

**CRBC LOCAL REVIEW BOARD WORKSHEET**

ATTACH LABEL HERE

**USED FOR ALL PERMANENCY PLANS**

Staff Assistant: \_\_\_\_\_ Board: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Quarter of Review</u>			
(1) = 1st Quarter	(2) = 2nd Quarter	(3) = 3rd Quarter	(4) = 4th Quarter
<u>Review Code</u>		<u>Number of Reviews</u>	
<u>Child's Age at time of Review</u>			

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[PE-00] – PLAN

[H]  Reunification [R]  Relative Placement for Adoption [C]  Relative Placement for Custody/Guardianship  
[A]  Non Relative Adoption [G]  Non Relative Custody/Guardianship [O]  APPLA

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[WR-00]  (1) Parental rights have been terminated  (2) Parents are deceased (if any checked, skip to Permanency)

[WR-01] WAIVER OF REUNIFICATION SERVICES (WRS) Does WRS Apply? [1]  Yes [2]  No (skip to TPR)

Status of WRS	Mother(1)	Father(2)	Both(3)
[WR-02] <input type="checkbox"/> The court has granted WRS for	_____	_____	_____
[WR-03] <input type="checkbox"/> The court denied WRS for	_____	_____	_____
[WR-04] <input type="checkbox"/> DSS requested WRS, that is still pending for	_____	_____	_____
[WR-05] <input type="checkbox"/> DSS did not request/file a WRS for	_____	_____	_____

Choose reasons below ONLY if WR-05 above is checked and the Board feels that a WRS should be requested

- [WR-07]  mother  father, subjects eligible child to applicable act.
- [WR-08]  mother  father, failure to protect eligible child from an applicable act.
- [WR-09]  mother  father, is convicted of an applicable crime of violence.
- [WR-10]  mother  unknown perpetrator still in household.
- [WR-11]  mother  abandonment of child.
- [WR-12]  mother  father has involuntarily lost parent's rights of a sibling (\_\_\_\_\_)
- [WR-13]  other \_\_\_\_\_
- [WR-14]  NONE

WAIVER\_COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TERMINATION OF PARENTAL RIGHTS (TPR)

[TP-01] Was TPR filed? [1]  Yes [2]  No (Go to TPR Petition)

[TP-02] Was TPR filed in a timely manner (15 out of 22 months)? [1]  Yes [2]  No

**CRBC LOCAL REVIEW BOARD WORKSHEET**

**Filed Notice of Objection: (If TPR filed)**

- [TP-03]\_\_ Mother [1] \_Yes [2] \_No [3] \_N/A [4] \_Unknown
- [TP-04]\_\_ Father [1] \_Yes [2] \_No [3] \_N/A [4] \_Unknown
- [TP-05]\_\_ Was Publication made for Parent whose whereabouts are Unknown?  
[1] \_Yes [2] \_No [3] \_N/A [4] \_Unknown

**IF TPR Hearing Held**

- [TP-06]\_\_ TPR Granted? [1] \_Yes [2] \_No [3] \_Pending
- [TP-07]\_\_ Was TPR APPEALED? [1] \_Yes [2] \_No [3] \_Unknown

**TPR Petition (If Not Filed – Child under age 18)**

[TP-08]\_\_ The Board recommends that a petition for TPR: \_ be filed because

The Board finds that F.L. Article 5-525.1, applies, because it requires action for TPR due to (choose only 1 below)

- [TP-09]\_\_ \_ [1]\_\_ child in care 15 out of 22 months
- \_ [2]\_\_ abandoned infant
- \_ [3]\_\_ conviction - Mother
- \_ [4]\_\_ conviction - Father
- \_ [5]\_\_ conviction - Both
- \_ [6]\_\_ other

[TP-10]\_\_ The Board recommends that a petition for TPR: \_ NOT be filed due to (choose only 1 below)

- [TP-11]\_\_ \_ [1]\_\_ the child has been placed with relatives \_ [4]\_\_ child does not consent to adoption
- \_ [2]\_\_ DSS failed to provide required reunification services
- \_ [3]\_\_ other compelling reason not to file

TPR\_COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permanency:**

[PE-01]\_\_ Were other permanency options considered? [1] \_Yes [2] \_No (Skip to PE-03)  
*(if YES what plan was most recently ruled out)*

- [PE-02]
- [H]\_\_ \_ Reunification [R]\_\_ \_ Relative Placement for Adoption [C]\_\_ \_ Relative Placement for Custody/Guardianship
- [A]\_\_ \_ Non Relative Adoption [G]\_\_ \_ Non Relative Custody/Guardianship [O]\_\_ \_ APPLA

**Concurrent Planning (ALL EXCEPT APPLA - Skip to PE-07 if APPLA or Post TPR Adoption)**

[PE-03]\_\_ Is there a concurrent plan identified by the courts? [1] \_Yes [2] \_No (GOTO PE-06)

[PE-04]\_\_ If Yes, what is the concurrent plan?

