Iowa Department of Human Services

**Youth Transition Decision-Making (YTDM)**

**Youth’s Dream Path**

|  |  |
| --- | --- |
| **Case Information** | |
| Youth Name | |
| Parent/Caregiver Name | Parent/Caregiver/Noncustodial Names |
| Date of YTDM Meeting | Next YTDM Meeting |
| Facilitator Name | Facilitator Approval Number |
| Next Court Hearing Date and Time | Type of Hearing |

|  |
| --- |
| **Desired Outcomes of this Meeting** |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | **The Dream Path** | Dream  Click here to enter dream. |

**Date:**

| **Now** | **What will happen** | **Who will help me** | **0 – 3 months** | **4 – 9 months** |
| --- | --- | --- | --- | --- |
| **Education** |  |  |  |  |
|  |  |  |  |  |
| **Employment** |  |  |  |  |
|  |  |  |  |  |
| **Health** |  |  |  |  |
|  |  |  |  |  |
| **Housing** |  |  |  |  |
|  |  |  |  |  |
| **Supportive Relationships** |  |  |  |  |
|  |  |  |  |  |

| **Plan B** |  |
| --- | --- |
|  |  |