

Get A Life!

Planning for the transition from high school to adult life



Interdisciplinary **Human
Development
Institute**
A University Center for Excellence



Dear Student:

Congratulations! You have started to think about life after high school and all that it has to offer. The earlier you start planning for this transition, the greater the chances of living the kind of life you want.

This booklet is designed for you and is organized around the different options available to young adults as they move from high school to life in the community.

Whether you are thinking about going on to college or going straight to work, we hope the information found here will help you "Get a Life"!

Sincerely:

*Kentucky Transition Core Team
Kentucky Regional Transition Consultants*

~WHAT IS TRANSITION?~

Throughout life, we all make many transitions. Beginning pre-school; graduating from school; leaving your parents' home; marrying; having a child; moving to a new home or a new city...these are just a few examples of such changes.

Transition is change!
Transition is change!

In this book we will be talking about one of the most important transitions: graduating from high school! This is an important transition because it marks the milestone of your becoming an adult. However, sometimes there can be barriers to achieving the kind of life you want after high school. These may include:

- Not knowing what you want to do after high school
- Not knowing who to go to for help after high school
- Not knowing what your legal rights are, while in school, and after you graduate.

Transition is movement!

Transition Tip!

Transition can be scary. Everything is changing. You're leaving old friends, familiar routines. But it is also exciting! You are an adult now; you will have more chances for independence; chances to try new things; meet new people; and become your own person!

The purpose of this book is to help you begin planning for the kind of life you would like to have after high school. It is designed to help you answer the questions and concerns you may have as you move from school to adult life.

~HOW DO I PLAN FOR TRANSITION?~

Think about who you are and what you want to do!

Nobody knows **you** like **you** do! Think about the kinds of things you are interested in; the kinds of things you know you do well; the kinds of things you don't like; the kinds of things that you might *not* do so well.

It may be helpful to talk with your teacher and/or guidance counselor. Ask them about how you have done on achievement and aptitude tests. Ask them to help you review your school work and help you see areas of interest and strength.

It may be helpful to talk with your parents, a relative, a friend, or someone else who knows you well and may be able to help you think through what you might want to do after high school.

Transition Tip!

Can you answer these questions:

What do I want after high school?

What supports/skills will I need to get it?

Who will provide the supports/skills I will need?

Remember, you don't have to decide right now on what you want to do after high school, but you do have to start thinking about it!

In the back of this section, you will find a Student Survey. The survey may help you think about what you want to do when you are finished with school. Some of the questions you might want to ask yourself are:

- **Do I want to work? If so, doing what, where?**
- **Do I want to go on to college or technical school? If so, what do I want to study? Where do I think I'd like to go?**
- **Where do I want to live after high school? With my parents? My own apartment? Share an apartment? College dorm?**
- **How will I get to and from college; work; medical appointments?**
- **What do I want to do in my spare time...just for fun?**

If you are having trouble making decisions about the future, identify a small group of people with whom you are close to help you plan. Sometimes this is called a Person Centered Planning Team. In addition to yourself, this might be your parents, a neighbor, a minister, a good friend. This group can help you identify your strengths, needs, and interests. They can help you start thinking about the future. If you are interested in getting such a group together, check out the following web sites:
www.transitiononestop.org and www.inclusion.com

Share information with others!

A huge part of making the transition from being a student in school to being an adult in the community is that you have to stand up for yourself. No one else can do this for you.

Not only is it important for you to know yourself (e.g. what you like, don't like, what helps you learn, etc.) but you also have to have the ability to let other people know these things about you. These are important skills to learn.

Make sure you get copies of your Individual Learning Plan (ILP) and Individual Education Program (IEP). These can be helpful in letting future teachers (college) or employers (work) know about your skills. They can also be helpful to you as you develop a resume.

In addition to thinking about your strengths, needs, and interests, practice telling someone what they are. Write them down.

Transition Tip!

Think about how you will share your plans for the future with teachers, parents, etc. It could be a PowerPoint presentation about yourself...what you like, don't like, do well, need help with; it could be a simple list...anything that will help you remember what you want to say about yourself during a transition planning meeting.

Know your rights!

Part of planning for life as an adult after high school is knowing what your legal rights are. In Kentucky, students legally become adults at the age of 18, unless they have had a guardian appointed.

This means that you will be able to “sign” papers on your own; you can vote; you can make your own decisions; and many other things!

However, if you are a student receiving special education, one thing that drastically changes when you graduate is that you are no longer entitled to services because you have a disability. Once you become an adult, you have to be eligible for services you may need due to a disability.

Some of the major laws that may impact you as an adult with a disability include:

Transition Tip!

For transition success you should have:

- **The ability to assess yourself: your skills and abilities, and needs associated with any disability.**
- **Awareness of the accommodations you may need because of your disability.**
- **Knowledge of your civil rights to accommodations through legislation such as the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.**
- **The self-advocacy skills necessary to express your needs in the workplace, in educational institutions, and in community settings.**

(Adapted from NICHCY, 1993)

Individuals with Disabilities Education Act (IDEA)

Besides making sure that schools help students plan for transition, IDEA also requires schools to provide all students with a free education that is appropriate for the student and provided in the best environment. This might mean you take all regular classes but go to a resource room for special help, or it might mean that you receive all instruction in regular classrooms. IDEA serves students from ages 3 to 21.

School services under IDEA are something that every student with a disability is *entitled* to. This means that no matter who you are, what your income, or your family’s income is, what kind of disability you have, the school is required to provide a free, appropriate education.

You are only entitled to these services, however, while you are still in school, typically until age 18 to 21. When you leave school you must be *eligible* in order to receive services that may help you.

Family Educational Rights and Privacy Act (FERPA)

This act, sometimes called the Buckley Amendment, was passed in 1974 and grants four rights to the parents or student. If you are under age 18, your parents have the right to:

- See the information that the school is keeping on you
- Seek amendment to those records and in certain cases append or add to the record if you do not agree with them
- Consent to the disclosure of your records so others may see them
- File a complaint with the FERPA Office in Washington, D.C.

Once you reach the age of 18, and if your parents do not have guardianship, these rights are transferred to you.



Section 504 of the Rehabilitation Act

This act states that no individuals with disabilities should be excluded from participating in activities, denied benefits, or be subject to discrimination under any programs or activities that receive federal financial assistance. Some of the requirements of these facilities include:

- Providing reasonable accommodation for individuals with disabilities
- Program accessibility
- Effective communication with people who have hearing or vision loss
- Accessible new construction and alterations

Americans with Disabilities Act (ADA)

On July 26, 1990, President Bush signed into law the Americans with Disabilities Act (ADA) calling it the “world’s first comprehensive declaration of equality for people with disabilities.” When fully in effect, employers with 15 or more employees may not discriminate against qualified individuals with disabilities. Employers must provide reasonable accommodations for their employees with disabilities, unless undue hardship would result.

The ADA also requires equal access for people with disabilities to communications, public transportation, and buildings that are used by the general public, such as hotels, restaurants, retail stores, and doctor’s offices.

Employers may not discriminate, and many are learning to use job coaches and make accommodations to aid persons with disabilities to become successful workers. Housing and transportation must be accessible for all people with disabilities. The chance to live, work, and play in the same places as non-disabled individuals in the community (with their family and friends) is the promise these laws bring to all persons with disabilities.



The Olmstead Decision

The Supreme Court made a decision in 1999 to challenge the government to develop opportunities for individuals with disabilities to have more accessible systems of cost-effective community based services. This decision requires states to provide their services, programs, and activities “in the most integrated setting (with people without disabilities) appropriate to the needs of qualified individuals with disabilities.”

"Integrated setting" means that services, programs, and activities should occur in environments that consist mostly of people without disabilities.

~WHAT IS MY SCHOOL'S ROLE?~

Your school plays two major roles in helping you begin the transition from high school to adult in the community:

1. Organizing a Transition/IEP Team

Your school's role is to help you develop a transition plan within your Individual Education Program (IEP). They must do this beginning no later than age 14, and younger if necessary. Your IEP should be updated at least every year that you are in school. Your very first Transition/IEP meeting will focus on the classes you should take to help you move toward your goals after high school. As you get closer to graduating, the focus will also include connecting you with services that you may need after you graduate.

With your help, your school will organize a team of people to help you plan for life after high school. In addition to yourself, this team may include teachers, coaches, guidance counselors, and your parents.

You have the right to invite someone to be a part of this Transition/IEP Team. These should be people you feel are interested in your future. Think about folks who have helped you in the past and that you feel comfortable talking with.

They might include relatives, friends, members of a support group, ministers, and so on. Think about whom you would like to be involved and let your teachers and/or parents know.

Your Transition/IEP team will meet at least once each school year for the purpose of developing a plan to assist you as you transition to the adult community. Your job as a team member is to be thinking about what you want your life to look like after high school and to share that information with the other members.



2. Arranging the Transition/IEP Meeting

After identifying the folks you want to be involved in your school Transition/IEP meeting, your school will schedule a meeting of the team.

The purpose of this meeting is to discuss your plans for the future and to decide on the classes and experiences your school can provide that will help you achieve this future.

Your school will arrange such a meeting every school year from the time you are fourteen (or younger if necessary) until you graduate. Think about how you can share your thoughts and interests during this meeting. Some students conduct their own Transition/IEP meeting!

Transition Tip!

Your school can provide you with information about options after high school. Your school can link you up with resources you may need after graduating. Your school can teach you the skills you will need to be successful in life!



The check-list on the following page may help you prepare for your Transition/IEP meeting:

Student Transition Planning Checklist

Questions to ask yourself *before* your transition planning meeting:

- Has someone from school explained to me what “transition” means?
- Do I understand what transition planning is?
- Have I received a copy of my Student Rights in regard to transition planning?
- Have I set aside some time to think about what my dreams for the future are?
- Have I thought about how I will share what I am thinking about doing after school during my transition meeting?
- Have I received and reviewed “Get a Life!”?
- Have I received and completed a Student Survey for Transition Planning?
- Has someone from school explained the Individualized Education Plan (IEP) form and where my transition needs are documented?
- Has someone from school explained the Individual Learning Plan (ILP)?
- Have I developed an ILP?
- Was I invited to my transition planning meeting?
- Have I been given the opportunity to invite people of my choice to my transition planning meeting?

Questions to ask yourself *during* the meeting:

- Am I sitting up straight?
- Am I using a pleasant voice?
- Am I thinking about what is being discussed?
- Am I telling myself to relax and stay calm?
- Am I looking people in the eye when they talk to me or I talk to them?
- Am I telling people what it is I want?
- Am I asking people to explain terms that I don’t understand?



Questions to ask yourself *after* the meeting happens:

- Was everyone at the meeting who needed to be there to help me?
- Did I have an opportunity to tell my transition planning team about my dreams for life after school?
- Did my transition planning team talk about everything I checked on my survey?
- Do the goals of my transition plan/IEP make sense in regard to the dreams I expressed?
- Do I know who is responsible for each goal identified on my transition/IEP?
- If I am 14 years old, or older, do I have a transition plan?
- Do the classes that my ILP says I will take make sense in terms of what I want to do after high school?
- Did I get a copy of my transition plan and my education plan?

WHAT SHOULD I BE DOING IN HIGH SCHOOL?

First of all, stay in school! High school graduates, on the average, earn over \$7,200 more per year than high school dropouts (Alliance for Excellent Education, 2005). If you want to have a high quality of life after high school (e.g. have a car; own a house; be able to take vacations) you are much more likely to get it if you have a high school diploma.

Take advantage of the time you have in school to help you get the life you want after high school!

Think about what you would like to do after high school and the classes you might take now and in later school years that might help you make the move from student to adult.

In Kentucky, there are six student learning goals, all of which are aimed at helping you be successful after school. The six learning goals are:

1. Students are able to use basic communication and mathematics skills for purposes and situations they will encounter throughout their lives.
2. Students shall develop their abilities to apply core concepts and principles from mathematics, the sciences, the arts, the humanities, social studies, practical living studies, and vocational studies to what they will encounter throughout their lives.
3. Students shall develop their abilities to become self-sufficient individuals.
4. Students shall develop their abilities to become responsible members of a family, work group, or community, including demonstrating effectiveness in community service
5. Students shall develop their abilities to think and solve problems in school situations and in a variety of situations they will encounter in life.
6. Students shall develop their abilities to connect and integrate experiences and new knowledge from all subject matter fields with what they have previously learned and build on past learning experiences to acquire new information through various media sources.

All students are provided with the same core content and are expected to learn at the same high level.

Something else that will help you in thinking about what courses to take and what your career goals are, is the Individual Learning Plan. Every student is helped to develop this plan and it includes consideration of the courses that you, your parents, and teachers feel you should take; what your hobbies are, etc. The Individual Learning Plan form will be web based; see your school counselor for more information about this tool.

In addition to classes you take, think about real life experiences you would like to have.

For example: Think you want to be a veterinarian? See if your teacher or guidance counselor can arrange a job “try out”. Always thought you’d like to work with computers? Ask your teacher or guidance counselor about job opportunities in this area. There are many experiences your school can arrange for you but you have to know what you’re interested in and you have to ask!

So:

- ✓ Think about what you want to do after high school. It might be three or four different things! Keep in mind that you do not have to make any final decisions right away...
- ✓ Let your teacher and/or guidance counselor know what you’re thinking about so they can better assist you in locating or designing activities that will allow you to pursue your interests.
- ✓ Ask for experiences/information related to what you are interested in.

Transition Tip!

For school and career guidance, visit your school's guidance counselor and talk with adult friends (for example, godparents or friends of the family). Make an effort to talk to people in the fields that interest you. If you think you want to be an accountant, call some accountants and ask them about their work. Most people are flattered to get calls like this, and they'll take the time to talk to a student.

Here is a copy of the Individual Education Program, or IEP, that we have discussed earlier.

