



STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

Milton Girls Juvenile Residential Facility
TRANSITION PLAN

I. DEMOGRAPHICS

YOUTH'S NAME

DJJ#/SSN#

BIRTH DATE/AGE

II. TRANSPORTATION & LIVING ARRANGEMENTS

A. Youth will be residing with:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Address: _____

B. Transportation home for youth will be provided by: _____

B. Youth will leave the MGJRF on: ___/___/___ at ___:___ AM / PM

C. Youth will arrive home on ___/___/___ at ___:___ AM / PM

D. Transportation arrangements verified by Case Manager on ___/___/___

F. What will be the house rules for the youth?

III. PROGRAM COMPLETION

A. Completion of the Adolescent Behavioral Development Incentive Program

B. Completion of Performance Plan Goals:

C. Completion of Mental Health Goals:

D. Completion of Substance Abuse Goals:

E. Education Status:

Grade Level: _____ Credit Total: _____

Has youth taken the GED Examination: _____

Results of GED: _____

Has youth taken the FCAT: _____

FCAT Scores: Math: _____ Reading: _____ Writing: _____

Has youth participated in Vocational Training: _____

Status of School Re-Entry: _____

F. Has youth successfully completed Restorative Justice: _____

Date of completion of Impact of Crime curriculum: _____

IV. COURT ORDERED SANCTIONS

\$ _____ Restitution

\$ _____ Court Fees

_____ Hours of Community Service completed in the program.

Write letter(s) of apology to: _____

Other sanction: _____

Other sanction: _____

A. Does youth require DNA testing: _____ Date Completed: _____

DNA testing completed by: _____

Are Victim Notification(s) required: _____ Date Mailed: _____

V. RECOMMENDATIONS:

A. Mental Health/Substance Abuse:

Would youth benefit from continued Mental Health: _____ Yes _____ No

Substance Abuse Treatment: _____ Yes _____ No

Is there a recommended provider: _____

Will youth be discharged on medication: _____ Yes _____ No

If yes, list: _____

VI. FOLLOW-UP WITH JPO AND/OR AFTERCARE

Youth must report to:

JPO: _____

AFTERCARE: _____

VII. YOUTH'S GOALS

A. What goals has youth set for herself upon release?

- _____
- _____
- _____
- _____
- _____

B. What has youth learned in the program that will help her achieve these goals?

VIII. ASSIGNMENTS TO BE COMPLETED BY EXIT CONFERENCE:

Youth: _____

Case
Manager: _____

Parent/Guardian: _____

Education: _____

Therapist: _____

JPO: _____

Aftercare: _____

TRANSITION PLAN SIGNATURE PAGE

Youth's Signature

Date

Parent/Guardian

Date

Juvenile Probation Officer

Date

Aftercare Provider

Date

Therapist

Date

Designated Education Staff

Date

Group Treatment Leader (Case Manager)

Date

Program Director

Date



**STATE OF FLORIDA
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**Milton Girls Juvenile Residential Facility
FORMAL CASE REVIEW**

V. RECREATIONAL THERAPY COMMENTS:

RECREATIONAL AIDE'S SIGNATURE: _____

VII. EDUCATIONAL SUMMARY

VIII. MENTAL HEALTH / SUBSTANCE ABUSE SUMMARY

See the attached Treatment Plan Individualized Review Dated ____/____/____.

THERAPIST SIGNATURE: _____

IX. NURSING COMMENTS

X. SUPERVISOR/ADDITIONAL COMMENTS:



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XII. YOUTH'S COMMENTS

_____ YOUTH'S SIGNATURE	_____ DATE	_____ PROGRAM DIRECTOR	_____ DATE
_____ TREATMENT TEAM LEADER	_____ DATE	_____ EDUCATION STAFF SIGNATURE	_____ DATE
_____ THERAPIST SIGNATURE	_____ DATE	_____ REC. AIDE SIGNATURE	_____ DATE
_____ NURSING STAFF SIGNATURE	_____ DATE	_____ OTHER STAFF SIGNATURE	_____ DATE