**Young adults with special healthcare needs**

**Transition Readiness**

**Ages 18-21 years old**

|  |  |  |
| --- | --- | --- |
| Statements | Yes | No |
| I am aware that parents/guardians cannot access my healthcare information unless I fill out an Authorization to Release information form, giving them permission. |  |  |
| I have worked with my provider to switch to an adult provider that accepts my insurance. |  |  |
| I have updated my new adult medical provider with my medical summary created by my previous provider. |  |  |
| I have made an appointment with my new provider and updated my insurance information and learned of any charges due at my visit? |  |  |