

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 41:</b> Transitioning from Out-of-Home Care	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: 406.1</b>
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The Indiana Department of Child Services (DCS) will offer transition services<sup>1</sup> for each child who leaves out-of-home care, regardless of the child's permanency plan (e.g., reunification, adoption, guardianship, etc.).

The type, intensity, and duration of transition services offered will depend upon the child's needs and the permanency plan. Services may include, but will not be limited to:

1. Family Preservation Services;
2. Reunification Services;
3. Family Support Services;
4. Family Rehabilitation Services; and
5. Independent Living Services.

DCS will convene a Child and Family Team (CFT) Meeting or conduct a Case Plan Conference prior to a child's transition from out-of-home care to develop a plan for maintaining the child in his or her permanent placement after case closure.

Code References

1. [IC 31-26-5: Family Preservation Services](#)

<b>PROCEDURE</b>
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Prior to a child's transition from out-of-home care, the Family Case Manager (FCM) will:

1. Together with members of the CFT or the Case Plan Conference, review the child's [Case Plan \(SF2956\)](#) and permanency goal and assess whether it is safe and in the child's best interest to move the child into the identified permanent living situation;
2. Determine the transition services to be provided, and assure that the type, intensity, and duration of these services are consistent with the child's assessed needs;
3. Update the child's [Case Plan \(SF2956\)](#) to include any services that will be offered relating to the child's transition and any other steps that will be taken; and
4. For Family and Social Services Administration (FSSA) Division of Disabilities and Rehabilitation or the Department of Corrections (DOC), work with the appropriate agency to assure transition occurs in accordance with that agency's policies and procedures.

Depending upon the permanency plan the FCM will follow the procedures contained in the appropriate separate policy:

<sup>1</sup> Transition services are designed to help the child, his or her family or other permanent caregiver adjust to the child's permanent placement.

1. For reunification. See separate policy, [8.39 Trial Home Visits](#);
2. For adoption [10.1 Planning for Adoption - Overview](#);
3. For emancipation. See separate policy, [11.6 Transition Planning and Services](#); and
4. For guardianship. See separate policy, [8.40 Guardianship](#).

Regardless of the child's planned living arrangement, at the time of transition, the FCM will assure the permanent caregiver (or child, if he or she is being emancipated) has been given:

1. Information on the child's current needs for care;
2. A copy of the [Independent Living Plan](#). See [Independent Living Transition Planning Toolkit \(SF52691/CW2112\)](#) for more information;
3. Pertinent court orders, including, but not limited to, placement authorization, if the child is not being reunified with his or her parent;
4. Appropriate medical and educational information, including, but not limited to, a copy of the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#);
5. Clothing and other personal items accumulated during the child's stay in substitute care; and
6. The child's applicable benefits, (i.e. Medicaid, Social Security Income (SSI), etc.) have been transferred to the caregiver.

#### PRACTICE GUIDANCE

N/A

#### FORMS AND TOOLS

1. [Case Plan \(SF2956\)](#) – Available in ICWIS
2. [Independent Living Transition Planning Toolkit \(SF52691/CW2112\)](#)
3. [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#)- Available only in hard copy

#### RELATED INFORMATION

##### **When to Begin Planning for Transition**

Planning for permanent placement is an ongoing process. The CFT should consider transitional needs whenever the Permanency Plan is discussed or changed. Specific transition services should be discussed at least 30 to 45 days before the child's discharge date in order to allow time for implementation. In some cases, the planning window will be smaller and the FCM and the CFT will have to work more quickly.