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

Foster Care Review Board Summary (Young Adults ages 18-21) Post-Secondary

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 Post -Secondary Education: [ ]  Academic Education **or**  [ ]  Vocational Education

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

 (Young Adult)

 Court Facilitator [ ]  yes [ ]  no

 DCS IL Specialist [ ]  yes [ ]  no

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

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

 ( ) Peer Advocate [ ]  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 his/her 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

How many hours per month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 ii. If no, are there any barriers to obtaining employment? [ ]  yes [ ]  no

7. **Education**

a. What challenges are you facing inside the classroom that may hinder you from successfully completing your academic goals by your anticipated graduation date?

b. What challenges are you facing outside the classroom that may hinder you from successfully completing your academic goals by your anticipated graduation date?

c. Is there an adult in your support system who is able to assist you with any of the challenges identified in questions a and b?

d. What are your plans once you complete your degree or certificate?

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 Plan 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** [ ]  GED/HI-SET

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

 [ ]  Extension of Foster Care Special Needs [ ]  Employment 80 hours a month

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

13. **Actions Needed and Timelines to Eliminate the Causes for Foster Care**

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

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

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