- [H]\_\_ \_ Reunification [R]\_\_ \_ Relative Placement for Adoption [C]\_\_ \_ Relative Placement for Custody/Guardianship
- [A]\_\_ \_ Non Relative Adoption [G]\_\_ \_ Non Relative Custody/Guardianship [O]\_\_ \_ APPLA

[PE-05]\_\_ Is the LDSS implementing the concurrent plan set by the courts? [1] \_Yes (GOTO PE-07) [2] \_No

[PE-06]\_\_ If No, what concurrent plan is the LDSS implementing?

- [H]\_\_ \_ Reunification [R]\_\_ \_ Relative Placement for Adoption [C]\_\_ \_ Relative Placement for Custody/Guardianship
- [A]\_\_ \_ Non Relative Adoption [G]\_\_ \_ Non Relative Custody/Guardianship [O]\_\_ \_ APPLA [N]\_\_ \_ None

[PE-07]\_\_ Does the Local Board agree that the LDSS engaged in Concurrent Planning?

**CRBC LOCAL REVIEW BOARD WORKSHEET**

[PE-07]\_\_Continued [1] \_Yes [2] \_No [3] \_N/A – No concurrent plan required

[PE-08]\_\_When was the Plan ESTABLISHED? \_\_\_\_/\_\_\_\_/\_\_\_\_; (MM/DD/YY)

[PE-09]\_\_ How long has the youth had this Permanency Plan?

- [1]\_\_\_0 to 6 months
- [2]\_\_\_7 to 11 months
- [3]\_\_\_1 year to 2 years
- [4]\_\_\_2 year to 3 years
- [5]\_\_\_3 years or more

[PE-10] Why is Plan APPLA? (Choose the best answer that applies below or check N/A and Skip to Recommendations) \_N/A

- \_1\_\_\_LDSS did not identify a suitable relative
- \_2\_\_\_Agency saw age as barrier and did not pursue ADOPTION
- \_3\_\_\_Child refuses other permanency options
- \_4\_\_\_Medically or Mentally Fragile
- \_5\_\_\_Placed with long term resources and does not want to be Adopted or pursue C & G
- \_6\_\_\_Worker Unaware
- \_7\_\_\_Other \_\_\_\_\_

[PE-11]\_\_What is the category of the child’s APPLA permanency plan?

- [1] \_\_\_Emancipation/Independence
- [2] \_\_\_Transition to an adult supportive living arrangement
- [3] \_\_\_Other (specify)\_\_\_\_\_

**Board’s Permanency Recommendations**

[PE-12]\_\_ [1]\_\_\_Yes, The Board Agrees with the Departments Permanency plan.

[2]\_\_\_No, The Board Disagrees with the Departments Permanency plan.

*If NO, what Permanency Plan does the Board Recommend? and Why?*

[PE-13]

[1]\_\_\_Reunification [2]\_\_\_Relative Placement for Adoption [3]\_\_\_Relative Placement for Custody/Guardianship

[4]\_\_\_Non Relative Adoption [5]\_\_\_Non Relative Custody/Guardianship [6]\_\_\_APPLA

Permanency Comments: (Use back page for more)

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**CASE PLANNING**

[CP-01]\_\_Is Birth parent incarcerated? **Mother** [1] \_Yes [2] \_No [3] \_Unknown

[CP-02]\_\_Is Birth parent incarcerated? **Father** [1] \_Yes [2] \_No [3] \_Unknown

[CP-03]\_\_Did the child have a Family Involvement Meeting (FIM) prior to entry? [1] \_Yes [2] \_No [3] \_Unknown

[CP-04]\_\_Has a Family Involvement Meeting been held in the last 6 months? [1] \_Yes [2] \_No

**CRBC LOCAL REVIEW BOARD WORKSHEET**

Case Planning Comments: (Use back page for more)

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**SERVICE AGREEMENT**

[SA-01]\_\_Is there a signed current service agreement dated within 180 days of the review?

