

Creating a Final Transition Plan (FT Plan)



Knowledge Base Article

Creating a Final Transition Plan (FT Plan)

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Creating a Final Transition Plan (FT Plan)

Overview

This article describes how to complete the following in Ohio SACWIS:

- Create a Final Transition Plan (FT Plan) for a youth who is within 90 days of Emancipating from agency custody.

Please see **Creating an Independent Living Plan (IL Plan)** Knowledgebase Article for details on how to enter this type of plan for youth 14 years old or older who are in agency custody.

Please see **Creating an Emancipated Youth Plan (EY Plan)** Knowledgebase Article for details on how to enter this type of plan for post-emancipated youth who are between their 18th and 21st birthdays and are no longer in agency custody but have requested services and/or supports from the agency.

Please see **Recording Credit Reports** Knowledgebase Article for details on how to enter **Credit Reports** requested by the agency from the three main credit reporting agencies for youth aged 14 or older and in agency custody.

Creating a Final Transition Plan (FT Plan)

Creating a Final Transition Plan

Navigating to the Final Transition Plan Screen

1. From the Ohio SACWIS **Home** screen, click the **Case** tab.
2. Click the **Workload** tab.
3. Select the appropriate **Case ID** link.

Home Intake **Case** Provider Financial Administration

Workload Court Calendar Placement Requests

Case Workload

Caseworker: Sort By: Case Name Ascending

Test Worker (23 cases)

- Sacwis, Susie [123456] - Open 11/21/2022 - Adoption

The **Case Overview** screen appears.

4. Click the **Independent Living** link in the **Navigation** menu

Home Intake **Case** Provider Financial Administration

Workload Court Calendar Placement Requests

<>

Case Overview

- Activity Log
- Attorney Communication
- Intake List
- Forms/Notices
- Substance Abuse Screening
- Ongoing Case All
- Specialized All Tool
- Law Enforcement
- Justification/Waiver
- Case Services
- Legal Actions
- Legal Custody/Status
- Living Arrangement / Guardianship
- Initial Removal
- Potential Adoptive Families
- Child Recruitment
- Pre-Adoptive Staffing/Matching Conference
- Placement/CCA
- Residential Treatment Information
- Independent Living**
- Case Plan Tools
- Visitation Plans

CASE NAME / ID: **Adoption**
Sacwis, Susie / 123456 Open (11/21/2022)

ADDRESS: 123 Test Rd
Test, Oh 12345

CONTACT:

AGENCY: Test County Children Services Board

PRIMARY WORKER: Test Worker
SUPERVISOR(S): Test Supervisor

Assign Worker

Case Actions

[View Member Details](#) | [Access Original Case](#) | [Program Categories](#) | [Case Status History](#) | [View Adoption Subsidies](#)

Action Items Case Alerts Dashboard Assignments / Eligibility

Result(s) 1 to 15 of 100 / Page 1 of 7

06/02/2022 **Child Recruitment Plan is required for for**
Person Name / ID:

06/09/2022 **7 day face-to-face must be made with child in placement**
Person Name / ID:
Location / Contact

Creating a Final Transition Plan (FT Plan)

In the **Independent Living Records** section:

1. In the **Plan Type** field, select **Final Transition Plan** from the drop-down list.
(Required)
2. In the **Youth Name** field, select the appropriate name from the drop-down list.
(Required)

The screenshot shows the 'Independent Living Records' section of a web application. On the left is a navigation menu with 'Independent Living' selected. The main area has a table header with columns: Youth Name, Plan Type, Plan Developed Date, Plan Closed Date, and Agency. Below the header, a form is highlighted with a red border, containing 'Plan Type: *' with a dropdown menu set to 'Final Transition Plan', 'Youth Name: *' with a dropdown menu set to 'Sacwis, Susie', and an 'Add Plan' button.

3. Click the **Add Plan** button.

The **Final Transition Plan** screen appears displaying several tabs. The system defaults to the **Youth Information** tab as shown below.

