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

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

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

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