[1]\_\_\_\_Yes [2]\_\_\_\_No (Skip to SA-05) [3]\_\_\_\_N/A Post TPR child under age 14 (Skip section)

If there is a signed service agreement, who **SIGNED** it? (Check all that apply)

[SA-02]\_\_[1]\_\_\_\_Mother [2]\_\_\_\_Father [3]\_\_\_\_Both

[SA-03]\_\_ Youth

[SA-04]\_\_ Caregiver

[SA-05]\_\_Date of the most recent signed service agreement \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY)

[SA-06]\_\_Has anybody refused to sign the service agreement? [1]\_\_\_\_Yes (Check all that apply) [2]\_\_\_\_No (Skip to SA-10)

[SA-07]\_\_[1]\_\_\_\_Mother [2]\_\_\_\_Father [3]\_\_\_\_Both

[SA-08]\_\_ Youth

[SA-09]\_\_ Caregiver

[SA-10]\_\_Have efforts been made to involve the parent/youth/caregiver in the development of the service agreement?

[1]\_\_\_\_Yes (Check all that apply below) [2]\_\_\_\_No (Skip to SA-14)

[SA-11]\_\_[1]\_\_\_\_Mother [2]\_\_\_\_Father [3]\_\_\_\_Both

[SA-12]\_\_ Youth

[SA-13]\_\_ Caregiver

[SA-14]\_\_Does the Board agree that the service agreement is appropriate to meet the needs of the child?

[1]\_\_\_\_Yes [2]\_\_\_\_No [3]\_\_\_\_N/A – No Service Agreement

Service Agreement Comments: (Use back page for more)

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**Siblings**

[SB-01]\_\_Does child/youth have siblings in care? [1]  Yes [2]  No (Skip to SB-05)

[SB-02]\_\_If Yes How many siblings? \_\_\_\_\_

[SB-03]\_\_If siblings do not reside with child/youth, have efforts been made to place siblings together?

[1]  Yes [2]  No (If no, explain in comments below) [3]  N/A

[SB-04]\_\_Does child/youth have visits with siblings who do not reside with him/her?

[1]  Yes [2]  No (If no explain in comments below) [3]  N/A

[SB-05]\_\_Does child/youth have visits with siblings who are not in care?

[1]  Yes [2]  No (If no explain in comments below) [3]  Unknown [4]  N/A

**CRBC LOCAL REVIEW BOARD WORKSHEET**

Sibling Comments

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**Living Arrangement (Unpaid Placement)**

<u>Code</u>	<u>Description</u>
00	N/A
40	College
41	Correctional Institution
42	Halfway House
43	Homeless Shelter
44	Own Home/Apartment
45	<del>ICPC Adoptive Home (incoming) – DO NOT USE FOR Out of Home Placement</del>
46	<del>ICPC Foster Home (incoming) – DO NOT USE FOR Out of Home Placement</del>
47	Inpatient Psychiatric Care
48	Inpatient Medical Care
49	Job Corps
50	Runway
51	<del>Relative Home – DO NOT USE FOR Out of Home Placement</del>
52	<del>Respite Care – Not Psychiatric Respite DO NOT USE</del>
53	Secure Detention Facility
54	<del>Father’s Home – DO NOT USE FOR Out of Home Placement</del>
55	<del>Father and Stepmother/Paramour – DO NOT USE FOR Out of Home Placement</del>
56	<del>Mother’s Home – DO NOT USE FOR Out of Home Placement</del>
57	<del>Mother and Father’s Home – DO NOT USE FOR Out of Home Placement</del>
58	<del>Mother and Stepfather/Paramour – DO NOT USE FOR Out of Home Placement</del>
59	Trial Home Visit (Aftercare)
60	Military
61	Kinship Home – Not Approved
62	Unapproved Living Arrangement
99	Other

[LA-01]\_\_If child is currently in a Living Arrangement, where does the child reside: (*choose one above*) = [ \_\_\_\_ ]

[LA-02]\_\_If OTHER, please specify: \_\_\_\_\_

**CRBC LOCAL REVIEW BOARD WORKSHEET**

**Placement (Paid for by DSS)**

(If child is on runaway status and the placement is still open check the appropriate category below. Use other to identify any category not listed below).

