

**FCRO B2i Database – Contents
May 2017
Young Adult Master Form**

Can search on this page by last name or ARP#

ARP (Self Populates on Review Form)

FCRO Number

Master Case Number

YA Last Name (Self Populates on Review Form)

YA First Name (Self Populates on Review Form)

Gender

Date of Birth

Age (Self populates when based on date of birth)

Race

White

Black

American Indian and Alaska Native

Asian

Native Hawaiian and Other Pacific Islander

Some other Race

No Information

Two or More Races

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Unknown

YA Tribal Member Yes No

Which Tribe (Fill in)

Qualifier for B2i

Custody when turned 19

Adopted

Guardianship

TIMES IN BRIDGE PROGRAM

Past Dates In and Out of Program

Reasons (01- Ineligible, 02- YA non-compliance, 03 Graduation)

In	YSSA Date
In	YSSA Date
In	YSSA Date
In	YSSA Date

Out	Term letter
Out	Term letter
Out	Term letter
Out	Term letter

Age 19 but determined in-eligible and never entered the program. BOX

Number of IC since originally entering the B2i Program

Section 1 of Review Form

YA Last Name (Self Populates from the YA Master Form)
YA First Name (Self Populates from the YA Master Form)
ARP (Self Populates from the YA Master Form)
FCRO Number (Self Populates from the YA Master Form)

FCRO Case Review Date
Indi Coord (drop down)
Review Type 01-In-Person 02-Without YA present (3) By Phone
Reviewed by FCRO before B2i Entry 01-Yes, 02-No
If yes, # revs
Number of FCRO Reviews after entering B2i ____
YA invited to review 01-Yes, 02-No, 03-unable to locate, 04-Refused
YA Attended Review
IV-E Eligible

Section 2 of Review Form

TIMES IN BRIDGE PROGRAM

Times in Program (Age 19-20)
Date of most recent YSSA
Date of most recent Best Interest

Section 3 of Review Form

QUALIFICATIONS FOR PROGRAM

Check all that apply

- Completing high school
- Employed 80 hours per month
- Post-secondary education
- Special program to reduce barriers to employment
- Incapable work/school due to med/DD condition

Section 4 of Review Form

INDEPENDENT LIVING PLAN

Current Plan 01-yes, 02-no, 04-not avail for review
Plan developed with YA 01-yes, 02-no, 09-unk

Section 5 of Review Form

AGENCY FILE INFORMATION

DHHS Service Area 01-Eastern, 02-SE, 03-NE, 04-Central, 05-Western
IC contact within last 30 days 01-Yes, 02-No, 09-Unk
If no IC contact within 30 days, did IC make attempts? 01-Yes, 02-No, 09-Unk
If in program due to med/MH condition, updates in file 01-yes, 02-no, 03-not applicable
Number of ICs since the original YSSA date - 01) 1 02) 2 03) 3 04) 4 or more

Section 6 of Review Form

HOUSING

Housing type at point-of-time of this review

01-with parent/guardian, 02-shelter, 03-relative, 04-foster home, 05-treatment facility, 06-group home, 07-dorm or campus housing, 08-shared housing (apartment, house, trailer), 09-independent housing (own apartment, etc), 10-host homes, 11-transitional housing (TLP), 12-couch surfing, 13-homeless, 14-jail, 15-Homeless Shelter, 99-other

Length of time in current housing

01-less than a month, 02-1-3 months, 03-4-6 months, 04-7-9 months, 05-10-12 months, 06-over a year, 09-unable determine

Housing appear safe_

01-yes, 02-no, 09-unk

Housing appear appropriate

01-yes, 02-no, 09-unk

Is the YA paying RENT (if not living in college dorm)? 01-yes, 02-no, 09-unk

ADD - For 2nd, 3rd or 4th review: Number of moves since last review

Section 7 of Review Form

PERMANENT RELATIONSHIPS

Plan for quality relationships adequate

01-yes, 02-no, 09-unk

Sibling relationships been maintained

01-yes, 02-no, 03-no siblings, 04-Some siblings, 05-Sibs refuse, 06-No contact order or contact inappropriate, 09-unk

Relationship with mother maintained

01-yes, 02-no, 03-not applicable (deceased, lost rights), 04-not in best interests, 09-unkn

Relationship with father maintained

01-yes, 02-no, 03-not applicable (deceased, lost rights), 04-not in best interests, 09-unkn

Relationship with other relative maintained

01-yes, 02-no, 03-not applicable, 04-not in best interests, 09-unkn

Relationship with non-relative adult maintained

01-yes, 02-no, 03-not applicable, 09-unkn

Section 8 of Review Form

EDUCATION

In School

01-yes, 02-no, 09-unk, 10-NA

If in school, what type

01-high school, 02-post-secondary, 03-specialty, 04-Job Corps, 09-unk, 10-NA

If in school, full or part time

01-full time, 02-part time, 09-unk, 10-NA

Tutoring/mentors offered

01-yes, 02-no, 03-not needed, 09-unk, 10-NA

Any issues with tuition reimbursement	01-yes, 02-no, 03-not needed, 09-unk, 10-NA
ETV	01-yes, 02-no, 03-not app, 09-unk, 10-NA
Pell Grant	01-yes, 02-no, 03-not app, 09-unk, 10-NA
Grant/Scholarship other than Pell	01-yes, 02-no, 03-not app, 09-unk, 10-NA
IEP Carryover	01-yes, 02-no, 03-not app, 09-unk, 10-NA

