer recreational and/or social activities that I could join
 - Develop a safety plan for utilizing social media and other online social applications
 - Role Play potential social scenarios and interactions with a trusted adult to increase my comfort levels in social settings
 - Other
- No, but I want to do this
Select all interventions that apply:
 - Identify local opportunities and resources that offer recreational and/or social activities that I could join
 - Develop a safety plan for utilizing social media and other online social applications
 - Role Play potential social scenarios and interactions with a trusted adult to increase my comfort levels in social settings
 - Other
- Someone will have to do this for me
Select all interventions that apply:
 - Identify local opportunities and resources that offer recreational and/or social activities that I could join
 - Develop a safety plan for utilizing social media and other online social applications
 - Role Play potential social scenarios and interactions with a trusted adult to increase my comfort levels in social settings
 - Other

33 I am able to manage my feelings and have resources and supports to manage stress

Yes, I do this

Select all interventions that apply:

- Identify the feelings I have and what they physically look like for me
- Identify 3 strategies to help relieve stress and frustration
- Practice communication skills to help interact with peers, authority figures and community members
- Provide crisis hotline and/or NurseLine
- Receive referral for community mental health resources
- Identify 2 people you can talk to about your feelings
- Other

Yes, I do this some of the time

Select all interventions that apply:

- Identify the feelings I have and what they physically look like for me
- Identify 3 strategies to help relieve stress and frustration
- Practice communication skills to help interact with peers, authority figures and community members
- Provide crisis hotline and/or NurseLine
- Receive referral for community mental health resources
- Identify 2 people you can talk to about your feelings
- Other

No, but I want to do this

Select all interventions that apply:

- Identify the feelings I have and what they physically look like for me
- Identify 3 strategies to help relieve stress and frustration
- Practice communication skills to help interact with peers, authority figures and community members
- Provide crisis hotline and/or NurseLine
- Receive referral for community mental health resources
- Identify 2 people you can talk to about your feelings
- Other

Someone will have to do this for me

Select all interventions that apply:

- Identify the feelings I have and what they physically look like for me
- Identify 3 strategies to help relieve stress and frustration
- Practice communication skills to help interact with peers, authority figures and community members
- Provide crisis hotline and/or NurseLine
- Receive referral for community mental health resources
- Identify 2 people you can talk to about your feelings
- Other

34 Member will need reassessment scheduled for:

- 90 days
- 180 days
- 1 year

35 End Assessment

End Assessment