Enter District Name Here
Individual Education Program (IEP)

Date: _____

Review Date: _____

Student: _____
Last First Middle

Age: _____ Grade: _____

Student ID# _____

Disability: _____

Education Performance Areas Assessed	Present Levels of Performance including how the disability affects the student's involvement and progress in the general curriculum <small>(For preschool children include the effect on participation in appropriate activities; For students aged 14, or younger if appropriate, a statement of transition needs is included; and For students aged 16, or younger if appropriate, a statement of transition services and interagency linkages is included.)</small>
Communication Status	<input type="checkbox"/> Performance commensurate with similar age peers
Academic Performance	<input type="checkbox"/> Performance commensurate with similar age peers
Health, Vision, Hearing, Motor Abilities	<input type="checkbox"/> Not an area of concern at this time
Social and Emotional Status	<input type="checkbox"/> Performance commensurate with similar age peers
General Intelligence	<input type="checkbox"/> Performance commensurate with similar age peers
Transition Needs	<input type="checkbox"/> Instruction <input type="checkbox"/> Related services <input type="checkbox"/> Community experiences <input type="checkbox"/> Employment <input type="checkbox"/> Daily Living Skills <input type="checkbox"/> Post School Adult Living Objectives <input type="checkbox"/> Functional Vocational Evaluation
Functional Vision/Learning Media Assessment	<input type="checkbox"/> Performance commensurate with similar age peers

Name:

DOB:

Date of ARC:

Consideration of Special Factors for IEP Development:

- Does the child's behavior impede his/her learning or that of others? Yes No If yes, include appropriate strategies, such as positive behavioral interventions and supports in the statement of devices and services below.
- Does the child have limited English proficiency? Yes No. If yes, what is the relationship of language needs to the IEP?
- Is the child blind or visually impaired? Yes No If yes, the IEP Team must consider:
 - Is instruction in Braille needed? Yes No
 - Is use of Braille needed? Yes No
 - Will Braille be the student's primary mode of communication? Yes No (See evaluation data for supporting evidence.)
- Does the child have communication needs? Yes No. If yes, what are they?

- Is the child deaf or hard of hearing? Yes No. If yes, the IEP Team must consider:
 - The child's language and communication needs; Describe:

 - Opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs; Describe:

 - Any necessary opportunities for direct instruction in the child's language and communication mode. Describe:

- Are assistive technology devices and services necessary in order to implement the child's IEP? (include instruction in Braille) Yes No. **If yes, indicate below.**

Statement of devices/services to be provided to address the above special factors (such as an intervention plan; accommodations; other program modifications)

Name:

DOB:

Date of ARC:

Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities

Annual Measurable Goal: _____

	Review of Progress of Annual Goal								Date Progress Report Sent to Parent
	1st	2nd	3rd	4th	5th	6th	7th	8th	
									1 st reporting period:
<u>Methods of Evaluation*</u>									2 nd reporting period:
<u>Reports of Progress**</u>									3 rd reporting period:
<u>Goal Anticipation***</u>									4 th reporting period:
<p>*Methods of Evaluation</p> <ol style="list-style-type: none"> Standard tests Teacher-made tests Teacher observations state and/or district assessments Progress Data Other: Other: <p>**Report of Progress</p> <ol style="list-style-type: none"> No progress made Very little progress being made towards goal Some progress being made towards goal Goal has been met Other: <p>***Goal Anticipation</p> <p>YES Anticipate meeting goal by IEP annual review, or NO Do not anticipate meeting goal by IEP annual review.</p>									5 th reporting period:
									6 th reporting period:
									7 th reporting period:
									8 th reporting period:

Benchmarks/Short-Term Instructional Objectives and Specially Designed Instruction

Benchmarks/Objectives	Specially Designed Instructions
1 .	
2 .	
3 .	
4 .	

Name:

DOB:

Date of ARC:

Specially Designed Instruction in P.E.: Does the student require specially designed P.E.? Yes No.

If yes, document as specially designed instruction.

A statement of supplementary aids and services, if any, to be provided to the child or on behalf of the child:

Individual Modifications in the Administration of Assessments and in the Classroom

In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the *Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, 703 KAR 5:070* document.

- Readers
- Scribes
- Paraphrasing
- Reinforcement and behavior modification strategies
- Prompting/cueing
- Use of technology
- Manipulatives
- Braille
- Interpreters
- Extended time
- Other: specify
- Student has been determined eligible for participation in the alternative portfolio assessment. The reasons for this decision are:

Program Modifications/Supports for School Personnel that will be provided for the child:

Name:

DOB:

Date of ARC:

LRE and General Education: Explain the extent, if any, to which the student will **not** participate in:

regular classes (content area):

Special Education and Related Services:					
Type of Service*	Anticipated Frequency of Service	Anticipated Duration Of Service		Location of Services**	
		Amount of Time	Beginning Date/Ending Date		
					**For location use code for continuum of services: 1. regular class 2. resource room/special class 3. special schools (KSD,KSB) 4. home instruction 5. hospital and institutions 6. other: 7. other:
*Type Of Service: 1. Special Education 8. Counseling 2. Speech Language Pathology 9. Orientation & Mobility 3. Audiology 10. School Health Services 4. Psychological 11. Social Work 5. Physical Therapy 12. Parent Counseling & Training 6. Occupational Therapy 13. Transportation 7. Recreation 14. Instruction In Braille 15. Other:					

Name:

DOB:

Date of ARC:

How were the student's preferences and interests considered? (Check all that apply)

- Student Interview Student Survey Student Portfolio Vocational Assessments Interest Inventory
- Parent Interview Other:

Transition Services Needs (Beginning at **age 14**, or younger)

Needs Related to the Course of Study

Has Individual Graduation Plan (IGP) been developed:

- Yes.
- No. If no, do not proceed with development of IEP until IGP is developed.

Transition Services (Beginning at **age 16**, or younger if appropriate)

Desired Post School Outcomes/Services
(Check those which apply)

Employment

- Competitive
- Supported
- Military

Living Arrangements

- Independent Living
- Group Home
- Parents or Relative

Post-Secondary

- Community College
- Technical College
- University

Community Participation

- Supported
- Unsupported

Required Transition Services Including Statement of Interagency Linkages and Responsibilities

Agency Responsibilities	Agency Responsible

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If applicable, One year before the student reaches age 18 the student and parent have been informed of the student's rights under Part B of the Individuals with Disabilities Education Act, if any, that will transfer on reaching the age of majority. Date Informed:

The Student and Parent surveys may help you and your parents think through what you want to do after High School and may be something you want to take in with you to your IEP/Transition meeting.

STUDENT Survey for Transition Planning
Plans for the Future

Dear Student:

We are asking you to complete this survey because you are age 14 or up and you will graduate from high school before you know it.

This survey is intended to help you begin thinking about what you might want to do when you finish high school. This is also called “transition planning”. Each year, this survey information will be updated to reflect your changing perspective on what you want to do as you get closer and closer to graduation.

This information will also serve as a guide to your teachers in deciding which classes and educational experiences you should have to help you be successful in the kind of life you want to have after high school.

Thanks for your input!

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***Student Name:*** \_\_\_\_\_

***Date of Birth:*** \_\_\_\_\_

***School:*** \_\_\_\_\_

***Grade:*** \_\_\_\_\_

***What year do you plan to graduate?*** \_\_\_\_\_

***Today's' Date:*** \_\_\_\_\_

**Planning for the Future**

In the shaded gray areas, below, are examples of different things you might do once you graduate from high school. Which, if any, of these do you think you may want to do after leaving high school? You may circle as many choices as you wish. For those circled, please try to answer the questions asked. If you are not interested in a certain area, just leave it blank.

**Are You Thinking About Going to College?  
Community College/University/Vocational-Technical School**

1. If you are thinking about going on to college, have you thought about what you might study/major in? \_\_\_\_\_

2. Have you decided which college/university you will attend?      No                      Yes  
If yes, please note which school: \_\_\_\_\_

3. Do you think you will need assistance in making applications to different colleges/universities?                                              No                      Yes

4. Would you like to have more information about transitioning from high school to college?                                              No                      Yes

5. What kind of help, if any, do you think you will need after you begin going to college/university? \_\_\_\_\_

6. If you plan to continue your education by learning a trade at a vocational or technical school, in what area do you think you would like to receive training? \_\_\_\_\_

7. Do you know which school you want to attend?                                              No                      Yes  
If "yes" please note the school: \_\_\_\_\_

8. Have you applied to this school?                                              No                      Yes

9. Would you like assistance in applying to schools?                                              No                      Yes

10. What kind of help, if any, do you think you will need after you begin vocational and/or technical school? \_\_\_\_\_

## Are You Thinking About Going to Work?

### Employment

**If you are planning to go straight to work after high school:**

11. What kind of job are you thinking about?

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12. Do you have a job now? No  Yes

13. Would you like help in getting a job after high school? No  Yes

## Have You Thought About Where You Will Live and How You Will Get There?

### (Community Living and Transportation)

**Have you thought about where you might want to live after high school/in the future?**

| Put a check mark next to the living situation and when you think you might do it. | <b>Immediately</b><br>(right after high school and up to a year after graduation) | <b>In the Future</b><br>(after you've been out of high school for a year or so; what you see "down the road") |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| I plan to live:                                                                   |                                                                                   |                                                                                                               |
| With my parents                                                                   |                                                                                   |                                                                                                               |
| By myself in an apartment or house                                                |                                                                                   |                                                                                                               |
| With a roommate(s) in a house or apartment                                        |                                                                                   |                                                                                                               |
| In a college dormitory                                                            |                                                                                   |                                                                                                               |
| In a group home                                                                   |                                                                                   |                                                                                                               |
| Other                                                                             |                                                                                   |                                                                                                               |

14. What type of help, if any, do you think you will need to live in the option(s) you have chosen?

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15. Have you thought about how you would travel back and forth between home, school and/or a job? No  Yes

If "yes", do you have any ideas?

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16. Have you thought about how you will travel to community activities? No Yes

If "yes", do you have any ideas?

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17. Have you thought about how you will pay for rent/house payment/travel in the community? No Yes

18. Would you like assistance in figuring out how much these things might cost? No Yes

**Have You Thought About What You'll Do for Fun?  
Recreation, Leisure, and Social Activities**

19. Are there things you like to do by yourself when you have free time? If so, can you give some examples? \_\_\_\_\_

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20. Are there things you like to do with others, or with groups, when you have free time? If so, can you give some examples? \_\_\_\_\_

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21. What kind of help, if any, do you think you may need to participate in the things you enjoy doing in your free time?

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**What Are You Doing Now?  
Middle or High School**

22. Have you gone out (or are you currently going out) to try jobs or get other instruction in the community? No Yes

23. What kind of work would you like to be doing, if any, during the next school year?

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24. What do you think you need to know to help you live more independently after school?

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25. Are you participating in any extra-curricular/after-school activities? No Yes

If yes, please describe: \_\_\_\_\_

26. What kind of help do you think we can give you here, at school, to help you be successful when you graduate? \_\_\_\_\_

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**Are There Other Things That Might Help You after Graduation?**

Please check all the areas you think you may need help with right now *and* in the future in order to be successful when you leave high school. Check as many boxes as necessary:

| Help With                                                                        | Now | Future |
|----------------------------------------------------------------------------------|-----|--------|
| Job Training or Support once I get a job                                         |     |        |
| Budgeting and managing my money                                                  |     |        |
| Medical Services (making sure I know how to continue services after high school) |     |        |
| Learning to use public transportation                                            |     |        |
| Other                                                                            |     |        |

*Thanks for taking the time to tell us what you are thinking about for your future!*

Student Signature:

\_\_\_\_\_

Signature of Person Giving the Survey:

\_\_\_\_\_

PARENT/Guardian Survey for Transition Planning  
*Plans for the Future*

*Student Name:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_  
*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_  
*Parent/Guardian Name:* \_\_\_\_\_  
*Telephone Number:* \_\_\_\_\_  
*Today's Date:* \_\_\_\_\_

*This survey is intended to help you begin thinking about what you would like your son or daughter to be doing when he/she finishes high school. This information will also serve as a guide to your son/daughter's teachers in deciding which classes and educational experiences he/she should have to help them successfully transition from high school to the adult world. This information will be updated on a yearly basis.*

**Careers**

What year do you think your son/daughter will leave high school?

\_\_\_\_\_

Which of the following would you like your son/daughter to be doing after leaving high school?  
Check as many items as you wish.

- Job**  
What kind of job? \_\_\_\_\_ What  
kind of help, if any, do you think your he/she will need to get and/or keep a job?  
\_\_\_\_\_  
\_\_\_\_\_
  
- Further job training (technical or trade school)**
  
- Military**
  
- Community College or University**  
What kind of help, if any, do you think he/she will need to go to college?  
\_\_\_\_\_  
\_\_\_\_\_
  
- Homemaker**
  
- Volunteer Services**
  
- Other (please explain)** \_\_\_\_\_

## Living Arrangements

Where do you see your son/daughter living after leaving high school?

|                               | <b>Immediately</b><br>(right after high school) | <b>Long Term</b><br>(sometime in future) |
|-------------------------------|-------------------------------------------------|------------------------------------------|
| With parents or relatives     | <input type="checkbox"/>                        | <input type="checkbox"/>                 |
| In his/her own apartment/home | <input type="checkbox"/>                        | <input type="checkbox"/>                 |
| In a "group" home             | <input type="checkbox"/>                        | <input type="checkbox"/>                 |
| Other living options          | _____                                           | _____                                    |

What type of help, if any, do you think he/she will need to live in the option you are thinking about?

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## Community Living and Transportation

How will your son/daughter travel to a job or school?

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---

How will your son/daughter travel to community activities?

---

---

How do you think your son/daughter will pay for rent/house payment/travel in the community?

---

---

## Recreation, Leisure, and Social Activities

What does your son/daughter like to do in his/her free time?