<u>Code</u>	<u>Description</u>		<u>Description</u>
	<b><u>Family Homes</u></b>		<b><u>Group Homes</u></b>
41	<b>Emergency Foster Home Care</b>	50	Alternative Living Units
42	Formal Kinship Care	51	Emergency Group Shelter Care
43	Intermediate Foster Care	52	Residential Group Homes
44	Pre-Finalized Adoptive Home	53	Teen Mother Programs
45	<b>Refugee Child</b>	54	Therapeutic Group Homes
46	Regular Foster Care	55	Independent Living Residential Program
47	Restricted (Relative) Foster Care		
48	Treatment Foster Care (Public)		<b><u>Residential Treatment Centers</u></b>
49	Treatment Foster Care (Private)	56	Residential Treatment Centers
		60	Psychiatric Respite
	<b><u>SILA</u></b>	61	Diagnostic Center
57	Relative		
58	Non-Relative		
59	Own Dwelling		
00	NONE	99	OTHER

[PL-01]\_\_ Child's current placement is: (*choose one above*) = [ \_\_\_\_\_ ]

[PL-02]\_\_ If OTHER, please specify: \_\_\_\_\_

[PL-03]\_\_ Is child/youth placed in their home jurisdiction? [1] \_Yes    [2] \_No    [3] \_N/A (Not in Placement)

[PL-04]\_\_ If NO above, what is the 2 digit jurisdiction placed in? [     ] or Out-of-State Abbreviation [     ]

**Board's Placement Recommendations**

[PL-05] [1]  The Board Agrees with the Departments Placement plan.

[2]  The Board Disagrees with the Departments Placement plan.

*If NO, what Placement Plan does the Board Recommend? and Why?*

[PL-06] \_\_ (*Choose Placement Code from Placement Table*) [ \_\_\_\_\_ ]

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[RK-01]  Does the Board Agree that the Safety and Risk Protocols have been followed?

[1] \_Yes    [2] \_No

**CRBC LOCAL REVIEW BOARD WORKSHEET**

**Placement Stability (Placement Change within Last 12 months)**

[PS-00]\_\_Was there a placement change within the last 12 months? [1] \_\_Yes [2] \_\_No (Skip Section, goto Child Visits)

[PS-01]\_\_How many placement changes has the child/youth had in the last 12 months? \_\_1 \_\_2 \_\_3 \_\_4 or more

[PS-02]\_\_Did Family Involvement Meeting (FIM) take place with the most recent placement change?

[1] \_\_Yes [2] \_\_No [3] \_\_Unknown

[PS-03]\_\_For the **most recent placement change**, indicate the **level of care** for the new placement.

- [1] \_\_Less restrictive level of care.
- [2] \_\_More restrictive level of care.
- [3] \_\_Same level of care.
- [4] \_\_Unknown, information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.
- [5] \_\_N/A - Child on runaway

[PS-04]\_\_If the **most recent placement change** occurred for a **positive reason**, please indicate the primary reason below.

- [1] \_\_Transition towards Permanency Goal.
- [2] \_\_Placement with Relatives.
- [3] \_\_Placement with Siblings.
- [4] \_\_N/A, move did not occur for a positive reason.

[PS-05]\_\_If the child's **most recent placement change** was primarily related to **provider specific issues**, please indicate the primary issue below.

- [1] \_\_Provider home closed.
- [2] \_\_Provider request (due to issues unrelated to the child).
- [3] \_\_Allegation of Provider Abuse/Neglect.
- [4] \_\_Founded incident of provider abuse/neglect.
- [5] \_\_Incompatible match between youth and provider.
- [6] \_\_N/A, placement change was not due to a provider specific issue.
- [7] \_\_Unknown, information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-06]\_\_If the child's **most recent placement change** was primarily related to the **child's specific issues**, please indicate the primary issue below.

- [1] \_\_Behavioral
- [2] \_\_Health
- [3] \_\_Threats of Harm to Self or Others
- [4] \_\_Sexualized
- [5] \_\_Delinquent Behavior
- [6] \_\_Runaway
- [7] \_\_Hospitalization
- [8] \_\_Child requested removal.
- [9] \_\_Other (specify) \_\_\_\_\_
- [10] \_\_N/A, most recent placement change was unrelated to any specific behavior on the part of the child.
- [11] \_\_Unknown information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-07]\_\_While the child/youth was in the placement from which they were moved, were **placement specific services provided, adequate to support the provider?** (e.g., transportation, respite care, foster family counseling)?

**CRBC LOCAL REVIEW BOARD WORKSHEET**

- [1]  Yes
- [2]  No
- [3]  N/A, placement was from a shelter or temporary placement setting.
- [4]  Unknown information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-08]\_\_ For the **current placement**, is there information that indicates a **match between the child's needs and the provider's ability** to meet those needs?

