



INDEPENDENT LIVING PLAN

Name: _____

Date: _____

THESE ARE MY RIGHTS:

- To live in a safe environment, where I'm treated equally and fairly.
- To be included regardless of my race, religion, or mental or physical ability.
- To have freedom of speech and religion.
- To have privacy.
- To live free from physical, verbal, or emotional abuse.
- To live free from sexual abuse, harassment, or exploitation in any form.
- To remain silent if questioned by an immigration agent or government official.
- To speak to a lawyer and not sign anything without first speaking to a lawyer.

IMPORTANT NUMBERS:

These are important numbers I can call if I'm a victim of abuse or trafficking, need crisis support, or for information on 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 (Centro Nacional de ORR): 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 Lifeline: 988	<input type="checkbox"/> Planned Parenthood (Planificación Familiar): 1-800-230-7526
<input type="checkbox"/> Domestic Violence Hotline: 1-800-799-7233	<input type="checkbox"/> EOIR Hotline: Línea para averiguar la fecha de la corte: 1-800-898-7180
<input type="checkbox"/> Poison Help (Linea de Control De Veneno) - 1-800-222-1222	<input type="checkbox"/> Other:

PEOPLE OF TRUST:

These are people of trust who I can turn to for help.

Name: _____ Number: _____

Address: _____

Name: _____ Number: _____

Address: _____

Name: _____ Number: _____

Address: _____



INDEPENDENT LIVING PLAN

COPING STRATEGIES & SELF-CARE PLAN

These are things I can do on my own to calm down, alleviate stress, and make myself feel better.

-
-
-
-

SHORT-TERM GOALS

These are the things that I want to accomplish within the next three months.

Goal #1: _____ Target Completion Date: _____

Action Item (how will I achieve this?) _____

Action Item: _____

Goal #2: _____ Target Completion Date: _____

Action Item (how will I achieve this?) _____

Action Item: _____

Goal #3: _____ Target Completion Date: _____

Action Item (how will I achieve this?) _____

Action Item: _____

LONG-TERM GOALS

These are the things that I want to accomplish within the next three years.

Goal #1: _____ Target Completion Date: _____

Action Item (how will I achieve this?) _____

Action Item: _____

Goal #2: _____ Target Completion Date: _____

Action Item (how will I achieve this?) _____

Action Item: _____

Goal #3: _____ Target Completion Date: _____

Action Item (how will I achieve this?) _____

Action Item: _____



INDEPENDENT LIVING PLAN

LIVING ARRANGEMENTS:

This is where I plan to live after I turn 18:

Address: _____

Roommates/Household Members: _____

Support Plan: _____

IMPORTANT DOCUMENTS:

These are the documents that I should keep in my possession:

- Photo ID (Verification of Release or other ID)
- Educational Records
- ORR Discharge Packet
- Medical Records
- Legal Documentation
- OTIP Letter (if applicable)
- An original copy of my birth certificate
- Other: _____

INDEPENDENT LIVING SKILLS

Strengths: Which skills am I able to complete on my own?

- Cleaning
- Personal hygiene (showering, brushing teeth, etc.)
- Preparing meals
- Basic First Aid
- Using kitchen equipment
- Managing money
- Shopping
- Communicating with others
- Laundry
- Time management
- Making appointments
- Using a map
- Navigating public transportation
- Other

Areas of Need: Which skills do I want to improve as I prepare for independence?

-
-
-
-

TRANSPORTATION PLAN:

This is how I plan to get around independently:

Walking Biking Driving

Family/Friend: _____

Public Transportation

Instructions (type, cost, location): _____



INDEPENDENT LIVING PLAN

MONEY MANAGEMENT:

This is my banking information:

I currently have a: Checking Account Savings Account

If Yes, what is the name of my bank? _____

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

Source: _____ Monthly Amount: _____

Source: _____ Monthly Amount: _____

Source: _____ Monthly Amount: _____

HEALTH BENEFITS/INSURANCE

These are my current health benefits and insurance information (if applicable).

Name: _____ Number: _____

Insurance Information: _____

This is the name and contact information for my pharmacy.

Pharmacy Name: _____ Phone number: _____

Location: _____

These are my current medications.

Medication Name: _____ Dosage: _____

Instructions: _____

Medication Name: _____ Dosage: _____

Instructions: _____

Medication Name: _____ Dosage: _____

Instructions: _____

CURRENT SERVICE PROVIDERS

These are my current service providers.

Medical

Name: _____ Number: _____

Address: _____



INDEPENDENT LIVING PLAN

Dental

Name: _____ Number: _____

Address: _____

Vision

Name: _____ Number: _____

Address: _____

Mental Health

Name: _____ Number: _____

Address: _____

Legal

Name: _____ Number: _____

Address: _____

Education

Name: _____ Number: _____

Address: _____

Recreation

Name: _____ Number: _____

Address: _____

Other

Name: _____ Number: _____

Address: _____

I affirm that we have discussed and agreed to the above plan.

Youth's Name	Youth's Signature	Date
Responsible Adult's Name	Responsible Adult's Signature	Date
Case Worker's Name	Case Worker's Signature	Date