

EFC Foster Care Review Board Checklist

Young Adult: _____

Education Status: _____

FCRB Scheduled date: _____

Housing Status: _____

Please check, if submitted.	Items Required for Complete Packets
	Young Adult Notification Delivery <input type="checkbox"/> Text (Telephone Number: _____) <input type="checkbox"/> Email (Email address: _____) <input type="checkbox"/> Face-to Face (Date: _____)
	Permanency Plan
	Transition Plan
	Quarterly Progress Review
	Progress Report & Report Card (secondary) or Semester Grades (post-secondary)
	Official Transcript from each High School (high school students)
	IEP or 504 (secondary) or Disability Accommodations (post-secondary)
	Degree Map or Plan of Study (for college students)
	Class Schedule (for college students)
	State Issued I.D.
	EPSD&T Medical (Confirmation/results since last review)
	EPSD&T Dental (Confirmation/results since last review)
	Special circumstances or Comments:

PLEASE Print EFC Worker

EFC Worker's Signature

PLEASE Print EFC Supervisor

EFC Supervisor's Signature