When alone: \_\_\_\_\_

With a group (e.g. family, church, school): \_\_\_\_\_

What kind of help, if any do you think your son/daughter may need to participate in the things he/she enjoys doing in your free time?

---

---

---

## School

Is your son/daughter receiving vocational training in real work settings?

Yes \_\_\_\_\_ No \_\_\_\_\_

What kind of work would you like your son/daughter to be doing, if any, during the next school year?

---

---

What do you think your son/daughter needs to know to help he/she live more independently after school?

---

---

Is your son/daughter going out in the community for instruction during school day?

Yes\_\_\_\_No\_\_\_\_

What kind of help does your son/daughter need at school to be successful?

---

---

---

Is your son/daughter participating in any extra-curricular/after-school activities?

Yes\_\_\_\_No\_\_\_\_

If yes, please describe:\_\_\_\_\_

---

### Other Services

Please check all the services that you think your son/daughter need now, and in the future, to be successful when he/she leaves high school. Check as many boxes as necessary:

|                           | <b>Now</b>               | <b>Future</b>            |
|---------------------------|--------------------------|--------------------------|
| Job Training/support      | <input type="checkbox"/> | <input type="checkbox"/> |
| Income support            | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical services          | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation            | <input type="checkbox"/> | <input type="checkbox"/> |
| Community Skills Training | <input type="checkbox"/> | <input type="checkbox"/> |
| Other services: Now       | _____                    |                          |
| Future                    | _____                    |                          |

Parent or Guardian Signature:

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*Kentucky Transition Collaborative*

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## THE KENTUCKY IN SCHOOL TRANSITION SURVEY

During your last year of high school, you will be asked about your future plans and your high school experience by completing the Kentucky In School Transition Survey. A copy of this survey can be found on the following pages. In addition, you may be contacted by your high school one year after you have graduated to see how you are doing and in what areas you may need help.















## Timeline for Transition from Middle/High School to the Community

| Student Age             | Action Needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>11 – 14</b>          | <ul style="list-style-type: none"> <li>• If you haven't already, start thinking about what you might want to do when school is over. This will impact what classes you should take once you start high school.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>By 14</b>            | <ul style="list-style-type: none"> <li>• Your IEP/Transition Team will talk with you about your current plans for life after high school</li> <li>• An Individual Graduation Plan (IGP) is typically developed at this age</li> <li>• The classes you should take to help you achieve your after school goals are included on the Individual Graduation Plan</li> <li>• The type of instruction that you need is typically the transition service provided by school at this age (e.g. what needs to happen to assure you receive a high school diploma? What needs to happen to help you begin moving toward what you want life to look like after school?)</li> </ul>                                                                                                                                                                                                         |
| <b>No Later than 16</b> | <ul style="list-style-type: none"> <li>• A greater number of transition services are typically addressed through the IEP (including, instruction, community experiences, development of employment and other adult living objectives, need for daily living skills and/or functional vocational evaluation)</li> <li>• A statement of interagency linkages is developed, if appropriate, on the IEP</li> <li>• Identify job interests and abilities</li> <li>• Include activities such as career exploration, job sampling, job training</li> <li>• Begin to identify community services that provide job training and placement</li> <li>• Begin application to adult service agencies</li> <li>• Consider summer employment</li> <li>• *Participate in volunteer experiences</li> </ul>                                                                                       |
| <b>16 – 18*</b>         | <ul style="list-style-type: none"> <li>• Contact Adult Service Programs such as:               <ul style="list-style-type: none"> <li>○ Colleges, Vocational or Technical Schools</li> <li>○ Social Security Administration</li> <li>○ Residential or Independent Living Services</li> <li>○ Recreation/Leisure Activities</li> <li>○ Medical Services</li> </ul> </li> <li>• Be informed (at least one year prior to age 18) of your rights as an adult that will transfer to you upon reaching age 18.</li> <li>• Continue to review and update Transition IEP</li> <li>• Take ACT or SAT tests</li> <li>• Visit colleges and their Disability Services offices</li> <li>• Register with Disability Service Office of your preferred school by end of Senior year</li> <li>• Begin thinking about long-term financial support planning (e.g. SSI, estate planning)</li> </ul> |
| <b>18 – 21*</b>         | <ul style="list-style-type: none"> <li>• Continue to review and update Transition IEP</li> <li>• Establish needed Health Benefits</li> <li>• Finalize long-term financial support plan (e.g. SSI, estate planning)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

\*Depending upon individual need, some students may remain in school and continue working on transition goals until age 21 or age as defined by state law.

Partially adapted from: Barclay, J. & Cobb, J. (2001). Full Life Ahead: A workbook and guide to adult life for students and families of students with disabilities. Montgomery: Southeast Regional Resource Center, Auburn University Montgomery.

## Tips for Making Transition Easier

### Students:

- Know your strengths and needs and how they will/will not affect your life.
- Know yourself
- Set your own goals.
- Understand that your values effect your decision and your life and explain what you believe.
- Realize that mistakes happen, learn from them and go on.
- Recognize that your needs and goals are important.
- Know what skills and accommodations (help) you need for success.
- Know how to ask for help.
- Recognize that long-term goals are reached by meeting many short- term goals.
- Identify your support systems (people you trust, people you can depend on to assist you, places you can go to feel safe).

### Parents:

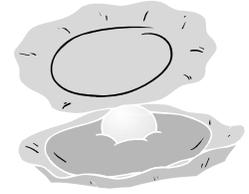
- Be positive about your son/daughter's future.
- Start early to let your son/daughter be as independent as possible. Let them take responsibility and experience consequences.
- Work with the school to identify potential life experiences.
- Use a strengths based approach when discussing son/daughter.
- Be aware that you are a role model for your child.

## Tips for Making Transition Easier, cont...

- Don't try to be the "boss" of your son/daughter's life. If you always make choices for him/her, they may end up where you want them to be rather than where they want to be.
- Let your son/daughter take risks to become independent.
- Help your son/daughter develop a responsible attitude by giving them responsibilities in the home and in the community.
- Encourage your son/daughter to express opinions.
- Support the development of communication skills in order to make it possible for him/her to express opinions.
- Explore options (transportation, work, where to live, agency supports) continuously with your son/daughter.
- Have your son/daughter attend meetings and conferences; supply them with information.
- Ask the school to provide meaningful choice-making opportunities during the school day.
- Initiate and encourage volunteer opportunities in the community for your son/daughter.
- Advocate for services (with school-boards, school-based decision making councils, legislature, and community groups) for your son/daughter.
- Together with your child, learn about your rights.
- Encourage friendship with peers.
- Be sensitive that teachers have many meetings and there may be time constraints.
- Go into a meeting prepared and stay focused.

## ~WHAT ARE SOME OF MY OPTIONS?~

The world is your oyster! There are many options for you to consider after graduating from high school. Do not limit yourself and be sure to consider what you like to do. You may enjoy attending classes, you may want to start a job or career, rent an apartment, get your license, or learn how to ride the bus. You may also want to pursue your hobbies. If you are not sure what you want to do, talk to the guidance counselor or your case manager to get some ideas. Another strategy to use is the results of assessments you might have had in the past (e.g., interest inventories or achievement test results).



The remainder of this book is organized around the different things you might choose to do after high school.

### **Transition Tip!**

**It is important to remember that after you finish high school, you must be eligible, meet certain criteria, to receive the supports you need.... no more entitlements! Therefore, it is crucial that you decide what you want out of life and then to carve out your future using a combination of your work, your community, and the human service system and resources.**





# ~WHAT ARE MY WORK OPTIONS?~

If you decide to work right after high school, there are three ways you may do so.

## **Competitive Employment**

This is employment that you are able to get, and keep, “on your own”. That is, you don’t need assistance in completing job applications, going for interviews and you are able to learn the job through assistance provided only by the employer. It may be full or part-time work.

## **Supported Employment**

Supported Employment is when you need help in getting and/or keeping a job. Help might be provided in applying/interviewing for a job; helping you learn the work routine; work skills; how to get along with co-workers.

## **Non-paid, Volunteer Work**

Perhaps working for “pay” is not something you need, want, or can do at the present time. Volunteering may be for you. Volunteer work is unpaid work where you can get experience that may help you get a job in the future, pursue interests, and, at the same time, help others.

### **Transition Tip!**

John, now 22, studied industrial engineering in college. Halfway through the first year, he decided school just wasn't working out, although he stayed for the full year. He's now in an apprenticeship program to become an electrician. "Sometimes you feel that society says you have to go to college," says John. "But I knew I had to figure out what was right for me. And now that I have, I don't regret my choice at all."

**If you are thinking about some type of work immediately after high school, consider these questions:**

- I would like to work
- Alone
  - With a few people
  - With lots of people

- I would like to work
- During the morning
  - During the afternoon
  - During the evening

- I would like to work
- Indoors
  - Outdoors

- I would like to work
- 2-5 hours a day
  - 5-8 hours a day
  - 9-12 hours a day

**Employment Issues at a Glance...**

**...check those that apply to you**

- Assistance finding a job
- Assistance on the job (e.g. learning routine, learning job skills)
- Volunteer work
- On the job training
- Learning how to get along with my co-workers

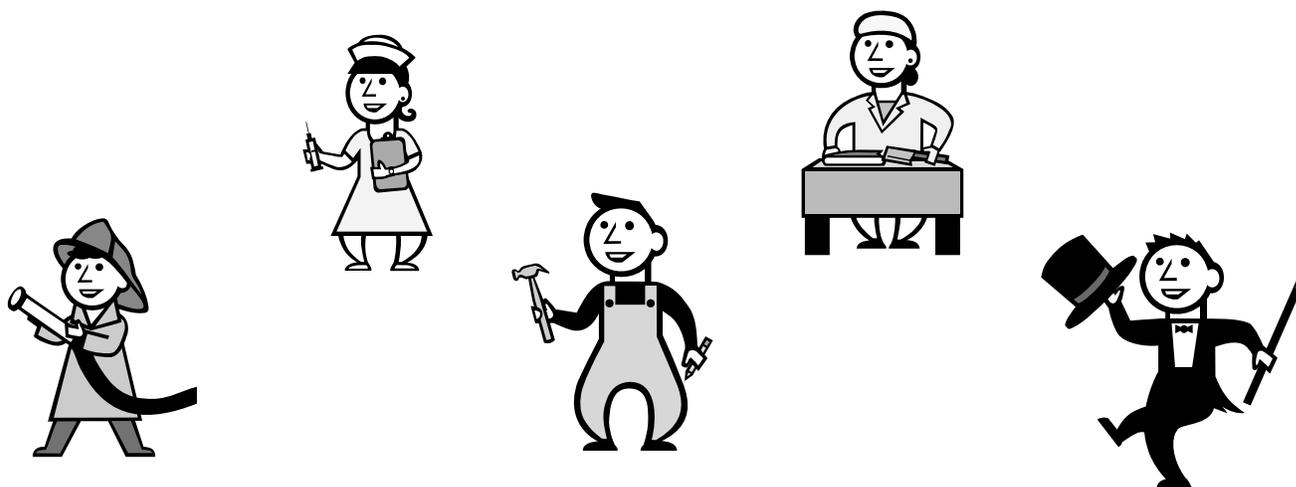
**Work Related Issues:**

- Complete a job application
- Practice interviewing skills
- Prepare a resume and take it to the interview



## Community Based Work Transition Program

Another option that you may want to consider while you are still in high school is the Community Based Work Transition Program. Students who participate in this program choose a work site where a trainer works with them and provides on the job training and support. Students who are receiving Special Education in their last two years of high school may be eligible for this program. If you will not be going to college or attending vocational school, you may want to consider this program. If you may need assistance attaining or keeping a job, talk to the Office of Vocational Rehabilitation (OVR) or Office for the Blind (OFB) counselor in your school. The individual from this agency will be able to determine if you are eligible to receive services through the Community Based Work Transition Program. If determined eligible, a job trainer will work with you and teach you the skills necessary to obtain a job, maintain employment, and get along with your coworkers.



# ~SUPPORTS THAT CAN PROVIDE FINANCIAL HELP AND LET YOU WORK~

There are some important ways that you can receive financial help following high school. A Medicaid card will give you access to needed services as well as providing funding for many medical services. Supplemental Security Income and Social Security Disability Insurance may provide you with the financial base you need as you enter the adult community. Benefits Planning Assistance Outreach is a program that provides you with assistance as well. The Ticket Program is an employment program for people with disabilities who are interested in going to work. All four of these programs are administered by Social Security and have special incentives to allow persons with disabilities to be employed in their communities. To determine if you are eligible for benefits from any of the programs Social Security administers, you can access the Benefit Eligibility Screen Tool, or BEST. This on-line tool will give you eligibility information based on the answers you give. To use BEST, go to <https://s044a90.ssa.gov/apps12/best/benefits>. Here is some information about these programs:

## Medicaid

Medicaid is a program which provides medical and living assistance for certain individuals and families with low incomes and resources. The Medicaid program varies considerably from state to state as each state determines its own eligibility standards, determines the type, amount, and scope of services, and sets the rate of payment for services. Medicaid can provide coverage for most individuals who receive Federally assisted income maintenance payments, as well as for related groups not receiving cash payments. Some examples of the mandatory Medicaid eligibility groups are: low income families with children and individuals with certain disabilities.

Even though you may be eligible for Medicaid services you may have to wait to receive them...sometimes for a number of years! So, if you think you may be eligible, go ahead and apply...**now!** You can pick up an application for Medicaid at the Department for Community Based Services office. At that time, you should arrange an interview to discuss your application.

