

Name: \_\_\_\_\_

Initial Transition Visit: \_\_\_\_\_

DOB: \_\_\_\_\_

Initial Visit Date: \_\_\_\_\_

☐ **Living Arrangement**

With Family \_\_\_\_\_

Adult Foster Care \_\_\_\_\_

Shelter Care/ Group Home \_\_\_\_\_

Semi-independent (supervised) \_\_\_\_\_

Shared Living (roommate) \_\_\_\_\_

Independently (house/apartment) \_\_\_\_\_

Are skills/resources present for above indicated arrangements? \_\_\_ Yes \_\_\_ No

Referrals made: \_\_\_\_\_

☐ **Transportation**

Independent (bike, own car) \_\_\_\_\_

Public Transportation \_\_\_\_\_

Specialized Transportation \_\_\_\_\_

Are skills/resources present for above indicated arrangements? \_\_\_ Yes \_\_\_ No

Referrals made: \_\_\_\_\_

☐ **Medical (Name of Medical Staff)**

Prosthetic/Orthopedics \_\_\_\_\_

(\_\_\_\_\_)

General \_\_\_\_\_

(\_\_\_\_\_)

Orthopedic \_\_\_\_\_

(\_\_\_\_\_)

Physical Therapist \_\_\_\_\_

(\_\_\_\_\_)

Occupational Therapist \_\_\_\_\_

(\_\_\_\_\_)

Referrals made: \_\_\_\_\_

☐ **Insurance**

SSI/SSDI \_\_\_\_\_

Medical \_\_\_\_\_

Referrals made: \_\_\_\_\_

\_\_\_\_\_

☐ **Employment**

Competitive employment \_\_\_\_\_

Full Time Part Time

Supported employment \_\_\_\_\_

Volunteer Work \_\_\_\_\_

Workshops \_\_\_\_\_

Are skills/resources present for above indicated arrangements? \_\_\_ Yes \_\_\_ No

Referrals made: \_\_\_\_\_

☐ **Leisure & Community Participation**

Recreation Council \_\_\_\_\_

Agencies \_\_\_\_\_

Life Skills Foundation \_\_\_\_\_

Drivers License/ID Card \_\_\_\_\_

Voting Registration \_\_\_\_\_

Banking \_\_\_\_\_

Assistive Technology \_\_\_\_\_

Referrals made: \_\_\_\_\_

☐ **Education**

College \_\_\_\_\_

Work Training \_\_\_\_\_

Technical School \_\_\_\_\_

Are skills/resources present for above indicated arrangements? \_\_\_ Yes \_\_\_ No

Referrals made: \_\_\_\_\_

☐ **Advocacy/Legal**

MPACT \_\_\_\_\_

Independent Living Center \_\_\_\_\_

Adult organizations \_\_\_\_\_

Information seeking \_\_\_\_\_

Guardianship \_\_\_\_\_

Wills/Trusts \_\_\_\_\_

Are skills/resources present for above indicated arrangements? \_\_\_ Yes \_\_\_ No

Referrals made: \_\_\_\_\_

☐ **Other:**

\_\_\_\_\_

