

## CHECKLIST FOR TRANSITION PLANNING

### Adult Services Referral and Needs Checklist

Service Item	Preferred Age of Referral	Needed	Date to be completed	Person Responsible	Date Completed
Referral to Vocational Rehabilitation	16-18				
Referral to DMHDD Services	Birth/ASAP				
Referral to Assistive Technology Evaluation	14				
PASS Plan (Plan for Achieving Self-Support)	14				
Referral to Independent Living Center	14-16				
Social Security Application	ASAP: Should speak to someone @ Independent Living Center to see if it is appropriate				
SSI	Same as above				
SSDI	Same as above				
Medicaid Application	ASAP (This is a state program through adult public assistance)				
Medical Exam	Annual				
Psychological Update	Every 3 years				
* Social History	Annual				
Educational Summary	Annual				
Application for Accessible Transport	14				
Residential Services	Assessment @ 16 to determine what to plan or apply for				
Family Support	Hopefully ongoing				
Respite Services	Only if DMHDD eligible or on a waiver				
** Understanding of Disability	ASAP				
Counseling	14				
Vocational Evaluation	16-18				

\* Social History eg., school and community involvement, history of inclusion, extracurricular activities

\*\* Understanding of disability, whether the individual is informed about the nature of their specific disability