- [1]  Yes
- [2]  No
- [3]  N/A – Runaway, SILA or Living Arrangement.
- [4]  Unknown information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

**Child Visits**

[CH-01]\_\_ Is the child having visits with parents? [1]  Yes [2]  No (why? in comments)

[CH-02]\_\_ Is the child having visits with relatives? [1]  Yes [2]  No (why? in comments)

If NO to [CH-01] and [CH-02] above SKIP Section

Frequency of the child's visits?

- [ 0 ]\_\_ Daily
- [ 1 ]\_\_ Once a week
- [ 2 ]\_\_ More than once a week
- [ 3 ]\_\_ Once a month
- [ 4 ]\_\_ More than once a month
- [ 5 ]\_\_ Quarterly
- [ 6 ]\_\_ LDSS reports visits but it is undocumented (also for Unknown)

Use Frequency of the child visit codes ABOVE for [CH-03] & [CH-04]

[CH-03]\_\_ Visit with Parent [\_\_\_\_] [CH-04]\_\_ Visit with Relative [\_\_\_\_]

[CH-05]\_\_ Are child visits supervised or unsupervised with PARENT?

- [1]  Supervised [2]  Unsupervised

[CH-06]\_\_ Are child visits supervised or unsupervised with RELATIVE?

- [1]  Supervised [2]  Unsupervised

[CH-07]\_\_ If visits with Parent are supervised who is supervising?

- [1]  LDSS Agency Representative
- [2]  Other Agency Representative
- [3]  Court Appointed Representative
- [4]  Biological Family Member
- [5]  CASA
- [6]  Foster Parent
- [7]  Other \_\_\_\_\_
- [8]  Therapist

[CH-08]\_\_ If visits with Relative are supervised who is supervising?

- [1]  LDSS Agency Representative
- [2]  Other Agency Representative
- [3]  Court Appointed Representative

**CRBC LOCAL REVIEW BOARD WORKSHEET**

- [4]  Biological Family Member
- [5]  CASA
- [6]  Foster Parent
- [7]  Other

[CH-09]\_\_Where do **PARENT** visits occur?

- [1]  Parent Home
- [2]  Visitation Center/LDSS
- [3]  Public Area (i.e. park, restaurant)
- [4]  Child's Placement
- [5]  Other \_\_\_\_\_

[CH-10]\_\_Where do **RELATIVE** visits occur?

- [1]  Relative Home
- [2]  Visitation Center/LDSS
- [3]  Public Area (i.e. park, restaurant)
- [4]  Child's Placement
- [5]  Other \_\_\_\_\_

[CH-11]\_\_Do the visits between the **child and parent** include overnight visits?

- [1]  Yes [2]  No (If no, why in comments?) [3]  Unknown

[CH-12]\_\_Do the visits between the **child and relative** include overnight visits?

- [1]  Yes [2]  No (If no, why in comments?) [3]  Unknown

Child Visit Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health and Mental Health (At the Time of the Review)**

[HM-00]\_\_Does child/youth have documented **Developmental or other Special Needs**? [1]  Yes [2]  No

[HM-01]\_\_(Physical) Does the child/youth have a documented current physical? [1]  Yes [2]  No

[HM-02]\_\_(Vision) Does the child/youth have a documented current vision exam? [1]  Yes [2]  No

[HM-03]\_\_(Dental) Does the child/youth have a documented current dental exam? [1]  Yes [2]  No [3]  N/A (if under age 2)

[HM-04]\_\_Has the local department ensured that appropriate follow-up occurred on all health concerns noted by physician?  
[1]  Yes [2]  No [3]  N/A

[HM-05]\_\_Does child/youth have documented **Completed Medical Records**? [1]  Yes [2]  No

[HM-06]\_\_Does the child/youth take any **Prescription Medications**? [1]  Yes [2]  No

[HM-07]\_\_If YES, is the medication being monitored regularly? [1]  Yes [2]  No [3]  N/A

[HM-08]\_\_Does child/youth take any **Psychotropic Medication**? [1]  Yes [2]  No

[HM-09]\_\_If YES, is the medication being monitored at least quarterly? [1]  Yes [2]  No [3]  N/A

[HM-10]\_\_Has the child/youth refused to take **Prescribed Medication**? [1]  Yes [2]  No [3]  N/A

[HM-11]\_\_Does the child/youth have a **Mental Health Issue**? [1]  Yes [2]  No

**CRBC LOCAL REVIEW BOARD WORKSHEET**

[HM-12]\_\_Does the child/youth have a Mental Health Diagnosis ? [1] \_Yes [2] \_No