The screenshot shows the 'Youth Information' tab selected in a navigation bar. Below the tabs are several form fields: 'Address:', 'Contact:', 'The Youth would like to receive post emancipation services provided or arranged by the PCSA or PCPA from which the youth emancipated: *' with a dropdown menu, 'Plan Developed Date: *' with a date picker, and 'Plan Closed Date: *' with a date picker and a warning message: 'Please update Youth's address at time of emancipation'.

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Completing the Youth Information Tab

1. Select the appropriate response for the field: **The Youth would like to receive post emancipation services provided or arranged by the PCSA or PCPA from which the youth emancipated.** (Required)
2. Enter the **Plan Developed Date.** (Required)

Youth Information Resources Necessary Documents Contact Directory Signatures

Address: Test Address

Contact: (740)123-4567

The Youth would like to receive post emancipation services provided or arranged by the PCSA or PCPA from which the youth emancipated: *

Plan Developed Date: *

Plan Closed Date: ⚠ Please update Youth's address at time of emancipation

Health

Anticipated health insurance at time of emancipation: *No Health Insurance Provider Record(s)*

[Add/Update Insurance Provider](#)

Health Care Provider

Test Provider - 123 Test Rd. Test OH 12345

Test Provider 2 - 456 Test Rd. Test OH 12345

3. The **Health** section displays the current Insurance Providers from the youth's Person record. If needed, click the **Add/Update Insurance Provider** link to add or update the insurance provider(s).

The **Health Care Provider** section displays current Health Care Providers listed on the **Treatment Details** for the youth.

Creating a Final Transition Plan (FT Plan)

The **Current Medication** section lists information about current medications for the youth.

4. Enter additional information in the **Other health related information** text box, if applicable. (Optional)
5. Complete the fields in the **Education** section. (Optional)
6. If you select **Other** in the **What is the Youth's post-secondary education or training plan?** field, you must enter a description in the **Describe** field.

Note: You may click any of the provided hyperlinks—**FAFSA Information**, **Department of Higher Education**, and **Education Training Voucher (ETV) Program**—to display the related web site in a new window.

Current Medication

Test Medication - 100mg/day - Daily
Prescribed By: Dr. Test

Other health related information: [\(expand full screen\)](#)

ABC
4000

Education

Highest grade Youth will complete:

Last School Attended: Eastern Elementary

What is the Youth's post-secondary education or training plan? Describe:

Has FAFSA been completed:

[FAFSA Information](http://www.fafsa.ed.gov) [Department of Higher Education](https://ohiohighered.org) [Education Training Voucher \(ETV\) Program](http://www.fc2success.org/programs/education-training-vouchers)

Go to Forms/Notices to generate the Application for Federal Student Aid letter

What has the youth identified as their educational or vocational needs and goals? [\(expand full screen\)](#)

ABC
4000

7. Click the **Apply** button.

Creating a Final Transition Plan (FT Plan)

Completing the Resources Tab

1. Click the **Resources** tab.

The **Final Transition Resources** screen appears displaying **Financial Information** and **Housing Information** sections.

2. The top portion of the **Financial Information** section displays the current employer(s) from the youth's Person record. If needed, click the **Update Employment Information** link to update the youth's employer(s).

The screenshot shows the 'Final Transition Resources' screen. At the top, there is a navigation bar with tabs: 'Youth Information', 'Resources' (highlighted with a green box), 'Necessary Documents', 'Contact Directory', and 'Signatures'. Below this is a blue header for 'Final Transition Resources'. Underneath is another blue header for 'Financial Information'. A red box highlights a section containing the following text and form elements:

No Employment Information
[Update Employment Information](#)

Does the youth earn enough to pay bills?

Does the youth have a budget?

Does the youth have a checking account?

Does the youth have a savings account?

Does the youth have any outstanding court fees?

