



INDIVIDUALIZED FAMILY TRANSITION PLAN

State Form 51672 (R3 / 3-07) / BCD 0105



Name of child		Date of birth (month, day, year)
County	Date of Transition Meeting (month, day, year)	IFSP date (month, day, year)

DISCUSSION OF TRANSITION OPTIONS	FINANCIAL RESOURCES
Community based options:	Review financial resource options, check all that apply:
<p>_____ Play group</p> <p>_____ Mother's day out program</p> <p>_____ Parks and recreation</p> <p>_____ Library programs</p> <p>_____ Other: _____</p>	
Head Start:	<input type="checkbox"/> Private insurance <input type="checkbox"/> Medicaid waiver <input type="checkbox"/> Hoosier Healthwise <input type="checkbox"/> CSHCS <input type="checkbox"/> Private pay <input type="checkbox"/> Other: _____
Child Care:	In reviewing financial resources have you considered the following: <input type="checkbox"/> Is the provider enrolled in the network? Who will follow up? _____ <input type="checkbox"/> Who is the current waiver manager? _____ <input type="checkbox"/> Is a prior authorization required? _____ <input type="checkbox"/> Contact CSHCS Customer Service / Prior Authorization Unit (if applicable) to explore future service options. <input type="checkbox"/> Contact Hoosier Healthwise case manager <input type="checkbox"/> Other: _____
Private Preschool:	Disposition of Assistive Technology / Equipment [List equipment purchased by First Steps that continues to be used by the child and how the equipment will be (1) returned to FS, (2) purchased by the family or other plan.] ----- ----- ----- ----- -----
Clinic Based Therapy:	
Local Educational Agency (Include contact name and telephone number):	
Other Transition Options:	



INDIVIDUALIZED FAMILY TRANSITION PLAN (continued)

State Form 51672 (R3 / 3-07) / BCD 0105



First Steps

Name of child	Date of birth (month, day, year)
---------------	----------------------------------

NEXT STEPS / STRATEGIES FOR WORKING TOWARD TRANSITION <i>(List what needs to be done and by whom.)</i>	WHO IS RESPONSIBLE	TIMELINE / EXPECTED DATE OF COMPLETION

The Individualized Family Transition Plan (pages 1 and 2) will be retained in the child's EI Record and will become part of the IFSP.

Additional comments / notes: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
--