[HM-13]\_\_Does Local Board Agree that Mental Health Issues are being addressed? [1] \_Yes [2] \_No [3] \_N/A

[HM-14]\_\_If child/youth has a [1] Mental Health Issue and is [2] Transitioning out of care do they have an [3] Identified plan to obtain services in the adult mental health care system? [1] \_Yes (all) [2] \_No-Identified Plan [3] \_N/A

[HM-15]\_\_Does child/youth have Substance Abuse problems? [1] \_Yes [2] \_No

[HM-16]\_\_Does Local Board Agree that Substance Abuse needs are being addressed? [1] \_Yes [2] \_No [3] \_N/A

[HM-17]\_\_Does the child/youth have any Behavioral Issues? [1] \_Yes [2] \_No

[HM-18]\_\_Does Local Board Agree that Behavioral Issues are being addressed? [1] \_Yes [2] \_No [3] \_N/A

[HM-19]\_\_Has the child/youth refused to comply with Standard Health Exams? [1] \_Yes [2] \_No

[HM-20]\_\_Does Local Board Agree that Health Needs are being met? [1] \_Yes [2] \_No

Health/Mental Health Comments: (Use back page for more)

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**Education**

[ED-01]\_\_Is child/youth enrolled in school or other educational/vocational program?

\_Yes (choose below, then SKIP to [ED-03] )

[1] \_Pre-K thru 12 grade

[2] \_Enrolled in GED program

[3] \_College

[4] \_Trade School

[ED-02]\_\_Is child/youth enrolled in school or other educational/vocational program?

\_NO (choose why below, then SKIP to [ED-13] )

[1] \_No, graduated high school/GED

[4] \_Other \_\_\_\_\_

[2] \_No, refused to attend school

[3] \_No, under age (under 5 years)

[ED-03]\_\_Does child/youth have a 504 plan or IEP? [1] \_Yes [2] \_No (SKIP to [ED-05])

[ED-04]\_\_If YES above, is there a copy in the child's/youth's record? [1] \_Yes [2] \_No

[ED-05]\_\_Has an educational plan been established and the child/youth refuses to comply? [1] \_Yes [2] \_No

[ED-06]\_\_Is there a current progress report/report card available for review? [1] \_Yes [2] \_No

[ED-07]\_\_Does child/youth have concrete plans for postsecondary education? (17 & older, i.e. college, trade school, etc.)

[1] \_Yes [2] \_No [3] \_N/A due to age (SKIP to ED-12)

[ED-08]\_\_If child/youth is pursuing Higher education did they apply for FAFSA?

[1] \_Yes [2] \_No [3] \_Not Pursuing Higher Education

[ED-09]\_\_Was child/youth referred for an ETV Grant ?

[1] \_Yes [2] \_No [3] \_N/A

**CRBC LOCAL REVIEW BOARD WORKSHEET**

[ED-10]\_\_Is there a transition plan for child/youth with specific educational goals and financial assistance goals?

[1] \_Yes [2] \_No [3] \_N/A

[ED-11]\_\_Has child/youth made use of postsecondary supportive services? (17 & OLDER, I.E. COLLEGE, TRADE SCHOOL, ETC.)

[1] \_Yes [2] \_No [3] \_N/A

[ED-12]\_\_If child/youth is **DISABLED** and exiting school are they aware of and engaged with community supports?

[1] \_Yes [2] \_No [3] \_N/A

(If NO above, Enter REASON in Comments below)

[ED-13]\_\_Does Local Board Agree that child/youth is being appropriately prepared to meet educational goals?

[1] \_Yes [2] \_No [3] \_N/A due to ED-02 above

Education Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ready By 21**

[RD-01]\_\_(Is Child 14 years old and older?) [1]\_\_\_Yes [2]\_\_\_No (SKIP to COURT)

**Independent Living Services (age 14 and older)**

Code	Description
1	Yes
2	No (specify why in comments)
3	No, Medically Fragile
4	No, Mental Health Reasons
5	No, in Juvenile Justice Facility
6	No, in Correctional Facility
7	OTHER

[IL-01]\_\_Is youth receiving appropriate services to adequately prepare for independent living when he/she leaves out-of-home care?

