\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Juvenile Court

Foster Care Review Board Summary (Young Adults ages 18-21) HiSET or Employment 80 Hours a Month

Young Adult’s Name: Docket Number:

Date of Review: [ ]  Initial Review [ ]  Subsequent Review

Transition Plan Goal(s) [ ]  Planned Permanent Living Arrangement: :

 [ ]  Extension of Foster Care Secondary Education: [ ]  HI-SET [ ]  Employment 80 hours a month

1. Board Members Present: (Quorum of \_\_\_\_ is needed to proceed with the review.)

 \_\_\_\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no \_\_\_\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no

\_\_\_\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no \_\_\_\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no

\_\_\_\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no \_\_\_\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no

\_\_\_\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no \_\_\_\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no

2. Parties Present Notice Provided Notice Provided

 Young Adult [ ]  yes [ ]  no [ ]  yes [ ]  no DCS Attorney [ ]  yes [ ]  no [ ]  yes [ ]  no

 DCS [ ]  yes [ ]  no [ ]  yes [ ]  no

3. Other Persons Present

 Foster Parent(s) [ ]  yes [ ]  no

 Mentor [ ]  yes [ ]  no

 CASA [ ]  yes [ ]  no Treatment Provider [ ]  yes [ ]  no

 Court Facilitator [ ]  yes [ ]  no

 DCS IL Specialist [ ]  yes [ ]  no

 Other: \_\_\_\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no

 Other: \_\_\_\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no

 ( )

 **If foster parent was not present, was he/she provided with notice of today’s review?** [ ]  yes [ ]  no

Findings

Note to reviewer: When gathering information from the youth, use this form as a guide and not a script. It is ok to skip questions the youth has already answered. Please shorten or rephrase questions based on the needs of the youth.

**4. Support Systems**

a. Has an adult(s) been identified to serve a support system for you? [ ]  yes [ ]  no

i. If yes, is the adult(s) able to assist you with implementing all the components of the transition plan? [ ]  yes [ ]  no

ii. If no, what are the barriers?

5. **Housing**

 a. Do you have stable housing? [ ]  yes [ ]  no

 [ ]  foster home [ ]  dormitory [ ]  lives w/ relative [ ]  living independently [ ]  group setting

 b. Are your basic needs being met with the current housing? [ ]  yes [ ]  no

 c. Are you safe in your current housing? [ ]  yes [ ]  no d. Are there barriers to the housing remaining stable? [ ]  yes [ ]  no

i. If yes, what are the barriers?

6. **Employment**

 Are you employed? [ ]  yes [ ]  no

1. If yes, are there any barriers to maintaining the employment? [ ]  yes [ ]  no

1. Is there an adult in your support system who is able to assist you with any of the challenges identified?

1. How many hours a month do you work currently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you are not employed, are there any barriers to obtaining employment? [ ]  yes [ ]  no

7. **Education**

a. Are you taking the HiSET? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 i. When do you plan on taking the test?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. What help do you need to pass your HiSET? (i.e.: accommodations, tutoring, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. What problems or issues do you have in your classes or outside of school that may keep you from passing the test? (i.e.: need for tutoring, study skills, transportation, child care, housing security, bullying, etc.)

d. What are your plans after you get your HiSET? (i.e.: further education, college, vocational training, military, career, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. **Health**

 a. Do you have medical insurance? [ ]  yes [ ]  no

 b. Have you had a comprehensive health examination in the last 12 months? [ ]  yes [ ]  no

 Date of examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 c. Do you have any medical, dental, emotional, mental, nutritional, or vision needs which are not

 presently being addressed by a qualified provider? [ ]  yes [ ]  no

 i.If yes, what are the needs?

 d. Are you currently taking prescription medication? [ ]  yes [ ]  no

 i. If yes, have there been any barriers to you obtaining the prescribed medication?

 If yes, what are the barriers? [ ]  yes [ ]  no

9. Are there any needs or services which are not being met through the transition plan? [ ]  yes [ ]  no

 i.If yes, what assistance is needed?

Recommendations

10. **Has the young adult expressed willingness to be enrolled Extension of Foster Care?** [ ]  yes [ ]  no

11. **Do you recommend a change in the transition goal?**  [ ]  yes [ ]  no

a. If yes, what is the recommended goal change?

 [ ]  Planned Permanent Living Arrangement:

 [ ]  Extension of Foster Care Secondary Education: [ ]  High School  **or** [ ]  HiSET

 [ ]  Extension of Foster Care Post Secondary Education: [ ]  Academic Education **or** [ ]  Vocational Education

 [ ]  Extension of Foster Care Work 80 hours/month

 [ ]  Extension of Foster Care Special Needs

12. **Has DCS made reasonable efforts to reach the identified goal?**  [ ]  yes [ ]  no

13. **Actions Needed and Timelines to Support EFC**

Young Adult

DCS

14 . Additional Comments

# Date of the Next Review is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The next review will be a [ ]  Subsequent Review [ ]  Administrative review

Signatures Date

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FCRB Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Young Adult

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Mother

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCS FSW

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DCS Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Parent

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Treatment Provider

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_