

**Nebraska Foster Care Review Office  
Bridges to Independence Case Review  
Report and Recommendations**

**In the Matter of:**

<b>Young Adult's Name</b>	<b>Birthdate</b>	<b>Age</b>
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<b>Case Review Date</b>		<b>Docket/Case Number</b>	
<b>Case Review Number</b>		<b>Date of Next Court Hearing</b>	
<b>Service Area</b>		<b>County of Court</b>	
<b>FCRO Review Specialist</b>		<b>Date of Next FCRO Case Review</b>	

**(Young Adult participation in Case Review)**

<b>Date Young Adult Entered the Program (Court Order)</b>	
<b>Date Young Adult Exited from the Program (if Applicable)</b>	
<b>Reason:</b>	
<b>Date Young Adult Re-Entered the Program (if Applicable)</b>	

<b>Independence Coordinator</b>	
<b>Date of Young Adults Last Team Meeting with Independence Coordinator (IC)</b>	
<b>Number of Independence Coordinators (IC)</b>	

**FCRO CASE REVIEW REPORT AND RECOMMENDATIONS**

**FCRO Recommendations / Next Steps:**

**Successes:**

**Barriers:**

Does the Young Adult have an identified Emotional/Mentoring Support System?

Yes  No  Unknown

(Narrative)

**Independent Living Plan:**

The Independent Living Plan was available for review.  Yes  No

- The IL plan was developed with the young adult.  Yes  No  Information Not Available
- The goal/s are identified and services, programs or supports are identified to address areas of need, including formal and informal training opportunities with completion dates.  Yes  No

(Narrative)

Young Adult's Last Name First Name	Case Review Date:
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**Independent Living Plan includes the following:**

- Housing  Yes  No  Partial  Not a Current Goal
- Employment and/or career exploration opportunities.  Yes  No  Partial  Not a Current Goal
- Education and/or post-secondary education are defined.  Yes  No  Partial  Not a Current Goal
- Transportation  Yes  No  Partial  Not a Current Goal
- Young adult has a copy of important documents in his/her possession:
  - Driver's License  Yes  No  In-Progress  N/A due to disability or \_\_\_\_\_(specify)
  - State ID  Yes  No  In-Progress
  - Social Security Card  Yes  No  In-Progress
  - Health Records  Yes  No  In-Progress
  - Proof of State Ward Status  Yes  No  In-Progress
  - Health Insurance Card.  Yes  No  In-Progress

(Narrative)

**Credit Report:**

- A credit report was done prior to the Young Adult becoming age 19 to ensure that the young adult has a clean credit report and a copy of the credit report has been provided.  Yes  No
  - If no, the IC will provide information to the YA on how to access their credit report?  Yes  No
  - If yes and there were issues, are there steps occurring to assist the Young Adult in correcting these issues?  Yes  No

(Narrative)

**Parenting:**

- Is Young Adult pregnant, or do they have a child?  Yes /Pregnant  Yes / child  No  Unk
  - If yes, are services and supports described in the plan?  N/A  Yes  No
  - If yes, is progress being made towards obtaining services?  N/A  Yes  No
- Does the Young Adult have any Disabilities:  Yes  No  Unknown
- Does the Young Adult have any Law Violations:  Yes  No  Unknown

**Housing:**

- Has the housing address been verified (Scanned)?  Yes  No  Unknown
- Has the housing arrangement been approved?  Yes  No  Unknown

(Narrative: type of housing / location / issues / barriers)

**Medical:**

- Are there any medical needs that need to be addressed?  Yes  No  Unknown

(Narrative) *(Due to HIPAA this is not to be extensive or intrusive and should only address that the Young Adult is receiving health services as needed/requested).*

**Mental Health:**

- Are there any mental health needs that need to be addressed?  Yes  No  Unknown  
(Narrative) (*Due to HIPAA this is not to be extensive or intrusive and should only address that the Young Adult is receiving mental health services as needed/requested*).

**Education:**

- Are there any education needs that need to be addressed?  Yes  No  Unknown
  - Level of Education
    - High School Completion  Yes  No  In-Progress
    - GED Program  Yes  No  In-Progress
    - Post-Secondary Education  Yes  No  In-Progress
  - Educational Services:
    - Does the young adult have an IEP?  Yes  No  Unknown
    - If yes, are IEP services implemented at the school?  Yes  No  NA
  - The young adult is *planning to attend / currently attending* college / specialized training?  
 Yes  No  Unknown

(Narrative)

**Employment:**

- Are there any employment needs that need to be addressed?
  - Employer:
  - Hours per week:

(Narrative)

**Employment Readiness:**

- Employment Readiness Training  Yes  No  Not a current goal
- Are there any employment readiness needs that need to be addressed?

(Narrative)

**Transportation:**

- Driver's Education  Yes  No  Not a current goal
- Are there any transportation needs that need to be addressed?

(Narrative)

**Life Skills:**

- Independent Living Skills Training  Yes  No  Not a current goal
- Opportunity Passport  Yes  No  Not a current goal
- Other: (Budgeting, recreation, social, hygiene, cooking, home management, etc.)

(Narrative)

Young Adult's Last Name First Name	Case Review Date:
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**Reports Submitted To:**

Name	Relationship	Attended Review	Report Submitted
Hon.	Judge		Yes
	Young Adult		Yes
<i>(only if appointed)</i>	Guardian ad litem		Yes
<i>(only if appointed)</i>	Young Adult's Attorney		Yes
	Independence Coordinator		Yes
	Independence Supervisor		Yes
	Special Projects Program Specialist		Yes
<i>(only if appointed)</i>	<b>CASA</b>		Yes
<i>(only if needed)</i>	<b>Others Invited to the Case Review</b>		No

Nebraska Foster Care Review Office  
 521 S. 14th St. Ste. 401, Lincoln, NE 68508-2707  
 [402] 471-4420 or 1-800-577-3272

Prepared by  
 Date