PARENT & FAMILY CHECKLIST

TRANSITIONING RESPONSIBLY TO ADULT CARE

PLANNING AND PREPARATION FOR ADULTHOOD AND ADULT HEALTH CARE.

YOUTH VARY IN THEIR ABILITY AND READINESS FOR ADULT CARE - REQUIRING ASSISTANCE WITH THE JOURNEY TO ADULTHOOD.

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MARK EACH BOX WITH THE APPROPRIATE SYMBOL





N/A NOT APPLICABLE TO DO



TEAM

Identify family members, friends and others to support youth in health care visits and transition

Visit their Family Physician twice a year for primary health care; ongoing care management, referrals, prescription refills, birth control or counseling

Identify Adult Specialist(s) and allied health professionals; how often to see them, and for what

VOICE

Name and describe youth's health condition(s)
Ask questions and seek out health care and transition information
Identify signs and symptoms of becoming sick and/or complication(s)
Aware of possible late effects of condition(s) and/or treatments
Understand the change in access to information, decision-making and providing consent as youth reaches adulthood

ACTION

	Determine their ability and expectations for self-care or directing others	
	Know allergies to medications, food and/or other	
	List medications, how taken, reasons for them and any side effects	
	Know how to fill medication(s) prescriptions	
	Know reasons for tests and how to access results	
	Have an emergency plan – who to call for what	
	Plan for booking and getting to health care appointments	
	Keep a personal health care record with copies of letters, reports and assessments	

CONNECTIONS

SOUNTEDITIONS		
	Identify parent/family concerns for transition	
	List ways family and others can help with transition planning	
	Participates in activities, recreation, camps and sports outside of school	
	Talk about friendships and safe relationships free from bullying (in person or online)	
	Connect with friends, peers and mentors with common interests	
	Talk about worries, stresses, anxiety, depression and/or sleeping disturbances	
	Aware of workshops about transition and planning for adulthood	

FUTURE PLANNING		
	Discuss school attendance, strengths and/or concerns (Individual Education Plan)	
	Understand how health condition(s) may affect career choices	
	Have a birth certificate, Proof of Citizenship, BC ID and Social Insurance Number (SIN)	
	Involved in working for service hours, volunteering, and or paid work	
	Have plans for after high school; education, work, or vocational programs	
	Aware of scholarships, bursaries, career counselling and/or disability programs	
	Apply to College/University student services for special accommodation (for assistance, access or illness)	
	Identify health care to consider if moving out of home, away for work, school or travel	

FINANCES & LIVING
Understand timing and eligibility for adult services
Understands eligibility and applies for suitable adult home care, supports and services (CLBC, PWD, CSIL, BC Housing)
Has plan for out-of-plan medications, equipment, and supplies
Understand changes in MSP, Fair Pharmacare, dental, extended or non-insured health benefits
Aware of financial tools; Tax credits, Bank account for persons with disabilities (PWD), RESP, and RDSP
Identify plan for guardianship and future financial planning (Representation Agreement)

HEALTHY RELATIONSHIPS		
	Understand impact of condition(s)/treatments on puberty, physical and sexual development (if any)	
	Connect with Family Physician about body changes and sexual health	
	Identify who to talk to about healthy relationships, risks of sexual abuse/ exploitation, body boundaries and appropriate touching	
	Aware of condition-specific issues affecting sexual activities, fertility and child-bearing	
	Understand the need for/access to genetic counselling (if applicable)	

PERSONAL SAFETT		
	Participate in physical activities/sports that are beneficial and safe	
	Know healthy weight, special diets, and any special concerns related to their condition	
	Discuss condition and/or medications interactions with caffeine, drugs or alcohol	
	Plan for driving and aware of any restrictions and/or other means of transportation	

DEPSONAL SAFETY