## **Supplemental Security Income (SSI)**

Supplemental Security Income (SSI) is a federally funded program run by Social Security. It pays a monthly check to people who don't own many things or have much income and are elderly, blind, or have disabilities. For SSI eligibility, a disability is defined as a physical or mental problem that is expected to last at least a year or result in death and prevents a person from obtaining full employment. A person whose visual impairment is not severe enough to be considered blind may still qualify as a person with a disability. Children, as well as adults, can get benefits due to a disability or blindness. **Many students in the Special Education program are eligible for SSI, and all who do not already receive SSI should apply at least one month prior to their 18th birthday.** For additional information, please visit the following web site: [www.socialsecurity.gov](http://www.socialsecurity.gov).

## **Social Security Disability Insurance (SSDI)**

Social Security Disability Insurance is a Federal payment for workers with disabilities. A person is considered disabled if he or she has a severe physical or mental impairment or combination of impairments that prevents him or her from working for a year or more. If, after graduation, you work and pay into Social Security, you may become eligible under these guidelines. If either of your parents are disabled or either parent is deceased, you may be eligible for SSDI now under their work record. If your parents are of retirement age and you are over 18 years of age, you may also be eligible for benefits.

You can call **Monday through Friday between 7a.m. to 7p.m. 1-800-772-1213** or check the phone book for the number of the Social Security office near you.

The SSDI program includes special incentives to allow persons receiving benefits to return to, or find substantial work.

## **Benefits Planning Assistance Outreach (BPAO)**

BPAO provides access to benefits planning and assistance to those individuals who are eligible to participate in Federal or State work incentives programs. One way families may learn about work options if they are receiving SSI or SSDI and different incentives is by calling a specialist who can give you more information about the program. To receive more information on BPAO call the Social Security Office at 1-800-772-1213, or visit the Social Security web site at <http://www.ssa.gov/work/ServiceProviders/bpaofactsheet.html>

## **Plan to Achieve Self-Support (PASS)**

If you get SSI benefits, and need help to maintain your job, a PASS plan will allow you to get the help you need. One of the most successful ways of retaining SSI benefits while improving your work skills is the Plan to Achieve Self-Support, called a PASS. SSI benefits may be reduced as a person's income increases. PASS is a way of excluding income so that SSI payments are not reduced. If you need help, be sure to ask questions!

A PASS can help:

- establish SSI eligibility
- maintain SSI eligibility and benefits, and
- pay for needed services such as job coaches, uniforms, or transportation.

Remember you and your parents do not have to write the PASS yourselves. Your Social Security worker or a trained person from other area agencies can help. We strongly encourage that you seek assistance from a Social Security worker or another trained person.

## **Ticket to Work**

Under the Ticket Program, the Social Security Administration provides disability beneficiaries with a Ticket they may use to obtain the services and jobs they need from organizations called Employment Networks. For more information contact the web site at [http://www.yourtickettowork.com/program\\_info](http://www.yourtickettowork.com/program_info)

## ~CONTINUING EDUCATION OPTIONS~

To be able to achieve certain goals after high school, you may need additional education. Some examples of such goals include: becoming a teacher; becoming a doctor; becoming a nurse; and many others. When you continue your education beyond high school, it is called “post-secondary education”.

Students who complete some kind of post-secondary education earn much more money than students who have only a high school diploma. College graduates earn approximately \$17,000 PER YEAR more than high school graduates. That’s a lot of money! Seriously consider furthering your education beyond high school!

Each post-secondary learning institution has a Disability Services Coordinator, someone who can help you get the supports you may need if you have a disability. Part of the transition planning process is connecting you to this person, if college is what you choose to pursue.

Some examples of “post-secondary education” include:

### ***Technical school***

Technical school is where individuals go to learn about a specific trade such as carpentry, horticulture, welding, child care, graphic design, etc.

### ***Community College (2 years)***

Community colleges offer Associate degree programs and Pre-Baccalaureate programs.

Associate Degrees typically take two years to complete. Some examples of areas in which you can earn an Associate Degree include: Nursing; Early Childhood Education; Dental Hygiene; Information Management and Design; and many others.

Pre-Baccalaureate programs are those that you start at a Community College and complete at a four year College or University. So, for example, you may decide that you want to be an engineer which requires a four year baccalaureate degree. You would take your first two years of coursework at a Community College and complete the remaining two years at a College or University.

### **Transition Tip!**

In college, competition for grades will be stronger. Students have to rely on themselves, rather than their parents, for making decisions. While in high school, you may have had parents or teachers urging you on to succeed or to do something. In college, you will have to apply your own motivation to your work or other activities.

### ***College or University (4 years)***

A college or university is where you will receive more specialized training in a particular subject. At a college or university you can earn a Baccalaureate degree and, depending upon the school, Masters and Doctoral Degrees. You may want to continue your education but have difficulty with financial needs. There are many sources for assistance such as student loans and grants. Call the school that you are interested in and they will direct you to the appropriate place or ask your high school guidance counselor for assistance.

### **College Prep Checklist**

College involves many new responsibilities, so you should begin now to develop skills for success. How prepared are you? Check your readiness by circling “yes” or “no” for each item on this list:

- |     |                                                                                          |     |    |
|-----|------------------------------------------------------------------------------------------|-----|----|
| 1.  | I am self-motivated to study.                                                            | Yes | No |
| 2.  | I need someone to push me to study.                                                      | Yes | No |
| 3.  | I do not hesitate to ask questions in class.                                             | Yes | No |
| 4.  | I hesitate to ask questions in class.                                                    | Yes | No |
| 5.  | I complete assignments on time.                                                          | Yes | No |
| 6.  | I put off assignments and do not complete them on time.                                  | Yes | No |
| 7.  | My class notes are organized and complete.                                               | Yes | No |
| 8.  | My class notes do not make sense when I review them.                                     | Yes | No |
| 9.  | I pay attention even if a class is not interesting.                                      | Yes | No |
| 10. | I frequently tune-out when a class is not interesting.                                   | Yes | No |
| 11. | I avoid studying subjects I do not like.                                                 | Yes | No |
| 12. | I study all my subjects, whether I like them or not.                                     | Yes | No |
| 13. | I practice good time management.                                                         | Yes | No |
| 14. | I frequently don't plan my time and end up not finishing tasks.                          | Yes | No |
| 15. | I recognize that success or failure is up to me.                                         | Yes | No |
| 16. | I believe success is a matter of luck.                                                   | Yes | No |
| 17. | I have good computer/word processing skills.                                             | Yes | No |
| 18. | My computer/word processing skills are weak.                                             | Yes | No |
| 19. | I accept that my disability poses challenges, but I seek opportunities to overcome them. | Yes | No |
| 20. | I focus on my disability limitations and avoid challenges.                               | Yes | No |

Check your responses. “Yes” answers to **odd** number responses reflect important steps you have already taken toward success. “Yes” answers to **even** number responses indicate areas you need to improve. Highlight those that need improvement and start making changes today toward a successful college career.

**(Developed by College of the Desert, Disabled Students Programs and Services, 10/01/2001)**

Every post-secondary learning institution has someone who is designated as a Disability Services Coordinator (DSC). It is important to contact this person if you are thinking about attending their learning institution. For DSC contacts and more information about transitioning from high school to college, ask your school guidance counselor for a copy of the booklet “Access to Postsecondary Education & Training” or download this booklet from <http://www.ihdi.uky.edu/ktcp/materials/>



## ~WHERE WILL I LIVE?~

Where will you live after you graduate from high school? It may be that you plan to continue to live in your parent's home for a while until you are earning enough money to rent your own apartment or one that you will share with a roommate. It may be that you are going on to college and will be living in a dormitory.

Either way, thinking about where you want to live, your residence, is another important aspect of making the transition from high school to the big wide world.

There are basically two kinds of residential living; independent and supported.

### ***Independent Living***

Independent living is when you are able to live "on your own" with little or no support. For instance, you are able to care of your personal needs related to grooming/dressing; you are able to cook, clean, shop, and do your own laundry. You can take care of routine maintenance around your home or apartment and are able to travel between your home and your work place on your own.

### ***Supported Living***

Supported living is living on your own but with the support you need to do so. For example, maybe you need someone to come into your apartment or home to help you with paying your bills; you may need someone to come in to help you with getting ready for work in the morning and afternoon. All of these are "supports" which make it possible for someone to live as independently as possible.

The following describe some programs that may help you live where you want to live.

## **Supports for Community Living (SCL)**

The Supports for Community Living (SCL) waiver program allows a person to remain in, or return to the community to live. This program offers supports and services based on the individual's goals, choices and priorities. Services that are offered include support coordination; residential supports; community habilitation; prevocational and supported employment; respite; community living supports; habilitative therapies; behavior support; psychological services and specialized equipment. For more information, you can contact the web site at:  
<http://mhmr.ky.gov/mr/default.asp?page=HTML/scl.htm>

## **Supported Living Program (SL)**

This is a program that offers assistance to individuals so that they may live in a home or other residential environment of their choice. A team is formed in which family, friends, and others come together to develop a plan for reaching this goal. The team will help you decide what you need to live more independently. The program also encourages individuals to participate in activities and take on an active role in their communities. The amount of financial support that you receive will vary depending on which region that you live. Please refer to the web site for additional information:  
<http://mhmr.ky.gov/mr/supportedliving.asp?sub1>

### **Transition Tip!**

**Did you know that housing costs are about 1/4 to 1/3 of a person's total budget? That means, if you make \$20,000 each year, approximately \$6,000 will go toward the cost of where you live. If you need help locating accessible housing, contact your local Center for Independent Living (CIL).**

**Try answering the following questions when you think about where, and how, you might want to live in the future:**



**Do I want to live in:**

- A house?
- An apartment?
- A condominium?
- A mobile home?

**Do I want to:**

- Live alone
- Have one roommate
- Have more than one roommate

**Do I want to:**

- Rent
- Buy

**Do I need help:**

- Finding housing
- Applying for housing
- Finding a roommate
- Getting rent assistance
- How much can I afford to spend on housing?
- Making arrangements for utilities.

**Do I need to live close to where I will work?**

- Yes
- No

**How will I get from home to work?**

- Car
- Bus
- Carpool
- Other

## What are Centers for Independent Living?

Independent Living Centers are non-profit community based, consumer controlled, cross-disability, non-residential organizations set up to achieve equal participation in our communities for people with disabilities. CILs treat housing, transportation, attendant services, employment and discrimination as the interlocking problems that they are. And they serve people with all kinds of disabilities - not just one group.

CILs have a package of services addressing unmet needs facing people with disabilities who want to live independently in the community, including: information and referral, peer counseling, advocacy, and independent living skills training. These programs teach self-help skills, inform people about existing disability programs, and create new services to fill gaps.

CILs maintain comprehensive files on the availability of resources, including a listing of accessible housing. They can help you learn about transportation in your community and how to use it. CILs can also help you complete the Assistive Technology Loan Board application.

## Am I eligible for services through a CIL?

The only requirement is having a disability, though certain CIL services may be region specific.

## How do I apply?

Call the CIL located nearest you:

### **BEST Center for Independent Living, Inc.**

Sharli Powell Rogers  
624 Eastwood Avenue  
Bowling Green, KY 42103  
(270) 796-5992  
TTY: Use Relay Service  
FAX: (270) 796-6630  
EMAIL: Bestcil@bestcil.org

### **Disability Coalition of Northern Kentucky**

Sarah Toadvine  
1032 Madison Avenue  
Covington, KY 41011  
(859) 431-7668  
TTY: (800) 648-6057  
FAX: (859) 431-7688  
EMAIL: dcnky@fuse.net  
URL: none

### **The Center for IL Options (Satellite)**

Lin Laing  
3031 Dixie Highway, Suite 103  
Edgewood, KY 41017  
(859) 341-4346  
TTY: none  
FAX: (859) 341-1252  
EMAIL: ciloky@cilo.net

### **Pathfinders for Independent Living, Inc.**

Sandra Goodwyn  
105 East Mound Street  
Harlan, KY 40831  
(606) 573-5777  
TTY: (606) 573-5777  
FAX: (606) 573-5739  
EMAIL: pathfinders@harlanonline.net  
URL: none

### **Independence Place, Inc.**

Pamela Roark-Glisson  
836 Euclid Avenue, Suite 101  
Lexington, KY 40502  
(859) 266-2807  
TTY: (859) 266-2807 or (800) 648-6056  
FAX: (859) 335-0627  
EMAIL: independenceplace@qx.net  
URL: none

### **Center for Accessible Living**

Jan Day  
305 West Broadway, Suite 200  
Louisville, KY 40202  
(502) 589-6620  
TTY: (502) 589-6690  
FAX: (502) 589-3980  
EMAIL: jday@calky.org

### **Center for Accessible Living**

Jeanne Gallimore  
1051 North 16th Street, Suite C  
Murray, KY 40271  
(270) 753-7676 or (888) 261-6194  
TTY: (270) 767-0549  
FAX: (270) 753-7729  
EMAIL: jgallimore@calky.org

# ~WHAT DO I NEED TO KNOW ABOUT KEEPING HEALTHY?~

Probably the most important thing you can do for you, and your family, as you make this important transition, is to take care of yourself! People who eat right, control weight (that means lots of fruits and vegetables), exercise, wear their seat-belts, and don't smoke cigarettes live longer than those that don't. Period.

Think about how you can keep healthy. Walking, on a regular basis, around your neighborhood; making a grocery list and sticking to it; making certain you always wear a seat-belt while driving or a passenger in another person's car. Call the local Health Department for assistance in quitting smoking. Whatever it takes...stay healthy!

## **Think about the following:**

1. Do I have health insurance?
2. If "yes" who is your health insurance company?
3. If you have health insurance through your parent's policy, will it continue after you have graduated from high school?
4. Do I have any medical or health conditions?
5. What are they?
6. Do I know how to take care of them? (e.g. medicine, diet)
7. Do I know who my primary care physician is and how to contact her/him?
8. Do I know how often I need to see the doctor?
9. Do I know how to make standard, annual, check up appointments?
10. Do I know when I, or someone close to me, need immediate medical attention?
11. Do I need help quitting smoking?
12. Do I need help quitting drinking?
13. Do I need help knowing what a "healthy diet" is?
14. Do I need help learning to prepare healthy foods?



