

# PARENT & FAMILY CHECKLIST

## TRANSITIONING RESPONSIBLY TO ADULT CARE

A GUIDE FOR PARENTS/FAMILIES TO SUPPORT  
THEIR YOUTH (12-24 YEARS OF AGE) IN THE  
PLANNING AND PREPARATION FOR ADULTHOOD  
AND ADULT HEALTH CARE.

YOUTH VARY IN THEIR ABILITY AND READINESS  
FOR ADULT CARE - REQUIRING ASSISTANCE WITH  
SOME OR ALL OF THESE SKILLS AS THEY MAKE  
THE JOURNEY TO ADULTHOOD.

[WWW.ONTRACBC.CA](http://WWW.ONTRACBC.CA)

MARK EACH BOX WITH THE APPROPRIATE SYMBOL

☒ DONE

☐ 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

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 SAFETY

|  |   |
|--|---|
|  | 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     |

## MY NOTES & QUESTIONS

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