3. Select the appropriate values to answer the questions about the youth's earnings, budget, checking account, and savings account. (Optional)
4. If you selected **Yes** for a checking account, you may enter the **Bank Name and Information** related to the youth's checking account. (Optional)
5. If you selected **Yes** for a savings account, you may enter the **Bank Name and Information** related to the youth's savings account. (Optional)

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Does the youth have a checking account? Yes

Bank Name and Information:

Does the youth have a savings account? Yes

Bank Name and Information:

Does the youth have any outstanding court fees? Yes

Describe:

Resources available to youth:

[Social Security Benefit Information](http://ssa.gov) (http://ssa.gov)

[County Job and Family Services Benefits ODJFS](http://odjfsbenefits.ohio.gov/SelfServiceSplash.jsf) (http://odjfsbenefits.ohio.gov/SelfServiceSplash.jsf)

Other (please specify)

Obtaining a Credit Report:

[Experian](http://www.experian.com) (http://www.experian.com) LAST PROVIDED

[TransUnion](http://www.transunion.com) (http://www.transunion.com) LAST PROVIDED

[Equifax](http://www.equifax.com) (http://www.equifax.com) LAST PROVIDED

6. Select the appropriate checkbox(es) to indicate the **Resources available to youth**. (Optional)

Note: You may click the hyperlink beside the **Social Security Benefit Information** checkbox and the **County Job and Family Services Benefits ODJFS** checkbox to display the related web site in a new window.

7. If you selected the **Other (please specify)** checkbox, you must enter a description in the text field.

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The **Obtaining a Credit Report** field displays hyperlinks to the three main credit reporting agencies. The screen also displays a **LAST PROVIDED** date, which is the most recent Date Provided to Youth associated to the youth's Credit Report for each credit reporting agency (if applicable).

8. To obtain a credit report(s) for the youth, click the appropriate credit reporting agency link(s) in the **Obtaining a Credit Report** field. (Optional)
9. If the youth needs to register for selective service, click the **Selective Service System** hyperlink in the **Registering for selective service (males only)** field.

Note: The **Selective Service System** hyperlink displays only if the youth associated to the Final Transition Plan has a **Gender** code of **Male**.

10. Complete the **Housing Information** section. (Optional)

Note: **Type of housing upon emancipation** is required when ending a FT Plan.

Creating a Final Transition Plan (FT Plan)

Housing Information

Type of housing upon emancipation:

- House
- Apartment
- Boarding House
- Shelter
- Other (please specify)

Which type of housing items have been requested by the youth?

	Requested	Provided
Rent:	<input type="checkbox"/>	<input type="checkbox"/>
Deposit:	<input type="checkbox"/>	<input type="checkbox"/>
Furniture:	<input type="checkbox"/>	<input type="checkbox"/>
Gas:	<input type="checkbox"/>	<input type="checkbox"/>
Electric:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:	<input type="checkbox"/>	<input type="checkbox"/>
Internet:	<input type="checkbox"/>	<input type="checkbox"/>
Cable:	<input type="checkbox"/>	<input type="checkbox"/>
Water:	<input type="checkbox"/>	<input type="checkbox"/>
Trash Removal:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Other:

What has the youth identified as their employment, financial, or housing needs and goals? [\(expand full screen\)](#)
(Detail those resources requested by the youth and how they will be obtained/provided.)

11. Click the **Save** button.

Creating a Final Transition Plan (FT Plan)

Completing the Necessary Documents Tab

1. Click the **Necessary Documents** tab.

The **Record Information** screen appears.