## **Transition Tip!**

**Stay well so you can enjoy life and be a productive member of your community; learn to work with your doctor so you can manage your health; learn how to use your insurance so your doctors can get paid for taking care of you!**

## **Health Issues to Consider:**

- Understand body systems involved and how condition affects me
- Be able to describe condition to others
- Be able to determine when condition is worsening, when secondary disabilities are occurring (urinary tract infection, constipation, contractures, etc.)
- Know what equipment does and how to fix minor problems
- Know names of medications, their actions, and side effects, and takes medications independently (or can instruct attendant); able to do treatments or instruct attendant
- Be able to describe accommodations needed and whether they are effective
- Have someone to talk with for coping/mental health issues/problem solving
- Know how your medical condition affects sexuality; have considered birth control, safe sex, reproductive concerns (genetics, pregnancy); able to care for menstrual needs

## ***Important Provider Information:***

- Know who primary care provider and specialists are (name, address, phone, how to contact); have had experience talking with these people by myself—make own appointments, ask questions
- Have a plan for getting help in an emergency
- Know how to contact pharmacies and equipment and other health-related providers
- Have plans for finding or has found new providers in new location, and adult providers if still seeing pediatricians
- Have started process to transfer records to providers in the area of new school/work setting

## ***Important Insurance Information:***

- Know insurance plans name, address, case manager contact information
- Know what benefits are covered and not covered
- Talk with someone in “benefits” at the school if covered by the group insurance at school



## A Checklist for Health and Wellness

| Health Factor          | Concerns                                                                                                                                                        |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diet                   | Do I get the right balance of nutrition from my diet? Do I control fat? Do I eat enough fiber?                                                                  |
| Exercise               | Do I get enough exercise every day?                                                                                                                             |
| Fun                    | Do I have fun every day?                                                                                                                                        |
| Water                  | Do I drink enough water?                                                                                                                                        |
| Sleep                  | Am I getting 7-8 hours of sleep?                                                                                                                                |
| Urinary function       | Do I stay dry?                                                                                                                                                  |
| Bowel function         | Am I in control?                                                                                                                                                |
| Neurological function  | Is there a noticeable change in how I function (movement, reactions, vision, hearing, muscle control, etc)? Do I have pain?                                     |
| Orthopedic function    | How is my strength?<br>How are my limbs?<br>How straight is my back?                                                                                            |
| Body weight            | Is my weight proportional to my height?<br>Am I getting fat?                                                                                                    |
| Skin                   | How are my feet, legs, and bottom?                                                                                                                              |
| Friends and intimacy   | Do I have friends?<br>Do I get out in the community?                                                                                                            |
| Sex                    | Am I interested?<br>Do I need information?                                                                                                                      |
| Mobility               | Do I get around? Can I drive or use public transportation?                                                                                                      |
| Mental health          | Am I happy? Do I like myself?<br>Can I talk about what I do well?                                                                                               |
| Health care            | Do I have a plan for emergencies?<br>Do I have a doctor?<br>When is my next appointment?<br>Do I have a written summary of my health issues and care providers? |
| Health insurance       | Do I have health insurance or another way to get care paid for?                                                                                                 |
| Growth and development | Am I reaching my potential? What would I like to be doing related to school, work, recreation and independence?                                                 |

For more information on health and wellness, click on  
[www.healthfinder.gov](http://www.healthfinder.gov) or <http://chfs.ky.gov/dph/ach/>

*Commission for Children with Special Health Care Needs 1-800-232-1160 <http://chfs.ky.gov/ccshcn>*

# Health Insurance

Young adults are far more likely to not have health insurance than children or older adults. Having health insurance is important for young people with disabilities because it affects your ability to get medical care, stay well and prevent further health problems.

## Information on Private Insurance Criteria for Maintaining Insurance Options

### Birthday rule

- Primary coverage is determined by the birthday rule. The parent whose birthday comes first is the primary insurer.
- Is there more than one health plan for this youth? Two parent and divorced families may have multiple coverage. Remember first birthday usually determines primary coverage even in blended families.

### Age Cap

- Check plan to see if there is an age cap. When does it start and under what circumstances, such as changing jobs?
- Some plans will cover young adults if they are students. What happens if the youth can only attend part-time due to the disability or chronic illness?

### Permanent Dependent Status

- Check to see if the plan includes a permanent dependent status due to a dependency on family (financial and care), sometimes called adult dependent disabled child.
- To what age does it extend? What conditions does youth have to meet in order to maintain coverage? Often this will mean that the youth is on SSI or meets the SSI disability definition, is not working full time, and lives at home. What documentation is needed?
- Some plans that have a permanent dependent status also have an age cap. To extend beyond the cap requires submitting verification paperwork several months in advance of the age cap.

## Private Insurance Strategies to Continue Coverage

### • **COBRA (Consolidate Omnibus Budget Reconciliation Act of 1986)**

Allows employees and their dependent children to pay to continue their health plan after employment is terminated. Often expensive, premiums can be 150% of those of group plans but less than individual health coverage. Coverage period is 18 months and if certified disabled by SSA, coverage can extend to 36 months. (Must apply within 60 days).

### • **HIPPA (Health Insurance Portability and Accountability Act of 1996)**

This law allows eligibility coverage to be portable from a previous plan to a new plan. If the person was covered for at least 18 months prior to the application of new coverage, then the pre-existing condition exclusion of the new plan is waived. Applications must be made 63 days within losing group coverage.

KY TEACH Project, Kentucky Commission for Children with Special Health Care Needs  
Shriners Hospitals for Children  
MCHB Healthy and Ready to Work Projects

## Private Insurance Savvy

- Review member explanation of benefits packages carefully
- Evaluate benefits
- Ask office billing clerks which plans cover needed services.
- Ask other families about covered services and out-of-pocket expenses.
- Provide adequate documentation to justify specialized services and customized medical equipment. More than a prescription is needed these days. Brief descriptions of diagnoses and function, test results, assistive technology used, preventative cost savings estimates, and pictures are helpful.
- Understand appeals processes and seek assistance from doctors, teachers, vocational rehabilitation counselors or others in providing additional documentation.
- Key test- The Benefit Inquiry  
Sometimes the Benefits Package doesn't fully describe what is covered and what isn't as in such cases as customized equipment or some medical procedures. The absolute test to see if a service is covered can happen after one is enrolled in a health plan. At this point, a vendor can call on behalf of a health plan subscriber's request for a service to assess what and if it will be covered

### How to Stay Funded after Age 18: Public Programs

#### Medicaid through SSI

- Re-determination of SSI eligibility at age 18. At 18 adult standards for disabilities are used (Go to: [www.ssa.gov](http://www.ssa.gov) and search the Blue Book for eligibility criteria). Up to 30% of youth losing SSI may also lose Medicaid.
- SSI and Ticket to Work incentives may be complex and confusing. People on SSI can work and retain Medicaid. Talk with a Benefits Counselor at a Center for Independent Living or the Social Security Administration for more information.

Home and Community-Based waivers vary by state and allow special populations of children and adults with disabilities to receive Medicaid. For more information on home and community-based waivers in Kentucky contact the Cabinet for Health and Family Services at (502) 564-5560, or <http://chfs.ky.gov/dms/hcb.htm>

#### Medicare/ SSDI

- Young people can qualify for Medicare through SSDI
- Qualify for SSDI as an "adult disabled child" of an adult worker who has become disabled, retired, or is deceased
- Qualify for SSDI as an adult worker through your own work history (as little as 1 and 1/2 years)

For more information on health insurance, see [www.hrtw.org/healthcare/hlth\\_ins.html](http://www.hrtw.org/healthcare/hlth_ins.html)

**Here is an example of information to be included in a Health Record. We think it puts lots of information in one small place! – Kentucky Commission for CSHCN**

**HEALTH RECORD**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

\_\_\_\_\_

Insurance Co. / Policy #: \_\_\_\_\_

\_\_\_\_\_

Case Mgr: \_\_\_\_\_

Phone: \_\_\_\_\_

**In Case Of Emergency Call:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

***Specialists:***

**For:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**For:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

***Other Case Manager/Care Coordinator:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

***Family Doctor:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

***Dentist:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

***Hospital of Choice:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

***Immunizations/Dates:***

DPT/TD: \_\_\_\_\_

Polio: \_\_\_\_\_

MMR: \_\_\_\_\_

Hep B: \_\_\_\_\_

HIB: \_\_\_\_\_

Chicken Pox: \_\_\_\_\_

TB: \_\_\_\_\_

Flu: \_\_\_\_\_

Pneumonia: \_\_\_\_\_

Other: \_\_\_\_\_

***Equipment:***

Type: \_\_\_\_\_

Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type: \_\_\_\_\_

Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other Information:**  
(Therapists, School Nurse, etc.)

**Allergies:**

**Blood Type:**

**Medications:**

**Pharmacy:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Alerts:**

## Summary of Services for Youth with Special Health Care Needs in Kentucky

*KYCare*s is a database to find resources and Tip Sheets: <http://kycare.ky.gov>  
United Partners in Kentucky (UP in KY) [www.up-in-ky.com](http://www.up-in-ky.com) offers links to many services in Kentucky

National internet portals are: [www.disabilityinfo.gov](http://www.disabilityinfo.gov)    [www.hrtw.org](http://www.hrtw.org)    <http://www.nichcy.org/states.htm>  
<http://www.supportforfamilies.org/internetguide/>    <http://www.medicalhomeinfo.org/states/index.html>

### Health Care

| Contacts                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Comments                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Commission for Children with Special Health Care Needs<br>982 Eastern Parkway, Louisville, KY 40217<br>1-800-232-1160<br><a href="http://chfs.ky.gov/ccshcn">http://chfs.ky.gov/ccshcn</a>                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>• 14 District Offices</li> <li>• Specialty clinics, care coordination, referral</li> <li>• Transition programming</li> <li>• Adult program for hemophilia</li> </ul>                                                                                                                               |
| Local health departments: Call (502) 564-4830 for information in your area:<br>Fayette County: (859) 252-2371 <a href="http://www.khda-ky.org/countymap.htm#lexington-fayette">http://www.khda-ky.org/countymap.htm#lexington-fayette</a><br>Jefferson County: (502) 574-6530<br><a href="http://www.khda-ky.org/countymap.htm#jefferson">http://www.khda-ky.org/countymap.htm#jefferson</a>                                                                         | <ul style="list-style-type: none"> <li>• Offer a variety of maternal and child health and family services including family planning, well-child checkups, immunizations, nutrition, genetic and developmental evaluation, home health (services vary)</li> </ul>                                                                          |
| Shriners Hospitals for Children<br>1900 Richmond Road, Lexington, KY 40502<br>(859) 266-2101<br><a href="http://www.shrinershq.org/shc/lexington/about.html">http://www.shrinershq.org/shc/lexington/about.html</a>                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• Comprehensive inpatient and outpatient treatment of orthopedic problems, burns, and related conditions for ages birth to 21</li> </ul>                                                                                                                                                           |
| First Steps, Kentucky's Early Intervention Program:<br>1-800-442-0087 (V/TDD) (502) 564-4448<br><a href="http://chfs.ky.gov/dph/firststeps.htm">http://chfs.ky.gov/dph/firststeps.htm</a>                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>• Provides an array of health and educational services for infants and toddlers birth to 3 years who have or are at risk for developmental delays</li> </ul>                                                                                                                                       |
| Easter Seals Society of KY<br>(859) 254-5701<br><a href="http://www.cardinalhill.org">http://www.cardinalhill.org</a>                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>• Services children and adults with disabilities</li> <li>• Cardinal Hill Rehabilitation Hospital</li> <li>• Camp KYSOC and Information and Referral</li> </ul>                                                                                                                                    |
| Comprehensive Care Centers: check phone book under Mental health or Mental Retardation and Services for Developmentally Disabled:<br>State Office: (502) 564-4448:<br><a href="http://mhmr.ky.gov/kdmhmrs/default.asp">http://mhmr.ky.gov/kdmhmrs/default.asp</a>                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>• Provide evaluations, counseling and referral for mental illness, mental retardation, drug and alcohol rehab, and psychosocial concerns</li> <li>• Variety of programs for children, teens, parents</li> </ul>                                                                                    |
| University of Kentucky Medical Center<br>Phone: (859) 323-5000<br>UK Health Connection (859) 257-1000<br><a href="http://www.mc.uky.edu/">http://www.mc.uky.edu/</a>                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>• Specialized services for variety of medical conditions</li> </ul>                                                                                                                                                                                                                                |
| University of Louisville Medical Center<br>Phone: (502) 852-1877 <a href="http://www.louisville.edu/hsc/">http://www.louisville.edu/hsc/</a><br>U of L Child Evaluation Center: (502) 852-5331                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>• Specialized services for variety of medical conditions</li> </ul>                                                                                                                                                                                                                                |
| Home of the Innocents (502) 561-6600<br><a href="http://www.homeoftheinnocents.org">www.homeoftheinnocents.org</a>                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• Residential care for children with disabilities; teen and family counseling</li> </ul>                                                                                                                                                                                                           |
| Specialty Organizations - examples are:<br><i>Spina Bifida Assoc. of KY:</i> (502) 637-7363<br><a href="http://www.sbak.org/">http://www.sbak.org/</a><br><i>Autism Society:</i> 1-800-3AUTISM <a href="http://www.autism-society.org">www.autism-society.org</a><br><i>United Cerebral Palsy:</i> (502) 635-6397 <a href="http://www.ucp.org">www.ucp.org</a><br><i>Hemophilia Foundation:</i> (502) 634-8161<br><a href="http://www.kyhemo.org">www.kyhemo.org</a> | <ul style="list-style-type: none"> <li>• Information</li> <li>• Support services</li> <li>• Referral for families and persons with specific conditions</li> </ul>                                                                                                                                                                         |
| Health Kentucky: Hot Line - 1-800-633-8100<br>Kentucky Physician's Care :<br><a href="http://www.healthkentucky.org/faqs.html">http://www.healthkentucky.org/faqs.html</a>                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>• Health care for Kentucky citizens who are uninsured and do not qualify for government programs</li> </ul>                                                                                                                                                                                        |
| Acquired Brain Injury Waiver Program:<br>1-800-374-9146 or (502) 564-3615<br><a href="http://chfs.ky.gov/dms/mhmr">http://chfs.ky.gov/dms/mhmr</a>                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• Case management and a wide range of services and funding sources</li> <li>• Rehabilitative home and community based services to individuals with a brain injury as an alternative to nursing facility services so the individual can return to the community with existing resources.</li> </ul> |