NYTD

The most recent NYTD completed (*Not Required*) 01-Entry, 02-6 mo, 03-12 mo, 04-18 mo, 05-Not Done, 06 Unk

Section 9 of Review Form

EMPLOYMENT

Employment status	01-full time, 02-part time, 03-not seeking, 04-seeking, 09-unk, 10-NA
If employed, longest length of time in job	01-less than a month, 02-1-3 months, 03-4-6 months, 04-7-9 months, 05-10-12 months, 06-over a year, 09-unable determine, 10-NA
Does employer provide health insurance	01-yes, 02-no, 03-unaffordable, 09-unable to determine, 10-NA
Employment services or supports offered	01-yes, 02-no, 03-not needed, 09-unk, 10-NA
Current number of jobs held	01-1, 02-2, 03-more than 2, 04-None, 10-NA

Section 10 of Review Form

RECORDS PROVIDED PRIOR TO REACHING AOM

Notice of Program at age 16	01-yes, 02-no, 03-NA, 09-unk
Notice of Program at 90 days prior to aging out	01-yes, 02-no, 03-NA, 09-unk
Birth certificate	01-yes, 02-no, 09-unk, 10-In Progress
Social Security Card	01-yes, 02-no, 09-unk, 10-In Progress
Driver's license or state ID	01-Drivers License 02-State ID 09-Neither 10) Unknown

Section 11 of Review Form

RECORDS PROVIDED TO YOUNG ADULT AT AOM

Proof of State Ward Status	01-yes, 02-no, 09-unk, 10-In Progress
Health Insurance card	01-yes, 02-no, 03-na, 09-unk, 10-In Progress
Info on designating someone to make healthcare decisions (required per Affordable Care Act)	01-yes, 02-no, 09-unk, 10-In Progress
Young adult's health record	01-yes, 02-no, 09-unk, 10-In Progress
Young adult's education record	01-yes, 02-no, 09-unk, 10-In Progress

Section 12 of Review Form

FAMILY STATUS

Marital Status	01-Single, 02-Married, 03-divorced, 09-unkn
Pregnant	01-yes, 02-no, 03-male, 09-unk
Parenting	01-yes, 02-no, 09-unk

If parenting, # of children _____

If parent, ages of children (in mos)

Child 1

Child 2

Child 3

Section 13 of Review Form

COURT RELATED

Name of County Court (Also on Front) **Remove one of these.**

GAL assigned	01-yes, 02-no, 09-unk
CASA assigned	01-yes, 02-no, 09-unk
YA notified of right to court appointed attorney	01-yes, 02-no, 09-unk
YA has a court appointed attorney	01-yes, 02-no, 09-unk
Young adult has hired own attorney	01-yes, 02-no, 09-unk
Court Permanency Hearing date set	01-date set, 02-date not set, 03-n/a (aging out), 09-unkn
If set, indicate date _____	

Section 14 of Review Form

SERVICES

Services included in plan	01-yes, 02-no, 09-unk
Services in plan occurring	01-yes, 02-no, 03-no plan, 09-unk
Additional services needed	01-yes, 02-no, 09-unk

ADD For 2nd, 34d, reviews: Has case plan been updated since last review?

Section 15 of Review Form

TO BE ADDRESSED PRIOR TO 21

Indicate type(s) services needed with an X

<input type="checkbox"/>	Education related	<input type="checkbox"/>	Employment related	<input type="checkbox"/>	Housing related
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>	DD Services
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Financial supports	<input type="checkbox"/>	Legal services
<input type="checkbox"/>	\$ management skills	<input type="checkbox"/>	Other life skills	<input type="checkbox"/>	Transition planning
<input type="checkbox"/>	Documents from DHHS not listed in records section			<input type="checkbox"/>	Info on Credit Report
<input type="checkbox"/>	Assistance in obtaining Health Insurance			<input type="checkbox"/>	
<input type="checkbox"/>	Other (describe)				

Section 16 of Review Form

PROGRESS / CONTINUATION

Progress to self sufficiency being made	01-yes, 02-no, 09-unk
Continuation in the program is in best interests	01-yes, 02-no, 03-n/a (about to age out), 09-unk
Reasonable efforts provided	01-yes, 02-no, 03-n/a (about to age out), 09-unk

Since the last FCRO Case Review:

Housing – (1) Progress (2) No Progress
 Employment (1)
 Education
 Law Violations
 Transportation
 Financial Independence
 Other?