

# Juvenile Court

## Foster Care Review Board Summary

### (Young Adults ages 18-21) Post-Secondary or Employment

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 or Employment:  Academic Education  Vocational Education  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	<b>Notice Provided</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no		<b>Notice Provided</b>	<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		DCS Attorney	<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	Peer Advocate	<input type="checkbox"/> yes	<input type="checkbox"/> no
(Young Adult)					
Court Facilitator	<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 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
- 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**

Are you enrolled in school?

- i. If yes, what challenges are you facing inside the classroom that may hinder you from successfully completing your academic goals by your anticipated graduation date?

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

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

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

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## 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?

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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

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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? \_\_\_\_\_

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### *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  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 Support EFC

Young Adult \_\_\_\_\_

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DCS \_\_\_\_\_  
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14 . Additional Comments \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**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

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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 \_\_\_\_\_

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