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Brain Injury Association of KY<br><a href="http://www.braincenter.org/brain-injury-association-kentucky.html">http://www.braincenter.org/brain-injury-association-kentucky.html</a><br>Brain Injury Benefits Program: 1-800-447-4984<br><a href="http://www.kybraininjuryfund.org/">http://www.kybraininjuryfund.org/</a> | <ul style="list-style-type: none"> <li>• Case management and a wide range of services and funding sources</li> </ul>                                                                                                                    |
| Home Health Agencies and Hospices; for information call KY Home Health Association at (859) 268-2574<br><a href="http://www.khha.org/">http://www.khha.org/</a>                                                                                                                                                           | <ul style="list-style-type: none"> <li>• Provide homemakers, home health aids, in-home nursing care, medical equipment</li> <li>• Hospice provides services for children and adults with terminal illness and their families</li> </ul> |

### Health Care and Other Financial Resources

| Contacts                                                                                                                                                                                                                                                                                                                                                               | Comments                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Social Security Administration: Social Security cards; Work Incentive Plans; Supplemental Security Income (SSI) : 1-800-772-1213<br><a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>                                                                                                                                                                 | <ul style="list-style-type: none"> <li>• A number of programs which help people with disabilities get higher education, training, accommodations, work experience without losing SSI and Medicaid benefits including PASS, 1619a and b, IWRP, IPE, Student Earned Income Exclusion; IWRE</li> </ul>           |
| Department for Medicaid Services: contact Department for Community Based Services (previously Department for Social Insurance--DSI office) in county of residence 1-800-635-2570; <a href="http://cms.hhs.gov/medicaid">http://cms.hhs.gov/medicaid</a><br>Medicaid Omsbudsman:<br><a href="http://chfs.ky.gov/omb/default.htm">http://chfs.ky.gov/omb/default.htm</a> | <ul style="list-style-type: none"> <li>• Based on family income; spend down; disabled child calculation; and/or home and community based waiver program</li> <li>• Services include: office visits, dental care, immunizations, mental health, pharmacy, vision care, hospital care and much more.</li> </ul> |
| EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) program: Contact Medicaid office<br>EPSDT Special Services: (502) 564-6890<br><a href="http://chfs.ky.gov/dms/epsdt.htm">http://chfs.ky.gov/dms/epsdt.htm</a>                                                                                                                                           | <ul style="list-style-type: none"> <li>• Funds screening and medically necessary services not normally funded by Medicaid</li> </ul>                                                                                                                                                                          |
| KCHIP (see contact info under Medicaid)<br>1-877-KCHIP18 or contact local DCBS office<br><a href="http://chfs.ky.gov/dms/KCHIP.htm">http://chfs.ky.gov/dms/KCHIP.htm</a>                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• Health insurance for children birth to 19 whose family income is less than 200% of poverty (approx. \$35,000 for family of 4) and who are not eligible for Medicaid</li> <li>• Benefits are the same as Medicaid</li> </ul>                                          |
| Medicaid Waiver Services: contact Medicaid office (502) 564-5560:<br><a href="http://chfs.ky.gov/dms/mws">http://chfs.ky.gov/dms/mws</a>                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• Provide home and community support services to keep persons with disabilities out of institutions</li> </ul>                                                                                                                                                         |
| Cabinet for Families and Children Ombudsman<br>1-800-372-2973 or 1-800-627-4702 (TTY)<br><a href="http://chfs.ky.gov/omb/default.htm">http://chfs.ky.gov/omb/default.htm</a>                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>• Assists with issues related to programs administrated by the Cabinet including TANF, food stamps, Medicaid/KCHIP eligibility, foster care, etc.</li> </ul>                                                                                                           |
| KY Association for Community Action: 1-800-456-3452<br><a href="http://www.kaca.org">www.kaca.org</a>                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• Local community action agencies provide a range of services to eligible families</li> </ul>                                                                                                                                                                          |



## Transition Developmental Checklist

| <b>Health Behaviors</b>                                                                                                                        | <b>Discussed Date</b> | <b>Status</b> | <b>Age to Discuss</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|-----------------------|
| Sits in belted carseat/booster seat when riding in vehicle                                                                                     |                       |               | birth                 |
| Learning self care                                                                                                                             |                       |               | 2                     |
| Has beginning knowledge of condition/special needs                                                                                             |                       |               | 2                     |
| Independent in self care (especially hygiene, dressing, tooth brushing, hand washing)                                                          |                       |               | 4                     |
| Is building understanding of condition/special needs and treatments                                                                            |                       |               | 5                     |
| Can describe condition to others                                                                                                               |                       |               | 6                     |
| Can determine when condition is worsening                                                                                                      |                       |               | 6                     |
| Is active/exercises to maintain physical fitness                                                                                               |                       |               | 6                     |
| Knows basics of nutrition                                                                                                                      |                       |               | 6                     |
| Has someone to talk to about concerns                                                                                                          |                       |               | 7                     |
| Working with parents/caregivers in doing self-care related to meds and treatments                                                              |                       |               | 9                     |
| Has plan for emergencies                                                                                                                       |                       |               | 9                     |
| Carries list of medications                                                                                                                    |                       |               | 9                     |
| Carries list of physicians and other health care providers                                                                                     |                       |               | 9                     |
| Carries summary medical information                                                                                                            |                       |               | 9                     |
| Carries copy of insurance/medical card                                                                                                         |                       |               | 9                     |
| Answers questions from doctor, nurse, therapists, etc. about condition                                                                         |                       |               | 9                     |
| Knows how condition and treatment affects physical, mental, sexual development                                                                 |                       |               | 9                     |
| Knows how smoking, drinking, chewing, drugs affect body and condition                                                                          |                       |               | 11                    |
| Understands sexuality, pregnancy, and birth control                                                                                            |                       |               | 11                    |
| Sees doctor for some time privately                                                                                                            |                       |               | 13                    |
| Manages own medication and treatment regime; notifies caregiver of need for med refills                                                        |                       |               | 13                    |
| Knows what equipment does and how to fix minor problems                                                                                        |                       |               | 13                    |
| Knows side effects of medication and interactions with food, alcohol, etc.                                                                     |                       |               | 14                    |
| Family explores guardianship if needed (age 18 is age of majority when youth legally makes own decisions); assent to consent; health surrogate |                       |               | 14                    |
| Has plans for adult health care providers (primary, specialty, dental, DME, pharmacy, therapy, mental health)                                  |                       |               | 15                    |
| Has plans for adult health insurance                                                                                                           |                       |               | 16                    |
| Knows how to use health insurance/medical card                                                                                                 |                       |               | 16                    |
| Has adult health care providers                                                                                                                |                       |               | 17                    |
| Has signed release to transfer records                                                                                                         |                       |               | 18                    |
| Has copy of own records                                                                                                                        |                       |               | 18                    |

Kentucky Commission for Children with Special Health Care Needs: <http://chfs.ky.gov/ccshcn>  
1-800-232-1160

| <b>Independence, School and Work Behaviors</b>                                                                                                                                                                                                                                      | <b>Discussed Date</b> | <b>Status</b> | <b>Age to Discuss</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|-----------------------|
| Does home chores                                                                                                                                                                                                                                                                    |                       |               | 2                     |
| Goes places with family in the community                                                                                                                                                                                                                                            |                       |               | 2                     |
| Communicates own needs and preferences                                                                                                                                                                                                                                              |                       |               | 2                     |
| Attends preschool/Head Start                                                                                                                                                                                                                                                        |                       |               | 2                     |
| Family knows about ADA, IDEA, futures planning, wills, trusts, guardianship issues, power of attorney, health surrogate                                                                                                                                                             |                       |               | 3                     |
| Follows directions                                                                                                                                                                                                                                                                  |                       |               | 3                     |
| Learning to make choices and experience consequences                                                                                                                                                                                                                                |                       |               | 4                     |
| Interacts appropriately with peers and adults                                                                                                                                                                                                                                       |                       |               | 4                     |
| Attends school regularly and is progressing                                                                                                                                                                                                                                         |                       |               | 4                     |
| Responds to "What will you do when you grow up?"                                                                                                                                                                                                                                    |                       |               | 5                     |
| Has fun, recreation, hobbies                                                                                                                                                                                                                                                        |                       |               | 6                     |
| Talks about things he/she is good at                                                                                                                                                                                                                                                |                       |               | 6                     |
| Does more advanced home chores                                                                                                                                                                                                                                                      |                       |               | 7                     |
| Uses computer                                                                                                                                                                                                                                                                       |                       |               | 7                     |
| Has personal safety skills – phone, seat belts, gun safety                                                                                                                                                                                                                          |                       |               | 8                     |
| Discusses job and career interests                                                                                                                                                                                                                                                  |                       |               | 10                    |
| Has friends for social activities                                                                                                                                                                                                                                                   |                       |               | 10                    |
| Can manage money and has shopping skills                                                                                                                                                                                                                                            |                       |               | 11                    |
| Knows about school to work, VR, and other community resources for work preparation                                                                                                                                                                                                  |                       |               | 12                    |
| Participates in school IEP, 504, transition meetings                                                                                                                                                                                                                                |                       |               | 12                    |
| Has visited workplaces and/or volunteers                                                                                                                                                                                                                                            |                       |               | 13                    |
| Can write a resume and complete a job application                                                                                                                                                                                                                                   |                       |               | 13                    |
| Works part-time and/or volunteers                                                                                                                                                                                                                                                   |                       |               | 13                    |
| Can budget money                                                                                                                                                                                                                                                                    |                       |               | 14                    |
| Can grocery shop, cook, plan meals, do laundry, and keep house                                                                                                                                                                                                                      |                       |               | 14                    |
| Has transportation and is planning for driver's license or ADA transportation card                                                                                                                                                                                                  |                       |               | 14                    |
| Family knows about reapplying for SSI at age 18 with adult standards, exploring supports for community living, waiver programs, respite, other community services for adults with disabilities (get on waiting lists); SSA work incentives – PASS Plan, 1619a and b, Ticket to Work |                       |               | 14                    |
| Has contacted VR to discuss services                                                                                                                                                                                                                                                |                       |               | 15                    |
| Knows laws, policies, rights, and responsibilities for people with disabilities                                                                                                                                                                                                     |                       |               | 15                    |
| Has drivers license or state ID card                                                                                                                                                                                                                                                |                       |               | 16                    |
| Has job for pay or is actively pursuing education plan that will result in a job.                                                                                                                                                                                                   |                       |               | 16                    |
| Knows how to register for college entrance exams                                                                                                                                                                                                                                    |                       |               | 16                    |
| Knows how to apply to post-secondary institutions and for financial aid                                                                                                                                                                                                             |                       |               | 16                    |
| Is completing high school                                                                                                                                                                                                                                                           |                       |               | 17                    |
| Has definite plans for work and/or vocational training /college                                                                                                                                                                                                                     |                       |               | 17                    |
| Has plans for independent living, housing, and personal attendant (if needed)                                                                                                                                                                                                       |                       |               | 17                    |



# ~HOW WILL I GET WHERE I WANT TO GO?~

Have you thought about how you will get around after you graduate from high school? Your family probably won't mind helping you out occasionally, but, at some point, you will need to address this issue.

For instance, you may need to determine how you will go to school, work, shop for groceries, and go to other places in the community. You may consider obtaining a driver's permit or license. You may also consider joining a car pool to take turns driving on a daily or weekly basis to help save money on gasoline.

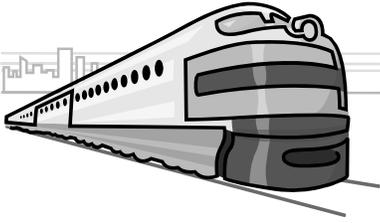
Transportation options will vary depending on what part of the state you live in. This should be taken into consideration as you plan for your future. For more detailed information, go to [www.ihdi.uky.edu](http://www.ihdi.uky.edu) and click on "Resources" to get a copy of the Human Development Institute's Transportation Manual. Or, call (859) 257-1714 for more information.

**When you think about how you want to get around in your community, consider the following:**

- |                                                                                      |     |    |
|--------------------------------------------------------------------------------------|-----|----|
| 1. Do I want to get my Driver's License?                                             | Yes | No |
| 2. Have I obtained a Learner's Permit?                                               | Yes | No |
| 3. I need help obtaining a Learner's Permit                                          | Yes | No |
| 4. Will I get my own car?                                                            | Yes | No |
| 5. How will I pay for my own car?                                                    |     |    |
| 6. Do I know about the need for car insurance?                                       | Yes | No |
| 7. Will I drive someone elses car? If so, who's?                                     |     |    |
| 8. Will I ride the bus?                                                              | Yes | No |
| 9. Do I need help learning to ride the bus?                                          | Yes | No |
| 10. Do I know which bus route I need to go to work?                                  | Yes | No |
| 11. Do I know which bus route I need to go home?                                     | Yes | No |
| 12. If I want to carpool, have I identified who I can carpool with?<br>Who are they? |     |    |

## **Transition Tip!**

**The Office of Vocational Rehabilitation may be able to provide you with a driving assessment, and may be able to assist with vehicle modification. For more detailed information you may contact the Office of Vocational Rehabilitation at (502) 564-4440, or visit their web site at <http://ovr.ky.gov>**



## Transportation Ideas:

- Obtain permit or driver's license
- Find out if you can obtain a driving assessment through OVR
- Maintain a good driving record!
- Use public transportation when possible
- Keep copy of the local bus schedule
- Use specialized transportation if needed
- Take advantage of family transportation when possible
- Consider car-pooling options
- Consider alternate methods of transportation; bicycle, moped, motorcycle (wear a helmet!) or walking.

