

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: _____	<input type="checkbox"/> Initial Review <input type="checkbox"/> Subsequent Review
Transition Plan Goal(s) <input type="checkbox"/> Planned Permanent Living Arrangement: _____	
<input type="checkbox"/> Extension of Foster Care Secondary Education: <input type="checkbox"/> HI-SET <input type="checkbox"/> Employment 80 hours a month	

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

John Doe	<input type="checkbox"/> yes <input type="checkbox"/> no	Susie Q	<input type="checkbox"/> yes <input type="checkbox"/> no
John Doe	<input type="checkbox"/> yes <input type="checkbox"/> no	Susie Q	<input type="checkbox"/> yes <input type="checkbox"/> no
John Doe	<input type="checkbox"/> yes <input type="checkbox"/> no	Susie Q	<input type="checkbox"/> yes <input type="checkbox"/> no
John Doe	<input type="checkbox"/> yes <input type="checkbox"/> no	Susie Q	<input type="checkbox"/> yes <input type="checkbox"/> no

2. Parties Present

Young Adult	<input type="checkbox"/> yes	<input type="checkbox"/> no	Notice Provided	<input type="checkbox"/> yes	<input type="checkbox"/> no	DCS Attorney	<input type="checkbox"/> yes	<input type="checkbox"/> no	Notice Provided	<input type="checkbox"/> yes	<input type="checkbox"/> no
DCS	<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no

3. Other Persons Present

Foster Parent(s)	<input type="checkbox"/> yes	<input type="checkbox"/> no	DCS IL Specialist	<input type="checkbox"/> yes	<input type="checkbox"/> no
Mentor	<input type="checkbox"/> yes	<input type="checkbox"/> no	Other: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
CASA	<input type="checkbox"/> yes	<input type="checkbox"/> no	Other: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Treatment Provider	<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no
Court Facilitator	<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no
(_____)					

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

Findings

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

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

- iii. How many hours a month do you work currently? _____

- iv. 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 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

FCRB Chair

Young Adult

Mother

Father

DCS FSW

DCS Supervisor

Foster Parent

Treatment Provider

Other _____

Other _____

Other _____

Other _____

Other _____