

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

| | | | |
|------------------------------------|--|---|--|
| Case Review Date | | Docket/Case Number | |
| Case Review Number | | County of Court | |
| Young Adult's Name | | Date of Next Court Hearing | |
| Young Adult's Birthday | | Date Entered Program (YSSA) | |
| Last Day of B2i Eligibility | | Date Entered Program (Court Order) | |

FCRO CASE REVIEW REPORT AND RECOMMENDATIONS

The FCRO finds that the Independence Coordinator (IC) [HAS/HAS NOT] worked with this young adult (YA) to develop a plan to address ongoing needs and that progress [IS/IS NOT] being made to address the goals in this plan. The IC [IS/IS NOT] meeting with the YA on a monthly basis and [IS/IS NOT] ensuring that meaningful life skills are being provided. FCRO finds that the YA's housing [IS/IS NOT] safe.

FCRO finds that continuation in the Bridge to Independence program [IS/IS NOT] in this YA's best interest.

[ADDITIONAL RECOMMENDATIONS IF NEEDED]

Reports Submitted To:

| Name | Relationship | Attended Review | Report Submitted |
|-----------------|-------------------------------------|------------------------|-------------------------|
| Hon. | Judge | N/A | Yes |
| | Young Adult | | Yes |
| | Young Adult's Attorney | N/A | Yes |
| | Independence Coordinator | | Yes |
| | Independence Supervisor | N/A | Yes |
| Deanna Brakhage | Special Projects Program Specialist | N/A | Yes |

Nebraska Foster Care Review Office
 1225 L St., Ste. 401, Lincoln, NE 68508-2707
 [402] 471-4420 or 1-800-577-3272

Prepared by:
 Date:

| | |
|------------------------------------|-------------------|
| Young Adult's Last Name First Name | Case Review Date: |
|------------------------------------|-------------------|

A Transitional Living Plan complete with goals was available for review? Yes No Unable to Determine

GOALS

| | | | |
|---|--|---|---|
| Education: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | | | |
| In Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Services offered or referred? <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Progress? <input type="checkbox"/> Goal Completed <input type="checkbox"/> Some Progress <input type="checkbox"/> Minimal Progress <input type="checkbox"/> No Progress <input type="checkbox"/> Unable to Determine | If no progress, why? (Check all that apply) <input type="checkbox"/> No Referrals Made <input type="checkbox"/> Lack of Available Services <input type="checkbox"/> YA Not Engaged <input type="checkbox"/> Attempted but Unsuccessful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to Determine |
| Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | | | |
| In Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Services offered or referred? <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Progress? <input type="checkbox"/> Goal Completed <input type="checkbox"/> Some Progress <input type="checkbox"/> Minimal Progress <input type="checkbox"/> No Progress <input type="checkbox"/> Unable to Determine | If no progress, why? (Check all that apply) <input type="checkbox"/> No Referrals Made <input type="checkbox"/> Lack of Available Services <input type="checkbox"/> YA Not Engaged <input type="checkbox"/> Attempted but Unsuccessful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to Determine |
| Financial/Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | | | |
| In Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Services offered or referred? <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Progress? <input type="checkbox"/> Goal Completed <input type="checkbox"/> Some Progress <input type="checkbox"/> Minimal Progress <input type="checkbox"/> No Progress <input type="checkbox"/> Unable to Determine | If no progress, why? (Check all that apply) <input type="checkbox"/> No Referrals Made <input type="checkbox"/> Lack of Available Services <input type="checkbox"/> YA Not Engaged <input type="checkbox"/> Attempted but Unsuccessful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to Determine |
| Housing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | | | |
| In Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Services offered or referred? <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Progress? <input type="checkbox"/> Goal Completed <input type="checkbox"/> Some Progress <input type="checkbox"/> Minimal Progress <input type="checkbox"/> No Progress <input type="checkbox"/> Unable to Determine | If no progress, why? (Check all that apply) <input type="checkbox"/> No Referrals Made <input type="checkbox"/> Lack of Available Services <input type="checkbox"/> YA Not Engaged <input type="checkbox"/> Attempted but Unsuccessful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to Determine |
| Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | | | |
| In Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Services offered or referred? <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Progress? <input type="checkbox"/> Goal Completed <input type="checkbox"/> Some Progress <input type="checkbox"/> Minimal Progress <input type="checkbox"/> No Progress <input type="checkbox"/> Unable to Determine | If no progress, why? (Check all that apply) <input type="checkbox"/> No Referrals Made <input type="checkbox"/> Lack of Available Services <input type="checkbox"/> YA Not Engaged <input type="checkbox"/> Attempted but Unsuccessful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to Determine |