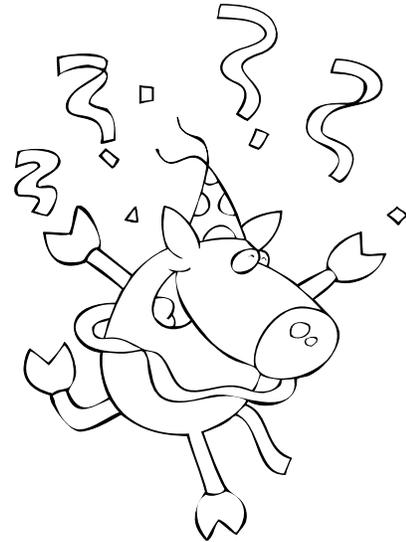


## ~WHAT CAN I DO FOR FUN?~

All work and no play, makes and Jack a dull boy! It is very important for you to think about things that you like to do in your free time. What are your hobbies? Perhaps you like to read, cook, exercise, go to the movies, or attend church. These are just some examples of activities that individuals like to do but everyone is different and you may have other interests. This is an important part of your life that you should think about while you are still in school. Not only do you need to think about what activities you want to participate in, but you also have to consider how you are going to pay for them.

Check out some of the things listed below to see what is available and/or happening in your community:

- YMCAs/YWCAs
- Church leagues/synagogue leagues
- Community leagues
- Newspaper
- Radio station
- Television news program
- Library
- Neighborhood Associations
- County Parks and Recreation Department
- Community Education Classes
- Free concerts in local parks



The key is to think about what you enjoy doing, finding others who enjoy it also, and setting aside time to play!

### **Transition Tip!**

**Volunteer work can be something you love to do for fun! Try volunteering for Habitat for Humanity and help build a house with your friends. You may even make a few new ones along the way!**

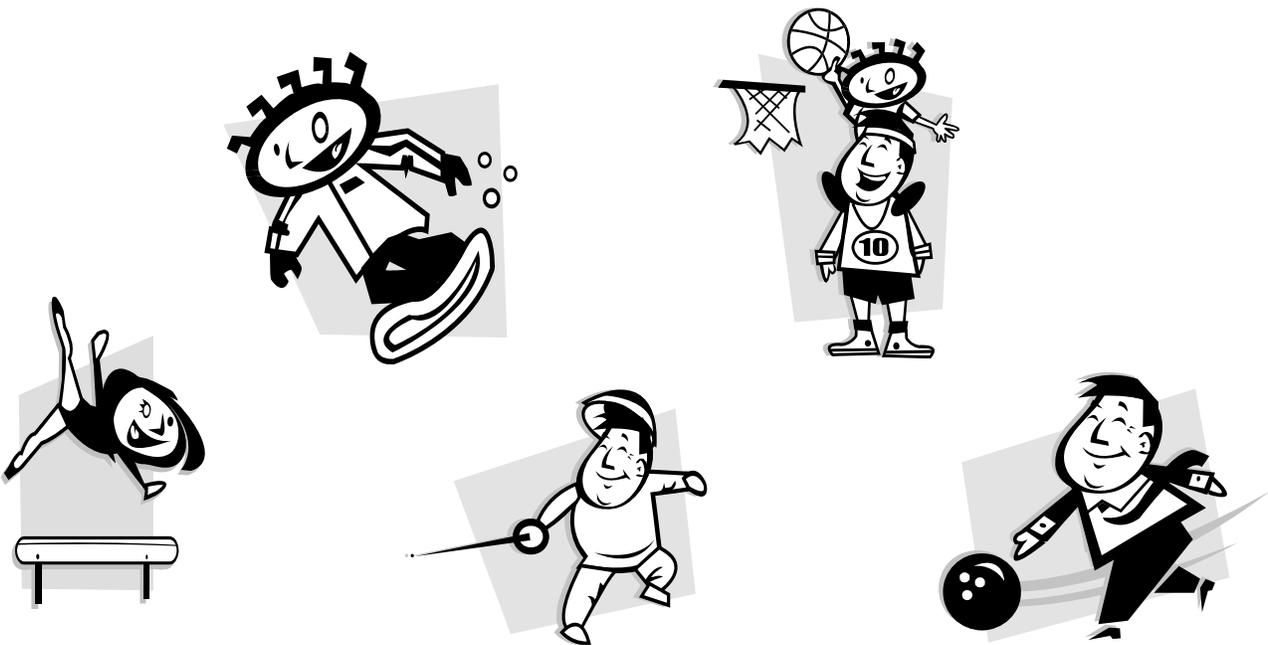
## Consider these issues when thinking about leisure and fun:

### What Do I Like to Do for Fun? Circle all that apply:

- |                |            |                                                  |
|----------------|------------|--------------------------------------------------|
| Needlepoint    | Concerts   | Visiting with Friends                            |
| Reading        | Television | Work in the yard or garden                       |
| Playing sports | Shopping   | Collect baseball cards (china, autographs, etc.) |
| Walking        | Other      | Participating in Church Youth Group              |
|                |            | Participating in other clubs/organizations       |

### In order to participate in any of the above activities, I need:

- Help getting there
- Help finding places to do the things I like to do
- Help getting in touch with others who share my hobbies and interests
- Someone to help me once I am there
- Help in budgeting
- Help getting along with my peers



# ~WHERE CAN I GET MORE INFORMATION?~

The following “Summary of Services for Youth” was developed by the Commission for Children with Special Health Care Needs. It can provide you with contact information for many of the services/supports mentioned in this booklet.

## Work Preparation

| Contacts                                                                                                                                       | Comments                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office of Vocational Rehabilitation:<br>Workforce Development Cabinet : 1-888-420-9874<br><a href="http://ovr.ky.gov">http://ovr.ky.gov</a>    | <ul style="list-style-type: none"> <li>• Vocational assessment, referral, training, and work placement for people with disabilities</li> <li>• Assistive Technology loan program</li> </ul>                                                                                                                                                      |
| ADA in Kentucky: 1-877-432-2933<br><a href="http://ada.ky.gov/">http://ada.ky.gov/</a>                                                         | <ul style="list-style-type: none"> <li>• Information about Americans with Disabilities Act laws and their implementation in Kentucky and links to services for people with disabilities.</li> </ul>                                                                                                                                              |
| KATS (Kentucky Assistive Technology Services Network)<br>1-800-327-5287; <a href="http://www.katsnet.org">www.katsnet.org</a>                  | <ul style="list-style-type: none"> <li>• Assistive technologies and related services for all Kentuckians with disabilities including referral to public and private agencies for services and funding</li> </ul>                                                                                                                                 |
| Goodwill Industries: 1-800-889-8775<br><a href="http://www.gwik.org/">http://www.gwik.org/</a>                                                 | <ul style="list-style-type: none"> <li>• Assistance in finding employment</li> <li>• Discount stores</li> </ul>                                                                                                                                                                                                                                  |
| ARC of Kentucky : (502) 875-5225 or 1-800-281-1ARC<br><a href="http://arcofky.org/">http://arcofky.org/</a>                                    | <ul style="list-style-type: none"> <li>• Programs and referral for people with developmental disabilities</li> <li>• Family to Family Health Information Initiative</li> </ul>                                                                                                                                                                   |
| Fayette County Mayor’s Training Center: (859) 258-3140<br><a href="http://www.lfucg.com/MTC/">http://www.lfucg.com/MTC/</a>                    | <ul style="list-style-type: none"> <li>• Youth summer employment and school to work programs</li> </ul>                                                                                                                                                                                                                                          |
| Find – A – Future<br><a href="http://www.findafuture.org/Provider/viewproviders.asp">http://www.findafuture.org/Provider/viewproviders.asp</a> | <ul style="list-style-type: none"> <li>• Web site developed to increase the level of awareness of parents, families, school personnel, and services providers of the services and supports available to students transitioning from school to the world of work/adult programs and to increase participation in appropriate programs.</li> </ul> |
| Volunteers of America:<br>Lexington: (859) 254-3469; Louisville: (502) 636-0771<br><a href="http://www.voaky.org">http://www.voaky.org</a>     | <ul style="list-style-type: none"> <li>• Services for homeless including an independent living program, temporary housing, life skills training, job training</li> </ul>                                                                                                                                                                         |
| Bluegrass Career Services: (859) 266-6053                                                                                                      | <ul style="list-style-type: none"> <li>▪ Training, referrals, temporary and permanent employment placement for people with barriers to employment</li> </ul>                                                                                                                                                                                     |
| OWL (Opportunity Workshop of Lexington): (859) 254-0576<br><a href="http://www.owlinc.net">www.owlinc.net</a>                                  | <ul style="list-style-type: none"> <li>• Job training and placement in Lexington area</li> </ul>                                                                                                                                                                                                                                                 |
| Kentuckiana Works<br>(502) 574-2500 <a href="http://www.kentuckianaworks.org/">http://www.kentuckianaworks.org/</a>                            | <ul style="list-style-type: none"> <li>• Employment for at-risk youth in Jefferson and surrounding counties</li> <li>• Youth initiatives for ages 14-21</li> </ul>                                                                                                                                                                               |
| Job Accommodation Network 1-800-526-7234;<br><a href="http://janweb.icdi.wvu.edu/">http://janweb.icdi.wvu.edu/</a>                             | <ul style="list-style-type: none"> <li>• A service of the President’s Committee on Employment of People with Disabilities; answers to questions on accommodations and employment</li> </ul>                                                                                                                                                      |

**Independence Building, Housing, Transportation, Personal Assistance,  
Respite, and Recreation**

| Contacts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Comments                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Independent Living Centers:<br/> <a href="http://www.ihdi.uky.edu/kydrm/Resources/cil.htm">http://www.ihdi.uky.edu/kydrm/Resources/cil.htm</a><br/> <i>Bowling Green:</i> BEST: (270) 796-5992<br/> <i>Covington:</i> Disabilities Coalition of N. KY<br/>           (859) 431-7668<br/> <i>Harlan:</i> Pathfinders for Independent Living:<br/>           (606) 573-5777<br/> <i>Lexington:</i> Independence Place (859) 266-2807<br/> <i>Louisville:</i> Center for Accessible Living: (502) 589-6620<br/> <i>Murray:</i> Center for Accessible Living (270) 753-7676</p> | <ul style="list-style-type: none"> <li>Information and referral related to housing, transportation, work, personal assistance, education, recreation, legal issues for people with disabilities</li> <li>Information on assistive technology loan programs, housing modification plans and funds, ADA rights and responsibilities</li> </ul>            |
| <p>KY SPIN – KY Special Parent Involvement Network<br/>           1-800-525-7746<br/> <a href="http://www.kyspin.com/">http://www.kyspin.com/</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Parent advocacy group offering education, referral, and parent to parent support through a state office and local SPIN representatives; Affiliate of the national Parent Training and Information Network (PTI)</li> </ul>                                                                                       |
| <p>Kentucky Partnership for Families and Children Office of Family Leadership, Department of Mental Health<br/>           1-800-369-0533; <a href="http://www.kypartnership.org">www.kypartnership.org</a></p>                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Provides a united voice for parents, families, and organizations dedicated to improving services for children with mental, emotional, and behavioral disorders.</li> </ul>                                                                                                                                       |
| <p>Kentucky Disabilities Coalition: 1-800-977-7505<br/> <a href="http://www.geocities.com/kydisabilitiescoalition/">http://www.geocities.com/kydisabilitiescoalition/</a></p>                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Information and advocacy for people with disabilities</li> </ul>                                                                                                                                                                                                                                                 |
| <p>KY Council on Developmental Disabilities:<br/>           1-877-367-5332; <a href="http://chfs.ky.gov/kcdd/">http://chfs.ky.gov/kcdd/</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Information and advocacy for people with developmental disabilities</li> </ul>                                                                                                                                                                                                                                   |
| <p>Protection and Advocacy : 1-800-372-2988<br/> <a href="http://www.kypa.net/">http://www.kypa.net/</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Provides information and advocacy services for individuals whose rights have been violated due to a disability</li> </ul>                                                                                                                                                                                        |
| <p>KY State ID card: From Circuit Court Clerk’s Office in County of residence; <a href="http://www.kytc.ky.gov/drlc/general.htm">www.kytc.ky.gov/drlc/general.htm</a><br/>           Transportation: start with public transportation system in your city or county; for training and modification for people with disabilities, call Vocational Rehabilitation 1-800-372-7172: <a href="http://ovr.ky.gov">http://ovr.ky.gov</a></p>                                                                                                                                          | <ul style="list-style-type: none"> <li>Bring birth certificate, social security card, something with address; costs \$12 and is good for 4 years</li> <li>Paratransit cards;</li> <li>For vehicle modification consultations, call Superior Conversions Paul L. Erway, Rehab consultant 1-800-458-8267 (offices in Louisville and Lexington)</li> </ul> |
| <p>Kentucky Transportation Cabinet (502) 564-7433<br/> <a href="http://www.kytc.state.ky.us/">http://www.kytc.state.ky.us/</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Information on specialized public transportation systems</li> </ul>                                                                                                                                                                                                                                              |
| <p>Supported Living: (502) 564-7702<br/> <a href="http://mhmr.ky.gov/mr/supportedliving.asp?sub1">http://mhmr.ky.gov/mr/supportedliving.asp?sub1</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Several programs to provide home modifications, supported employment, therapies, residential supports, emergency response systems, specialized medical equipment and assistive technology</li> </ul>                                                                                                             |
| <p>Kentucky Housing Authority: (502) 582-5251<br/> <a href="http://www.hud.gov/local/ky/">http://www.hud.gov/local/ky/</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Housing assistance for rent, utility, and security deposit; provides information on supportive housing programs and programs that lead to home ownership</li> </ul>                                                                                                                                              |
| <p>National Resource Center for Respite and Crisis Care Services 1-800-473-1727 <a href="http://www.archrespite.org/">http://www.archrespite.org/</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Information and referral about respite services and funding; includes national respite service locator</li> </ul>                                                                                                                                                                                                |
| <p>Local housing authorities, local public libraries, local YWCA and YMCA, churches</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Programs for people with disabilities including residential programs, fitness programs, camps, educational, counseling and social work services</li> </ul>                                                                                                                                                       |
| <p>Neighborhood Places in Louisville: (502) 574-8000<br/> <a href="http://www.neighborhoodpl.org">www.neighborhoodpl.org</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>partnership of agencies and community residents who have come together to deliver services blended and accessible health, education, employment and human services in Louisville Metro.</li> </ul>                                                                                                               |