Record Information

Date Youth received Original Birth Certificate:

Date Youth received Original Social Security Card:

Date Youth received State Identification Card:

Date Youth received Driver's License:

Date Youth received a copy of their health records:

Date Youth received a copy of their education records:

Date Health Care Power of Attorney reviewed:

Date Youth received letter verifying Emancipation from Agency Custody:

[Go to Forms/Notices to generate the Wardship Letter \(Verification of County Wardship\)](#)

Additional Comments: [\(expand full screen\)](#)

500

2. If you entered the **Date Youth received Driver's License**, you may select a value in the **Does the Youth have car insurance?** field. (Optional)
3. If you selected **Yes**, you may enter the **Name of car insurance provider**. (Optional)

Creating a Final Transition Plan (FT Plan)

Date Youth received Driver's License:	08/21/2023	
Does the Youth have car insurance?	Yes 	
Name of car insurance provider:	Test Insurance	

4. Enter additional information in the **Additional Comments** field, if applicable.
(Optional)

Note: All date fields on **Necessary Documents** are required when end dating the FT Plan except for **Date Youth received State Identification Card** and **Date Youth received Driver's License**. Only one of these 2 fields needs to be entered prior to end dating the FT Plan.

Note: If a youth is AWOL (has an AWOL alert on their Person record), these date fields will not be required.

5. Click the **Save** button at the bottom on the screen.

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Completing the Contact Directory Tab

To add **Youth Contacts** to an IL Plan, Final Transition Plan (FT Plan), Emancipated Youth Plan (EY Plan), or National Youth in Transition Database (NYTD), complete the following steps. When this information is added or changed from any of these areas, the change will be reflected in any of the other areas that are created. For example, if a youth has an IL Plan, FT Plan, and NYTD, if a Youth Contact is added on the IL Plan, the new contact will display on the FT Plan and NYTD. This information can be edited on any Active or Pending IL Plan, non-end-dated FT or EY Plan, or at any time through NYTD (even when the case is closed) as long as an account had been generated for the youth.

1. Click the **Contact Directory** tab from any of the above mentioned work items.

The **Youth Contacts** screen appears.

Independent Living Goals Readiness Review **Contact Directory** Signatures

Contacts

⚠ This youth has no Permanent Adult Connection

Case Members/Associated Persons/Family & Permanency Team Members: -or-

If a youth does not have a Permanent Adult Connection identified, this warning will display.

Independent Living Goals Readiness Review **Contact Directory** Signatures

Contacts

⚠ This youth has no Permanent Adult Connection

Case Members/Associated Persons/Family & Permanency Team Members: -or-

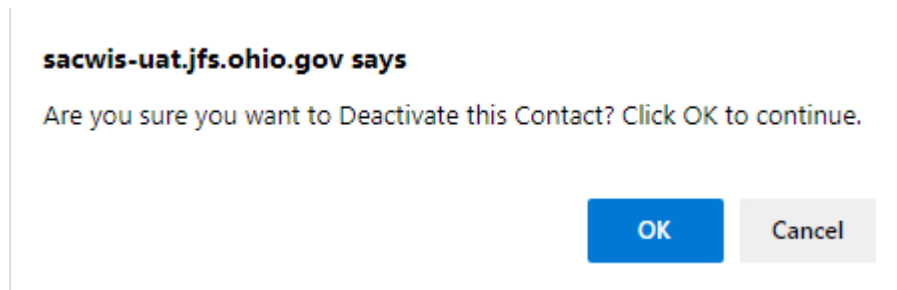
Creating a Final Transition Plan (FT Plan)

2. If the contact is a Case Member or Associated Person on the case, select the name of the contact from the **Case Members/Associated Persons** drop-down list.
 - OR if the contact person you wish to add is not listed in the drop-down, skip to **Step 9** below.
3. Click the **Add** button.

The person is added to the **Youth Contacts** grid in **Active** status:



Note: Youth Contacts will now have an Active or Inactive status. This is to assist in maintaining a history of a youth's contacts while still reflecting which contacts are current. This will also update in all the existing work items mentioned above. By clicking on the **Active** toggle, that Youth Contact will become **Inactive**. When inactivating a Youth Contact, a message will pop up to verify that you want to deactivate the contact.




4. Click the **Edit** link beside the newly added contact.



The **Contact Details** screen appears displaying details for that contact from their Person record.

