

# **INSPIRING POSSIBILITIES**

# Transition Health Plan for Youth with Disabilities and Their Families

The purpose of this form is to help transition-age youth with disabilities and their families plan for youth to assume greater or full responsibility for their adult health care. Each section may be discussed separately at times that are convenient for you and your son or daughter.

**Directions:** It is recommended that parents and youth complete this checklist together. In the first three boxes, mark the one that describes your situation the best. Then prioritize which skills to work on first ("Support Needed" or "Some Support Needed"), and enlist the help of others if needed using the Action Steps.

Basic Health Skills	Health Skills Assessment			Action Steps	
	Independent	Some support needed	Support needed	Practice at home	Discuss with IEP team or medical provider
Have health care information with you at all times (insurance card, people to call in emergency, medical alert bracelet)					
Include a medical alert on your state identification card or driver's license (if appropriate)					
Maintain a healthy diet					
Perform daily exercise or activity					
Maintain good personal hygiene					
Get enough sleep					
Understand how your disability and medications may affect puberty and sexual functioning					
Know who to talk to about practicing safe sex					
Understand the effects of smoking, drinking alcohol, or drugs on your health condition					
Plan for managing stress and finding help if needed					
Identify someone to talk to if you feel very sad or worried					

Self Advocacy	Health S	kills Asse	Action Steps		
	Independent	Some support needed	Support needed	Practice at home	Discuss with IEP team or medical provider
Describe your condition or disability					
Explain your specific needs to others					
Explain how family customs and beliefs affect health care decisions					
Tell doctors when you disagree, can't follow health plan, or want another opinion					
Advocate for all follow-up health information reports to be made understandable to you					
Identify specific health goals for the Individualized Education Program (IEP) transition plan					
Understand and explain how your disability will affect activities you want to pursue after high school					
Request accommodations needed in postsecondary education and employment					
Discuss workplace accommodations with doctor to ensure health needs are addressed (medication, food, stress breaks, or others)					
Identify organizations that provide information and training to help build advocacy skills					
	Health Skills Assessment		ssment	Action Steps	
Managing Medical Appointments	Independent	Some support needed	Support needed	Practice at home	Discuss with IEP team or medical provider
Keep reminder calendar for appointments					
Schedule own medical appointments					
Arrange for a ride or public transportation to appointments					
Develop list of questions to ask the doctor					
Ask questions in the doctor's office					
Talk to the doctor alone for part of the appointment					
Follow up with taking lab tests or making future appointments					
Participate in your own treatments					
Communicate about your allergies or medicines not to be taken					

	Health S	kills Asse	ssment	Actio	n Steps
Managing Medical Appointments (Continued)	Independent	Some support needed	Support needed	Practice at home	Discuss with IEP team or medical provider
Keep list of medicines (side effects, when and how to take them, and what they are for)					
Refill prescriptions and reorder supplies before they run out					
	Health Skills Assessment		ssment	Action Steps	
Adult Health Care after age 18	Independent	Some support needed	Support needed	Practice at home	Discuss with IEP team or medical provider
Identify your adult primary care doctor, specialists, and providers					
Work with a care coordinator at clinic to manage appointments and coordinate care					
Maintain a list of adult advocacy organizations to help you find additional support					
Consider supported decision-making as an alternative to guardianship					
Put legal supports in place if needed (guardianship, power of attorney, etc.)					
Identify symptoms for which you should seek immediate attention (911, emergency or urgent care)					
Keep a short medical summary with you www.PACER.org/health/blankform.pdf					
	Health Skills Assessment		Action Steps		
Independent Living	Independent	Some support needed	Support needed	Practice at home	Discuss with IEP team or medical provider
Create a health care plan including accommodations that need to be in place to live away from home ahead of time					
Ensure accessibility and visit new environments (dorms, group homes, apartments, etc.)					
Contact natural supports (friends, relatives) and contracted support staff to provide personal care and support decision-making					
Contact county services to provide personal and supportive care					

Independent Living (Continued)	Health Skills Assessment			Action Steps	
	Independent	Some support needed	Support needed	Practice at home	Discuss with IEP team or medical provider
Keep a current contact list of service providers such as personal care attendants (PCAs), an adult rehabilitative mental health (ARMH) worker, independent living services (ILS) worker, etc.					
Develop your transportation plan to job, school, and recreational activities					
Carry an emergency medical record card, i.e., www.PACER.org/publications/health.asp					
Ensure that roommates, dorm advisor, building caretaker, or neighbors know who to call in an emergency					
	Health Skills Assessment			Action Steps	
Health Care Financing	Independent	Some support needed	Support needed	Practice at home	Discuss with IEP team or medical provider
Locate and provide key information on insurance card for co-pay and identification number					
Understand your insurance guidelines (services allowed, referrals, etc.)					
Apply for appropriate government health care benefits					
Develop plan for insurance coverage after age 18, or after age 26, if you have health coverage under your parents until age 26					
Other:					

#### **Resources:**

### **Got Transition**

### http://www.gottransition.org

### **Family Voices**

http://www.familyvoices.org