



INDEPENDENT LIVING POST 18 PLAN

Name: _____

Date: _____

THESE ARE MY RIGHTS:

- To live in a safe environment where I am treated fairly and equally.
- To be included regardless of my race, religion, or mental or physical ability.
- To have freedom of expression and religion.
- To have privacy.
- To live free from physical, verbal, or emotional abuse.
- To live free from sexual abuse, harassment, or exploitation of any kind.
- To remain silent if questioned by an immigration agent or government official.
- To speak with a lawyer and not sign anything before speaking to a lawyer.

IMPORTANT NUMBERS

These are important numbers I can call if I am a victim of abuse or trafficking, need support in a moment of crisis, or want information about my immigration case. If I am in immediate danger, I should call 911.

| | |
|--|---|
| <input type="checkbox"/> 911 (for any emergency) | <input type="checkbox"/> ORR National Call Center: 1-800-203-7001 |
| <input type="checkbox"/> Child Abuse Hotline: 1-800-422-4453 | <input type="checkbox"/> National Human Trafficking Hotline: 1-888-373-7888 |
| <input type="checkbox"/> Suicide Prevention Hotline: 988 | <input type="checkbox"/> Planned Parenthood: 800-230-7526 |
| <input type="checkbox"/> Domestic Violence Hotline: 1-800-799-7233 | <input type="checkbox"/> Court Date Information Line: 1-800-898-7180 |
| <input type="checkbox"/> Poison Control Hotline: 1-800-222-1222 | <input type="checkbox"/> Other: |

TRUSTED ADULTS

These are the trusted people I can turn to if I need help.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____



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COPING & SELF-HELP STRATEGIES

These are things I can do to calm down, reduce stress, and feel better.

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-
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SHORT-TERM GOALS

These are goals I want to achieve in the next three months.

Goal #1: _____ Target Date: _____

Next Step (How will I achieve this?): _____

Next Step: _____

Goal #2: _____ Target Date: _____

Next Step (How will I achieve this?): _____

Next Step: _____

Goal #3: _____ Target Date: _____

Next Step (How will I achieve this?): _____

Next Step: _____

LONG-TERM GOALS

These are the goals I want to achieve over the next three years.

Goal #1: _____ Target Date: _____

Next Step (How will I achieve this?): _____

Next Step: _____

Goal #2: _____ Target Date: _____

Next Step (How will I achieve this?): _____

Next Step: _____

Goal #3: _____ Target Date: _____

Next Step (How will I achieve this?): _____

Next Step: _____



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HOUSING PLAN

This is the place where I will live after turning 18.

Address: _____

Roommates/House Members: _____

Support Plan: _____

IMPORTANT DOCUMENTS

These are the documents I should keep safe and accessible.

- Photo ID (Release Verification or other ID)
- ORR Shelter Discharge Packet
- Legal documentation
- Original copy of my birth certificate
- School records
- Medical records
- OTIP Letter (if applicable)
- Other: _____

INDEPENDENT LIVING SKILLS

Strengths: Which of these things can I do on my own?

- House cleaning
- Cooking
- Use kitchen appliances
- Grocery shopping
- Laundry
- Schedule medical, legal, other appointments
- Use public transportation
- Personal hygiene (showering, brushing teeth, etc.)
- Basic first aid
- Money management
- Communicate with others
- Time management
- Read a map
- Other: _____

Areas of Need: Which of these skills do I want to improve to prepare for independent living?

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-

TRANSPORTATION PLAN:

This is the plan I have for getting around independently:

- Walking Bicycle Car
- Family/Friend(s): _____
- Public Transportation Instructions
(method, cost, location): _____



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MONEY MANAGEMENT

This is my banking information:

I currently have: A checking account A savings account

What is the name of my bank? _____

I will receive financial support from the following sources after turning 18 (family/friends, benefits, etc.):

Source: _____ Monthly Amount: _____

Source: _____ Monthly Amount: _____

Source: _____ Monthly Amount: _____

HEALTH BENEFITS / MEDICAL INSURANCE

This is the information about my medical benefits and insurance (if applicable).

Name: _____ Phone: _____

Insurance Information: _____

This is the name, phone number, and address of my pharmacy.

Pharmacy Name: _____ Phone: _____

Address: _____

These are my medications.

Medication Name: _____ Dosage: _____

Instructions: _____

Medication Name: _____ Dosage: _____

Instructions: _____

Medication Name: _____ Dosage: _____

Instructions: _____

SERVICE PROVIDERS

These are my current service providers.

Medical

Name: _____ Phone: _____

Address: _____



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Dental

Name: _____ Phone: _____

Address: _____

Vision

Name: _____ Phone: _____

Address: _____

Mental Health

Name: _____ Phone: _____

Address: _____

Legal

Name: _____ Phone: _____

Address: _____

Education

Name: _____ Phone: _____

Address: _____

Recreation

Name: _____ Phone: _____

Address: _____

Other

Name: _____ Phone: _____

Address: _____

I affirm that we have discussed the plan and that we are in agreement.

| | | |
|--------------------------|-------------------------------|------|
| Youth's Name | Youth's Signature | Date |
| Responsible Adult's Name | Responsible Adult's Signature | Date |
| Caseworker's Name | Caseworker's Signature | Date |