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5. If this adult has a permanent connection to the youth, click the checkbox beside **This contact is a permanent adult connection**. (Optional)


Hint: Hover your mouse pointer over the Information icon  for the definition of a permanent adult connection.

Contact Details

Contact Name: * Test, Adult Clear Person

Relationship to Youth: * Grandfather

This contact is a Permanent Adult Connection 

Youth Support Person 

Contact Address: 123 Test Rd.
Test Oh 12345

Contact Type: Cell: (123) 456-7890
Home:

Do you want to make this person an active Family & Permanency Team Member? * Yes

Other Contact Information: [\(expand full screen\)](#)

✓ ABC
2000

Save Cancel

6. Enter narrative in the **Other Contact Information** text box, if applicable. (Optional)
7. When complete, click the **Save** button to return to the **Youth Contacts** screen.
8. Repeat these steps to add another contact, if applicable.

Note: If a Signature has not been added for this contact, you can click the **Delete** button to delete the contact.

Creating a Final Transition Plan (FT Plan)

9. If the contact you wish to add is not listed in the **Case Members/Associated Persons** drop-down list, click the **Create New Contact** button.

Independent Living Goals Readiness Review **Contact Directory** Signatures

Contacts

 *This youth has no Permanent Adult Connection*

Case Members/Associated Persons/Family & Permanency Team Members: -or-

The **Contact Details** screen appears.

10. In the **Contact Name** field, click the **Search Person** button to search/select the Person OR enter the name of the person in the text box if there is not enough information to enter a new Person record. (Required)

Note: Through the Search Person, a contact can be selected that is known to Ohio SACWIS or a new person can be created.

Contact Details

Contact Name: * -or-

Relationship to Youth: *

This contact is a Permanent Adult Connection ⓘ

Youth Support Person ⓘ

Contact Address:

Contact Type: Contact:

Other Contact Information: [\(expand full screen\)](#)

Creating a Final Transition Plan (FT Plan)

If you Search and select a person, the **Contact Details** screen displays details for the selected person:

Contact Details

Contact Name: * Test, Adult Clear Person

Relationship to Youth: * Grandfather

This contact is a Permanent Adult Connection

Youth Support Person

Contact Address: 123 Test Rd.
Test Oh 12345

Contact Type: Cell: (123) 456-7890

Home:

Do you want to make this person an active Family & Permanency Team Member? * Yes

Other Contact Information: [\(expand full screen\)](#)

ABC


2000

Save Cancel

Note: If the selected person is not the correct contact, you can click the **Clear Person** button to unlink the person from this contact record and display the **Search Person** button again.

11. Select this person's relationship to the youth from the **Relationship to Youth** drop-down list. (Required)
12. If this adult has a permanent connection to the youth, click the checkbox beside **This contact is a Permanent Adult Connection**. (Optional)
13. Select from the drop-down menu **If you want to make this person an active Family & Permanency Team Member**. (Required)

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Hint: Hover your mouse pointer over the Information icon  for the definition of a permanent adult connection.

Note: When a Person is selected, their contact information (address and phone number) will not be editable through the **Contact Directory**. Click on the **Person Name/ ID** hyperlink to edit their information.

Important: At least **one** of the following is **Required** in order to save this Contact record. These fields are described in the Steps 14-16 below.

- **Contact Address** field, and/or
- **Contact Type / Contact** fields, and/or
- **Other Contact Information** field.

14. The **Contact Address** field displays the **Search Address** button if you did not Search/select a person above. Click the **Search Address** button if you wish to Search and select the person's **Contact Address**. (Optional)

If you Search and select an address, the **Contact Address** field displays the address details and a **Remove Address** button:



The screenshot shows a form with two main sections. The top section, labeled 'Contact Address:', contains the text '123 Test Rd' and 'Test, Oh 12345' stacked vertically. Below this text is a button labeled 'Remove Address'. The bottom section contains two input fields: 'Contact Type:' followed by a dropdown menu with a downward arrow, and 'Contact:' followed by a text input box. Red boxes highlight the 'Contact Address' section and the 'Contact Type' and 'Contact' fields.

