Iowa Department of Human Services

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

**Youth’s Dream Path**

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| **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      |

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| **Desired Outcomes of this Meeting** |

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|  | **The Dream Path** | DreamClick 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** |  |
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|       |       |