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Salvation Army: Lexington: (859) 252-7706<br><a href="http://www.salvationarmy-lex.org">http://www.salvationarmy-lex.org</a><br>Louisville: (502) 583-5191<br><a href="http://www.salvationarmysouth.org/KY.htm">http://www.salvationarmysouth.org/KY.htm</a> | <ul style="list-style-type: none"> <li>Local groups have shelters, food and clothing assistance, youth recreation and mentoring programs</li> <li>Health clinics, counseling</li> </ul>     |
| Central Kentucky Riding for the Handicapped<br>(859) 231-7066: <a href="http://www.ckrh.org">http://www.ckrh.org</a>                                                                                                                                          | <ul style="list-style-type: none"> <li>Horseback riding for children with handicaps at the Kentucky Horse Park</li> </ul>                                                                   |
| Parks and Recreation Departments in cities and counties                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Recreational programs for people of all ages; many include people with disabilities or have special programs for people with disabilities</li> </ul> |
| YMCA and YWCA and 4-H; Girl Scouts, Boy Scouts; Big Brothers/Big Sisters: (859) 233-4460 in Lexington<br><a href="http://www.uwky.org">www.uwky.org</a>                                                                                                       | <ul style="list-style-type: none"> <li>Recreation programs and camps for all ages many focusing on independence building and mentoring</li> </ul>                                           |
| Minds Wide Open: (859) 259-2637<br><a href="http://www.arcbluegrass.com/MWO.htm">http://www.arcbluegrass.com/MWO.htm</a>                                                                                                                                      | <ul style="list-style-type: none"> <li>Art training for people with disabilities (based in Lexington)</li> </ul>                                                                            |
| Very Special Arts: (502) 556-3775 (V/TTY Frankfort)<br>1-877-781-8725 Bowling Green; <a href="http://www.vsartsky.org/">http://www.vsartsky.org/</a>                                                                                                          | <ul style="list-style-type: none"> <li>Art, music, drama, etc., programs and experiences for and by people of all abilities</li> </ul>                                                      |

### School and Higher Education

| Contacts                                                                                                                                                                                                                                                                                                                                                                                         | Comments                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Local public schools: Call director of special education at local school or state Dept of Ed at 1-800-533-5372:<br><a href="http://www.education.ky.gov/">www.education.ky.gov/</a><br>Some schools have Family Resource and Youth Service Centers and/ or Special Education Parent Resource Centers: <a href="http://chfs.ky.gov/dhss/frysc/">http://chfs.ky.gov/dhss/frysc/</a> (502) 564-4986 | <ul style="list-style-type: none"> <li>Under IDEA (Individuals with Disabilities Act) schools provide free, appropriate public education to children with disabilities</li> <li>Mainstreamed children are protected by the Americans with Disabilities acts (ADA) to have reasonable accommodations for education through 504 plans</li> </ul> |
| School to Work Programs: contact your local school system: (502) 564-5901 <a href="http://stw.ky.gov/">http://stw.ky.gov/</a>                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>Offer shadowing and work experiences for all students</li> </ul>                                                                                                                                                                                                                                        |
| Higher education in Kentucky: <a href="http://www.gohigherky.org">www.gohigherky.org</a><br>Community Colleges, Technical Schools, Colleges and Universities have Disability Coordinators:<br>1-877-528-2748 or <a href="http://www.kctcs.net">www.kctcs.net</a><br>Contact specific colleges for more information                                                                               | <ul style="list-style-type: none"> <li>Colleges and technical schools have support services for students with disabilities requesting accommodations for physical, emotional, and/or learning disabilities</li> </ul>                                                                                                                          |
| Kentucky Higher Education Assistance Authority (KHEAA) 1-800-928-8926 <a href="http://www.kheaa.com">www.kheaa.com</a>                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Information about various scholarships, loans, grants, work-study to KY colleges</li> </ul>                                                                                                                                                                                                             |
| Southeast Disability & Business Technical Assistance Center: 1-800-949-4232 (V/TTY/Spanish) <a href="http://www.sedbtac.org">www.sedbtac.org</a>                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>One of ten regional ADA &amp; IT Centers funded by NIDRR to provide training, technical assistance, and materials for families and professionals</li> </ul>                                                                                                                                             |
| Commission on the Deaf and Hard of Hearing<br>1-800-372-2907 (V/TDD) <a href="http://www.kcdhh.ky.gov/">http://www.kcdhh.ky.gov/</a>                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Advocates for children and adults who are deaf and hard of hearing</li> <li>Provides information and referral services</li> <li>TTY distribution program</li> </ul>                                                                                                                                     |
| KY School for the Deaf (Danville): (859) 239-7017<br><a href="http://www.danville-ky.com/BoyleCounty/ksd.htm">http://www.danville-ky.com/BoyleCounty/ksd.htm</a>                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Assessment, counseling, referral, residential school programs for youth with hearing impairments</li> </ul>                                                                                                                                                                                             |
| KY Department for the Blind: 1-800-321-6668<br><a href="http://blind.ky.gov/">http://blind.ky.gov/</a>                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Information, referral, and advocacy for people with vision impairments</li> </ul>                                                                                                                                                                                                                       |
| KY School for the Blind (Louisville): (502) 897-1583<br><a href="http://www.ksb.k12.ky.us/">http://www.ksb.k12.ky.us/</a>                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Assessment, counseling, referral and residential school programs for visually impaired youth</li> </ul>                                                                                                                                                                                                 |
| University of Kentucky, Human Development Institute<br>(859) 257-1254 <a href="http://www.ihdi.uky.edu/">http://www.ihdi.uky.edu/</a> ; Find the Disability Resource Manual at <a href="http://www.ihdi.uky.edu/kydrm">www.ihdi.uky.edu/kydrm</a><br>Find transition information across the lifespan at <a href="http://www.transitiononestop.org">www.transitiononestop.org</a>                 | <ul style="list-style-type: none"> <li>Comprehensive diagnostic evaluations and treatment or program recommendations; assistive technology evaluations</li> <li>Teacher training</li> <li>School transition programming and evaluation</li> <li>Website with resources on transitions across the lifespan</li> </ul>                           |
| Christian Appalachian Project: 1-866-270-4227 toll-free<br><a href="http://www.christianity.com/cap">http://www.christianity.com/cap</a>                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Provides variety of educational, counseling, children and youth and adult learning services for people in Eastern Kentucky</li> </ul>                                                                                                                                                                   |
| FIND of Louisville: (Family Information Network on Disabilities) (502) 584-1239 <a href="http://www.findoflouisville.org">www.findoflouisville.org</a>                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>FIND of Louisville addresses the need to enhance the knowledge and skills of parents of children with disabilities, to ensure their effective participation in decisions regarding education and related services.</li> </ul>                                                                           |

Commission for Children with Special Health Care Needs: 1-800-232-1160

April 2006

# Glossary

Advocate: Speaking or acting on behalf of someone to protect his rights and needs.

Accessible: Activities or places that can be used by people with disabilities; the term is generally used to refer to places where wheelchairs can go but can include such things as recreational activities in which a person with a disability could participate with a non-disabled buddy.

Case Manager: The person who has the responsibility of seeing that a person with a disability receives any services or help necessary for his well-being. The case manager finds answers to your questions, helps you make any needed referrals to other organizations, and coordinates the services of all the organizations that may be involved.

Community Habilitation: Training provided for individuals such as managing money, using facilities in the community, and learning social skills.

Employment Training Specialist: See Job Coach.

Family Educational Rights and Privacy Act: The act that grants rights to parents and children regarding student records.

Goal: A final desired post-school outcome, the dream for which your young adult is training and planning. A goal may be general, such as “I would like a job,” or specific such as “I want to live in an apartment on 3<sup>rd</sup> Street with my best friend Fred.”

Guardianship: The formal legal appointment of a person or a corporation as the decision-maker for an adult who has been established by a court as unable to make decision his or her own behalf.

Individuals with Disabilities Education Act: The law that provides educational services to persons with disabilities.

Individual Education Plan: A written plan that describes a student in special education, his goals and objectives or things he will work on for the school year.

Job Coach: A person who trains people with disabilities on the job. Job coaches have special training to help them both teach the person with a disability to do the job, and to assist the co-workers to provide natural supports.

Occupational Therapy: Assists an individual with services such as daily living skills (eating, working, and playing) to improve the quality of life.

Respite Care: Individuals who have received special training provide temporary care for persons with disabilities in their home or in the home of the person with disabilities.

Social Security Disability Insurance: (SSDI) A federal payment through Social Security for workers with disabilities.

Special Education: Educational services for students who have been identified as having a special need for additional supports in order to learn and succeed.

SSI: See Supplemental Security Income.

SSDI: See Social Security Disability Insurance.

Supplemental Security Income: A federal program run by Social Security which provides monthly checks to persons who are elderly, blind, or have disabilities.

Support Coordination: See Case Manager

Supported Employment: Paid employment in integrated settings for people with disabilities who need on-going support such as a job coach to maintain their employment.

Supported Living: Individuals with disabilities share or have their own apartment. A service organization provides support as needed for transportation, skills training, budgeting, shopping, and recreation.

Transition: Change, movement from one setting to another. In this manual we are talking about the movement of a young adult from school to adult life.

Vocational Rehabilitation: A state agency that is designed to help restore or develop the working ability of persons with mental, emotional, or physical disabilities, and provide counseling, training, and referrals to other agencies.

# Acronyms

ILP-Individual Learning Plan

IEP-Individual Education Program

IDEA-Individuals with Disabilities Education Act

FERPA-Family Educational Rights and Privacy Act

ADA-Americans with Disabilities Act

CIL-Centers for Independent Living

SSI-Supplemental Security Income

SSDI-Social Security Disability Insurance

PASS-Plan to Achieve Self-Support

SCL-Supports for Community Living

SL-Supported Living Program

CBWTP-Community Based Work Transition Program

OVR-Office of Vocational Rehabilitation

OFB-Department for the Blind

BPAO-Benefits Planning Assistance Outreach

# References and Helpful Internet Resources

Transition One Stop:

[www.transitiononestop.org](http://www.transitiononestop.org)

Inclusion.Com:

[www.inclusion.com](http://www.inclusion.com)

Social Security Programs:

<https://s044a90.ssa.gov/apps12/best/benefits>

[www.socialsecurity.gov](http://www.socialsecurity.gov)

<http://www.ssa.gov/work/ServiceProviders/bpaofactsheet.html>

[http://www.yourtickettowork.com/program\\_info](http://www.yourtickettowork.com/program_info)

Kentucky Division of Mental Retardation:

<http://mhmr.ky.gov/mr/default.asp?page=HTML/scl.htm>

<http://mhmr.ky.gov/mr/supportedliving.asp?sub1>

The National Center on Secondary Education and Transition:

[www.ncset.org](http://www.ncset.org)

The Youthhood: ...

[www.youthhood.org](http://www.youthhood.org)

The Transition Coalition:

[www.transitioncoalition.org/cgiwrap/tcacs/new/index.php](http://www.transitioncoalition.org/cgiwrap/tcacs/new/index.php)

Think College:

<http://ed.gov/students/prep/college/edpicks.jhtml?src=ln>

Free Application for Federal Student Aid:

<http://www.fafsa.ed.gov>

The Arc of the United States:

<http://thearc.org/>

Disability Info:

[DisabilityInfo.gov](http://DisabilityInfo.gov)

Center for Self- Determination:

<http://www.self-determination.com/>

Kentucky Assistive Technology Loan Corporation:

<http://www.katlc.ky.gov>

KATS Network - Kentucky Assistive Technology Service:

<http://www.katsnet.org>

Kentucky Department for Medicaid Services:

<http://www.chs.state.ky.us/dms/>

Kentucky Supported Employment:

<http://www.ihdi.uky.edu/kyseweb/>

KDC - Kentucky Disabilities Coalition:

<http://www.geocities.com/kydisabilitiescoalition/>

Family Resource and Youth Services Centers:

<http://chfs.ky.gov/dhss/frysc>

Kentucky Cerebral Palsy Network:

<http://www.kycpngeocities.com>

Parent Resource Centers:

<http://www.jist.com/kidsrights>

Autism Society:

<http://www.ask-lou.org>

Kentucky Transition Collaborative:

[www.ihdi.uky.edu/ktcp](http://www.ihdi.uky.edu/ktcp)

Comprehensive Care Centers:

<http://www.arcofky.org/compcare/>

Brain Injury Association:

<http://www.braincenter.org/>



## **Planning for the Transition from High School to Adult Life**

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