Note: If the selected address is not the correct address, you can click the **Remove Address** button to unlink the address from this contact record and display the **Search Address** button again.

15. Enter fields for **Contact Type**, **Contact**, and **Ext** display if you did not Search/select a person in Step 10 above. Complete these fields as described below. (Optional)
- a. Select the appropriate **Contact Type** from the drop-down list if you are entering a phone number, email address, social media handle/account, etc.
 - b. In the **Contact** field, enter the phone number, email address, etc.
 - c. If you selected Phone Number as the Contact Type, enter the phone extension in the **Ext** field, if applicable.

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Contact Address: 123 Test Rd
Test, Oh 12345
Remove Address

Contact Type: Contact:

Other Contact Information: [\(expand full screen\)](#)

Save Cancel

16. Enter contact information in the **Other Contact Information** text box, if applicable. (Optional)

17. Click the **Save** button at the bottom of the screen.

The **Youth Contacts** screen appears displaying the new contact in the grid.

Independent Living Goals Readiness Review **Contact Directory** Signatures

Contacts

edit	Test, Adult	- Grandfather	ACTIVE
----------------------	-------------	---------------	--------

Primary Contact: (123) 456-7890
Other Contact Info: TEST
Permanent Adult Connection
Youth Support Person

18. Repeat the steps in this sub-section for each contact you wish to add.

19. When complete, click the **Apply** button at the bottom of the screen.

Important: After the **Independent Living** tab has been completed, at least one **Goal** has been added, and at least one **Contact** has been added, the IL Plan can be marked as **Active**. To do so, complete the steps in the **Marking the Independent Living Plan as Active** section in this Knowledge Base Article. Or, complete the remaining tabs as discussed in each sub-section.

Creating a Final Transition Plan (FT Plan)

Completing the FT Plan Signatures Tab

1. To add signatures for the Final Transition Plan, click the **Signatures** tab.

The **Signatures Captured** screen appears. The screen is pre-populated with the Youth, the IL Worker assigned to the case, and the IL Worker's Supervisor.

Signatures Captured			
Sacwis, Susie - Youth	Date Signed:	<input type="text"/>	
Worker - Assigned Worker	Date Signed:	<input type="text"/>	
Worker - Supervisor	Date Signed:	<input type="text"/>	

2. To add an agency representative's signature, click the **Add Agency Representative** button.

The **Available Agency Representatives** screen appears. This screen displays the list of Assigned Workers and Unassigned IL Workers for the associated agency. This list does not include persons who have already been selected.

3. Click the checkbox beside each person you wish to select OR click the checkbox in the grid header to select **All** persons in the list.

Available Agency Representatives	
<input type="checkbox"/>	Test, Caseworker
<input type="checkbox"/>	Test, Caseworker 2
<input type="checkbox"/>	Test, Caseworker 3

4. Click the **Save** button.

The **Signatures Captured** screen appears displaying the selected person(s).

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Signatures Captured

Sacwis, Susie - Youth	Date Signed: 08/24/2023		
Worker - Supervisor	Date Signed:		
Worker - Assigned Worker	Date Signed:		

Add Agency Representative

Apply Save Cancel

1. In the **Date Signed** field beside each person, enter the date the signature was recorded. (Optional)
2. If you selected an incorrect person, click the **Delete** icon beside the person to delete the signature entry (shown in blue above).

Note: The Youth's signature cannot be deleted.

3. When complete, click the **Save** button.

Independent Living Records

	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
edit	Sacwis, Susie	Final Transition Plan	08/29/2023		Test County Children Services Board	

Plan Type: * Youth Name: * **Add Plan**

The **Independent Living Filter Criteria** screen appears displaying the **Independent Living Records** grid.

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at SACWIS_HELP_DESK@ifs.ohio.gov