Transitional Independent Living Plan & Agreement

Youth:		Date of Birth:	Age:	Ethnicity:
Address:				
months. It is a	Youth: The purpose of this good organizing tool to help all Worker/Probation Officer	you stay focused and keep	p track of your progress	toward accomplishing each
	Caregiver: You are agreein ting the activities.	g to assist the youth in the	e development of their II	LP goals and to support the
form, and develo	Social Worker/Probation Copp Planned Services that will be in CWS/CMS. Probation of	assist the youth in meeting	g his/her goals. Docume	
	d activities to be addressed in dualized based on your assess		nples such as:	
graduateobtain ainvest sedevelopobtain a	a life-long connection to a supe from high school part-time job avings from part-time job community connections scholarship to attend college competency in the life skill of			
activity might be For youth partic	dividualized to help meet a set to attend classes regularly wipating in ILP services, activor more of the following ILP	vith no tardies for the next 6 ities are reportable as ILP I	months. Delivered Services in CM	AS. The social worker shall
 ILP Me ILP Edu ILP Edu ILP Car ILP Em ILP Mo ILP Cor 	_			ement lls /Social Skills istance Other n
		nt is to gain knowledge of		will be disregarded, as the abits and responsibilities to
		e written approval of my se	ocial worker/probation o	insured savings account and officer and must be used for
	I understand that I will rece aid for postsecondary educa	ive assistance to obtain my ation/training. (WIC 16001.9		information about financial

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Caregiver
Case File
ILP
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Transitional Independent Living Plan & Agreement

Youth:	DOB:		Age: Ethnicity:					
Case Worker Name:		Case Worker Phone:						
TILP 6-month timeline: to Date Independent Living Needs Assessment completed: If I have not participated in the ILP program before, I agree to participate now Based on the assessment of my level of functioning, the following transitional goals and activities meet my current needs.								
Goal	Activity	Responsible Parties	Planned Completion date	Progress Date				
Goal #1:				Met Goal Date				
				Satisfactory				
				Progress. Needs more				
				time/assistance.				
				Goal needs				
Goal #2:				modification. Met Goal				
				Date				
				Satisfactory Progress.				
				☐ Needs more				
				time/assistance. Goal needs				
				modification.				
Goal #3:				Met Goal Date				
				Satisfactory				
				Progress. Needs more				
				time/assistance.				
				Goal needs modification.				
Goal #4:				Met Goal				
				Date				
				Satisfactory Progress.				
				☐ Needs more				
				time/assistance.				
				Goal needs modification.				
		<u>I</u>	<u> </u>	modification.				
This Agreement will be updated on: Update # Signing this agreement means we will all work to complete the steps necessary to help the youth reach his/her goals.								
Signing this agreement	t means we will all work to complete	the steps necessary to	neip the youth rea	ach his/her goals.				
Youth's signature		Date						
Caregiver's signature		Date	Date					
		_						
Social Worker/Probation C	Officer signature	Date						

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