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|------------------------------------|-------------------|
| Young Adult's Last Name First Name | Case Review Date: |
|------------------------------------|-------------------|

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|---|--|---|---|
| Life Skills (other than those above): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | | | |
| In Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Services offered or referred? <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Progress? <input type="checkbox"/> Goal Completed <input type="checkbox"/> Some Progress <input type="checkbox"/> Minimal Progress <input type="checkbox"/> No Progress <input type="checkbox"/> Unable to Determine | If no progress, why? (Check all that apply) <input type="checkbox"/> No Referrals Made <input type="checkbox"/> Lack of Available Services <input type="checkbox"/> YA Not Engaged <input type="checkbox"/> Attempted but Unsuccessful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to Determine |

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|--|--|---|---|
| Document Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | | | |
| In Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Services offered or referred? <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Progress? <input type="checkbox"/> Goal Completed <input type="checkbox"/> Some Progress <input type="checkbox"/> Minimal Progress <input type="checkbox"/> No Progress <input type="checkbox"/> Unable to Determine | If no progress, why? (Check all that apply) <input type="checkbox"/> No Referrals Made <input type="checkbox"/> Lack of Available Services <input type="checkbox"/> YA Not Engaged <input type="checkbox"/> Attempted but Unsuccessful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to Determine |

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|---|--|---|---|
| Health: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | | | |
| In Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Services offered or referred? <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Progress? <input type="checkbox"/> Goal Completed <input type="checkbox"/> Some Progress <input type="checkbox"/> Minimal Progress <input type="checkbox"/> No Progress <input type="checkbox"/> Unable to Determine | If no progress, why? (Check all that apply) <input type="checkbox"/> No Referrals Made <input type="checkbox"/> Lack of Available Services <input type="checkbox"/> YA Not Engaged <input type="checkbox"/> Attempted but Unsuccessful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to Determine |

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| Relationships/Support System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | | | |
| In Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Services offered or referred? <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Progress? <input type="checkbox"/> Goal Completed <input type="checkbox"/> Some Progress <input type="checkbox"/> Minimal Progress <input type="checkbox"/> No Progress <input type="checkbox"/> Unable to Determine | If no progress, why? (Check all that apply) <input type="checkbox"/> No Referrals Made <input type="checkbox"/> Lack of Available Services <input type="checkbox"/> YA Not Engaged <input type="checkbox"/> Attempted but Unsuccessful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to Determine |

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|---|--|---|---|
| Pregnant/Parenting: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine | | | |
| In Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Services offered or referred? <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Progress? <input type="checkbox"/> Goal Completed <input type="checkbox"/> Some Progress <input type="checkbox"/> Minimal Progress <input type="checkbox"/> No Progress <input type="checkbox"/> Unable to Determine | If no progress, why? (Check all that apply) <input type="checkbox"/> No Referrals Made <input type="checkbox"/> Lack of Available Services <input type="checkbox"/> YA Not Engaged <input type="checkbox"/> Attempted but Unsuccessful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to Determine |

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|---|--|---|---|
| Other _____: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | | | |
| In Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Services offered or referred? <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine | Progress? <input type="checkbox"/> Goal Completed <input type="checkbox"/> Some Progress <input type="checkbox"/> Minimal Progress <input type="checkbox"/> No Progress <input type="checkbox"/> Unable to Determine | If no progress, why? (Check all that apply) <input type="checkbox"/> No Referrals Made <input type="checkbox"/> Lack of Available Services <input type="checkbox"/> YA Not Engaged <input type="checkbox"/> Attempted but Unsuccessful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to Determine |

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|------------------------------------|-------------------|
| Young Adult's Last Name First Name | Case Review Date: |
|------------------------------------|-------------------|

Is the young adult's housing safe?

Yes No Unable to Determine

If No or Unable to Determine, please explain:

Is the young adult's housing stable?

Yes No Unable to Determine

If No or Unable to Determine, please explain:

Is continuation in the Bridge to Independence Program is in the Young Adult's best interest?

Yes No Unable to Determine

If No or Unable to Determine, please explain:

Are meaningful life skills services being provided?

Yes No Unable to Determine

If No or Unable to Determine, please explain:

Is the young adult making progress towards independent living?

Yes No Unable to Determine

If No or Unable to Determine, please explain:

Does the young adult have a reliable support system?

Yes No Unable to Determine

If No or Unable to Determine, please explain: