

**STATE OF CONNECTICUT  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
INDIVIDUAL TRANSITION PLAN**

DDS-216(1) REV 2/08

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<b>Name: (Last)</b>	<b>(First)</b>	<b>(M.I.)</b>	<b>DATE OF MEETING:</b>	<b>DATE OF CHANGE:</b>

DESCRIPTION OF PERSON'S MAJOR LIFE CHANGE(S):

Pre-Transition Issues	ACTIVITY Describe the specific actions that need to take place to help the person prepare for or adjust to the life change.	Target Dates	Person(s) Responsible
Visits: (Number of visits, length of visits and with whom)			
Service Arrangements: (Health, respite, physicians, therapies, behavioral supports, recreation, transportation, etc.)			
Personal Arrangements: (Finances, benefits, insurance, shopping, furniture, packing, notifications, etc.)			
Family/Advocate Involvement: (Efforts to involve them, degree of involvement)			
Other:			

**STATE OF CONNECTICUT  
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INDIVIDUAL TRANSITION PLAN**

DDS-216(2) REV 2/08

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<b>Name: (Last)</b>	<b>(First)</b>	<b>(M.I.)</b>	<b>DATE OF MEETING:</b>	<b>DATE OF CHANGE:</b>
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**DESCRIPTION OF PERSON'S NEEDS AFTER MAJOR LIFE CHANGE(S):**

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**Describe how the person's needs/focus areas will be temporarily addressed immediately after the major change and until a more permanent plan is in effect.**

<b>NEED/FOCUS AREA</b>	<b>ACTIVITY</b>	<b>TARGET DATES</b>	<b>PERSON(S) RESPONSIBLE</b>