

### 1. Transition Planning information

The Transition Planning form should be completed within six months of a new placement at an ARC or RRC and reviewed at a minimum of quarterly with case management interventions as required. The transition plan details the goals that enhance the participant's ability to move to community such as, but not limited to:

- Meeting basic and daily needs
- Family and person support networks
- Health/wellness both mental and physical
- Cultural/ spiritual
- Educational/vocational/employment
- Leisure/ recreational and other personal goals

### 2. Give details

Name: \_\_\_\_\_ Case number: \_\_\_\_\_

Care Coordinator: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Level of Support: \_\_\_\_\_ Current Program: \_\_\_\_\_

### 3. Describe the optimal community option

### 4. What, if any, additional resources would be required to successfully live in this option.

Supports I need:

Important to Me

### 5. Check applicable box(es) and describe support needs

- Individual Program Plan with implementation details for goals attached. (Optional)

Indicate what support(s) are important to me and what supports I need:

- Tasks related to basic daily living skills (examples: eating, bathing, dressing, toileting, mobility and continence.)

Supports I need:

Important to Me

**Tasks related to functional skills** (examples: housekeeping, money management, transportation, meal prep, telephone skills.)

Supports I need:

Important to Me

**Tasks related to maintaining mental health and wellness** (examples: psychiatric services, mental health outreach, medication management, addiction services.)

Supports I need:

Important to Me

**Tasks related to physical health and wellness** (examples: smoking cessation, weight loss, physical activity, proper nutrition.)

Supports I need:

Important to Me

**Tasks related to community participation and accessing resources** (examples: transportation, employment, creating intentional opportunities to meet new people through community events, attendance at special interest/hobby groups.)

Supports I need:

Important to Me

**Tasks related to maintaining social connections with friends and family** (example: supports that allow participant to stay connected to existing friends and social/programming opportunities at the ARC/RRC, as well as friends and family relationships in community.)

Supports I need:

Important to Me

**Tasks related to the use of technology** (example: learning how to use skype to stay connected to family, friends or staff; use of mobile phone for safety, emergency response devices.)

Supports I need:

Important to Me

### 6. Specify activities to prepare for transition to community living

Area 1 – Skill to be developed: \_\_\_\_\_

within 30 days       6 months       6 months – 3 years      Review Date (dd/mm/yyyy): \_\_\_\_\_

Description:

Support network responsible:

Individual       Care coordinator       Service Provider       Family / Natural support       Other

Comments, including resources available and / or required. Please specify:

Area 2 – Skill to be developed:

within 30 days       6 months       6 months – 3 years      Review Date (dd/mm/yyyy): \_\_\_\_\_

Description:

**Support network responsible:**

Individual       Care coordinator       Service Provider       Family / Natural support       Other

Comments, including resources available and / or required. Please specify:

**Area 3 –Skill to be developed:**

within 30 days       6 months       6 months – 3 years      Review Date (dd/mm/yyyy): \_\_\_\_\_

Description:

**Support network responsible:**

Individual       Care coordinator       Service Provider       Family / Natural support       Other

Comments, including resources available and / or required. Please specify:

**7. Provide authorizations**

Participant/Substitute Decision Maker

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

Service Provider

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

DSP Care Coordinator

I have updated applicant's placement and wait list information.

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

**8. Return form**

[DSP@novascotia.ca](mailto:DSP@novascotia.ca)

Attention: Coordinator, Placement. Complex Case and Waitlist Management Disability Support Program