[\_\_\_\_] (Use the codes above)

[IL-02]\_\_Has the youth completed a Life Skills Assessment for successful transition to adulthood? [\_\_\_\_] (Use the codes above)

[IL-03]\_\_Is youth receiving required Independent Living Skills? [\_\_\_\_] (Use the codes above)

[IL-04]\_\_Does Board agree that youth is receiving appropriate Independent Living Skills? [1]\_\_\_Yes [2]\_\_\_No [3]\_\_\_N/A - why

Independent Living Services Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment (age 14 and older)**

[EM-01]\_\_Is child/youth currently participating in paid or unpaid work experience? (Use Codes from Ready by 21 ILS above)

[1] [\_\_\_\_]

[EM-02]\_\_Is child/youth currently participating in paid or unpaid work experience that is *relevant to career field of choice*?

[1] \_Yes [2] \_No [3] \_Unknown (Enter REASON in Comments below)

**CRBC LOCAL REVIEW BOARD WORKSHEET**

[EM-03]\_\_Has caseworker referred child/youth to summer or year round training and employment opportunities?

[1] \_Yes [2] \_No [3] \_Not Eligible due to age [4] \_N/A

[EM-04]\_\_If child/youth is 20 years old and employed are they earning a living wage? (\$10hr)

[1] \_Yes [2] \_No [3] \_Not 20 [4] \_Not Employed [5] \_Unknown

[EM-05]\_\_Does Local Board Agree that child/youth is being appropriately prepared to meet employment goals?

[1] \_Yes [2] \_No [3] \_ N/A

Employment Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Housing (20 and over with APPLA only or exiting within a year of the review date)**

[HT-01]\_\_For youth transitioning out of care, has housing been specified?

[1] \_Yes [2] \_No [3] \_Not Transitioning Out of Care

[HT-02]\_\_For youth transitioning out of care was information on alternative housing options provided?

[1] \_Yes [2] \_No [3] \_Not Transitioning Out of Care

[HT-03]\_\_Does the Board Agree with the transitional housing plan?

[1] \_Yes [2] \_No [3] \_Not Transitioning Out of Care

[HT-04]\_\_Does the Board Agree that the youth is being appropriately prepared for Transitioning out of care (Ready by 21) ?

[1] \_Yes [2] \_No [3] \_Not Transitioning Out of Care

Housing Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Permanent Connections (APPLA only)**

[PC-01]\_\_Has the LDSS identified anyone as a permanent connection for the child? [1] \_Yes [2] \_No

[PC-02]\_\_If YES, Does the Local Board find the identified Permanent Connection appropriate? [1] \_Yes [2] \_No

Permanent Connection Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COURT**

[CT-01]\_\_Does child/youth have a Court Appointed Special Advocate (CASA)? [1] \_Yes [2] \_No

Court Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CRBC LOCAL REVIEW BOARD WORKSHEET**

**CHILD'S CONSENT TO ADOPTION (CONCURRENT & PLANS OF ADOPTION)**

Code	Description
1	Yes
2	Yes, with conditions
3	Child Does NOT want to be adopted
4	No, medically fragile, unable to consent
5	Mental health reasons
6	N/A under age of consent
7	No, concurrent plan is Reunification
8	No, Relative Placement
9	Unknown

[CA-01]\_\_Did child consent to adoption? [ \_\_\_ ] (Use the above codes)

[CA-02]\_\_Did child receive adoptive counseling in last 6 months ? [1] \_Yes [2] \_No [3] \_N/A

**ADOPTIVE PLACEMENT (FOR ALL ADOPTION CASES – RELATIVE & NON-RELATIVE) ELSE SKIP TO [AP-01] ADEQUATE PROGRESS**

**Pre-Adoptive Placement:**

[PA-01]\_\_Has child been placed in a pre-adoptive home? [1] \_Yes [2] \_No

(If NOT in Pre-Adoptive Home go to ADOPTIVE RECRUITMENT)

[PA-02]\_\_If Yes, what is the Family structure of the child's pre-adoptive family? (Choose one below)

- [1] \_\_\_ Married Couple
- [2] \_\_\_ Unmarried Couple
- [3] \_\_\_ Single Female
- [4] \_\_\_ Single Male

[PA-03]\_\_What is the relationship to the pre-adoptive child?

- [1] \_\_\_ Foster Parent - Relative
- [2] \_\_\_ Foster Parent – Non Relative
- [3] \_\_\_ Foster Parent – Fictive Kin

[PA-04]\_\_ How long has child resided in pre-adoptive placement?

