

**State of Connecticut
Department of Children and Families**

ADOLESCENT TRANSITION PLAN

Name: _____ LINK Person ID#: _____

ACR Date: _____ Estimated date of discharge from DCF care: _____

Anticipated living arrangement: _____

Estimated budget: _____

Income/Assets:

Sources	Amount

DCF Assistance: _____

Essential documents to be obtained

- Social Security card
- Picture I.D.
- Driver's license
- Immigration papers
- School transcripts
- Directory of community services
- Name and telephone number of youth's mentoring contact, Adolescent Services Worker and Adolescent Services Supervisor
- Other: (specify) _____
- Birth certificate
- Medical records
- Medical history
- Secondary school diploma or GED
- Skill summary or job resume

Aftercare Information: _____

Other Plans Necessary to Facilitate Transition: _____
