

**Nebraska Foster Care Review Office  
Bridges to Independence  
Case Review CHECKLIST**

|                           |                  |            |
|---------------------------|------------------|------------|
| <b>Young Adult's Name</b> | <b>Birthdate</b> | <b>Age</b> |
|---------------------------|------------------|------------|

|  |  |
|--|--|
| <b>Case Review Date</b>                  |  |
| <b>How many B2i Reviews?</b>             |  |
| <b>Independence Coordinator</b>          |  |
| <b>Gender</b>                            |  |
| <b>Race / Ethnicity</b>                  |  |
| <b>Parent? Pregnant?</b>                 |  |
| <b>City</b>                              |  |
| <b>Master Case Number</b>                |  |
| <b>ARP Number</b>                        |  |
| <b>FCRO Number</b>                       |  |
| <b>Number of FCRO Reviews before 19</b>  |  |
| <b>IV-E?</b>                             |  |
| <b>Court Jurisdiction</b>                |  |
| <b>Next Court Date?</b>                  |  |
| <b>JV-15</b>                             |  |
| <b>YSSA</b>                              |  |
| <b>Best Interest Date</b>                |  |
| <b>Judge</b>                             |  |
| <b>Appointed Attorney</b>                |  |
| <b>Aged out? Guardianship? Adoption?</b> |  |
| <b>Medicaid?</b>                         |  |
| <b>Disability?</b>                       |  |
| <b>HS Grad or GED?</b>                   |  |

**Successes:**

**Barriers:**

**Recommendations / Next Steps:**

- Does the Young Adult have an identified Support System:  Yes  No  Unknown (Identify)
- Relationship with family members? (sibs, parents, grandparents, etc.)

**Case Plan:**

A **Case Plan** was available for review.  Yes  No  Partial

- The case plan was developed with the young adult.  Yes  No  Not Available
- Specifically identified services, programs or supports are identified in the plan that will address any identified areas of need, including formal and informal training opportunities with completion dates.  Yes  No
- What are you and your I.C. working on when you get together? (within and outside of the plan)

**Case Plan includes the following:**

- Housing  Yes  No  Partial
- Employment and/or career exploration opportunities.  Yes  No  Partial
- Goals for completing HS education and/or post-secondary education are defined.  Yes  No  Partial
- Transportation  Yes  No  Partial
- Young adult has a copy of important documents in his/her possession:
  - Driver's License  Yes  No
  - State ID  Yes  No
  - Social Security Card  Yes  No
  - Birth Certificate?
  - Health Records  Yes  No
  - Educational Records?
  - Proof of State Ward Status  Yes  No
  - Health Insurance Card.  Yes  No
  - Info on designating someone to make healthcare decisions? (required per Affordable Care Act)

- 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 yes and there were issues, are there steps occurring to assist the Young Adult in correcting these issues?  Yes  No
  - If no, IC will provide information to the YA on how to access their credit report.
- Does Young Adult have a child?  Yes  No  Unknown
- Is the Young Adult pregnant?  Yes  No  Unknown
  - 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
- Has the young adult been notified of their right to an attorney?  Yes  No

**Housing:**

- **Has the housing address been verified?**
  - **Has the housing arrangement been approved?**
- (Narrative: type of housing / location / issues / barriers)

**Medical:**

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

**Mental Health:**

- Are there any mental health needs that need to be addressed?  Yes  No  Unknown
- Narrative:

**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
- Post-secondary funding sources: Sholarships, ETV, Pell?

- Would they be interested in going through a college exploration program to see what their interests are?

**Employment:**

- Employer:
- Hours per week:
- Length of time in current job?
- Number of jobs throughout your life?
- Longest length of time in a job?

**Employment Readiness:**

- Employment Readiness Training  Yes  No  
(Narrative)

**Transportation:**

- Driver's Education  Yes  No
- Driver's License  Yes  No  N/A due to disability or \_\_\_\_\_(specify)
- Opportunity Passport  Yes  No  Not a current goal

**Skills**

- Independent Living Skills Training  Yes  No
  - Describe what skills they have and are lacking. E.g., budgeting, recreation, social, hygiene, cooking, home management, conflict management, social skills, etc.

- How would you say that this program has helped you?
  - Stipend:
  - IC support & Guidance:
  - What is I.C. doing to help you overcome barriers in your life?

**What address or email would you like this report mailed to?**