- [ 1 ]\_\_ 1- 3 months\_\_\_\_\_
- [ 2 ]\_\_ 4 - 6 months\_\_\_\_\_
- [ 3 ]\_\_ 7- 9 months\_\_\_\_\_
- [ 4 ]\_\_ 10 -12 months\_\_\_\_\_
- [ 5 ]\_\_ 12 - 15 months\_\_\_\_\_
- [ 6 ]\_\_ 16 - 20 months\_\_\_\_\_
- [ 7 ]\_\_ 21 months or more\_\_\_\_\_

[PA-05]\_\_Has an adoptive home study been completed and approved? [1] \_Yes [2] \_No (If no why, use comments)

[PA-06]\_\_Has the family been given a social summary? [1] \_Yes [2] \_No

**CRBC LOCAL REVIEW BOARD WORKSHEET**

[PA-07]\_\_ Are appropriate services and supports in place for the pre-adoptive provider to meet current identified needs of the child?  
[1] \_Yes [2] \_No

[PA-08]\_\_ Does the Local Board find the Pre-Adoptive Placement appropriate? [1] \_Yes [2] \_No

Adoptive Placement Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADOPTIVE RECRUITMENT (IF NOT IN PRE-ADOPTIVE PLACEMENT)**

[AR-01]\_\_ Have documented efforts been made to find an adoptive resource? [1] \_Yes [2] \_No

If yes, list efforts: eg. photos, Wednesday's Child, etc

[AR-02]\_\_ Efforts#1 \_\_\_\_\_ [DT-01] \_\_ (date#1) \_\_\_/\_\_\_/\_\_\_  
[AR-03]\_\_ Efforts#2 \_\_\_\_\_ [DT-02] \_\_ (date#2) \_\_\_/\_\_\_/\_\_\_  
[AR-04]\_\_ Efforts#3 \_\_\_\_\_ [DT-03] \_\_ (date#3) \_\_\_/\_\_\_/\_\_\_  
[AR-05]\_\_ Efforts#4 \_\_\_\_\_ [DT-04] \_\_ (date#4) \_\_\_/\_\_\_/\_\_\_

[AR-06]\_\_ Has child been listed with Adopt Us Kids? [1] \_Yes [2] \_No

[AR-07]\_\_ Does the Local Board find the Adoptive Recruitment Efforts appropriate? [1] \_Yes [2] \_No

Adoptive Recruitment Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Post-Adoptive Services/Subsidy**

[PS-01]\_\_ Are Post Adoptive Services Needed? [1] \_Yes [2] \_No (Skip to PS-08 Subsidies)

Services Needed (Check all that apply)

- [PS-02]\_ Medical
- [PS-03]\_ Mental Health
- [PS-04]\_ Educational
- [PS-05]\_ Respite Services
- [PS-06]\_ DDA Support Services
- [PS-07]\_ Other (Specify) \_\_\_\_\_

[PS-08]\_\_ Are Post Adoptive Subsidies Needed? [1] \_Yes [2] \_No [3] \_Unknown

If Yes,

[PS-09]\_\_ Has the subsidy been approved? [1] \_Yes [2] \_No [3] \_N/A

[PS-10]\_\_ Is there a plan for a post adoption agreement with siblings/parents to include visits, telephone calls, letters, etc?  
[1] \_Yes [2] \_No [3] \_Unknown

[PS-11]\_\_ Does the Local Board find the Post-Adoptive Services appropriate? [1] \_Yes [2] \_No

Post- Adoptive Services Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRBC LOCAL REVIEW BOARD WORKSHEET**

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**ADEQUATE PROGRESS**

[AP-01]\_\_OVERALL Does the Board agree that ADEQUATE Progress towards PERMANENCY has been made?  
[1] \_Yes [2] \_No

**BARRIERS**

[BR-01]\_\_Are there any barriers/issues? [1] \_Yes [2] \_No

**Barriers (for ANZIO Entries, use barrier list)**

<u>LABEL</u>	<u>DESC</u>	<u>CODE-1</u>	<u>CODE-2</u>	<u>CODE-3</u>	<u>CODE-4</u>	<u>CODE-5</u>	<u>CODE-6</u>
AG	AGENCY RELATED						
AI	ADMINISTRATIVE ISSUE						
CH	CHILD/YOUTH RELATED						
CO	LDSS COORDINATION						
CR	COMMUNITY RESOURCES						
CT	COURT RELATED						
ED	EDUCATION						
FA	FAMILY RELATED						
IM	LDSS IMPLEMENTATION						
IN	INDEPENDENCE						
LG	LEGAL						
MA	LDSS MANAGEMENT						
MH	MENTAL HEALTH						
PE	PERMANENCY						
PH	PHYSICAL HEALTH						
PL	PLACEMENT						
PN	PLANNING						
PO	POLICY						
SF	SAFETY						
SR	SERVICE RESOURCES						