In the Matter of the Welfare of the Youth of: Young Adult:		FINDINGS OF FACT AND ORDER FOR INFORMAL REVIEW OF VOLUNTARY PLACEMENT OF A 18-21 YOUTH				
		Court File No. County Atty. File No. Hearing Date:				
Sun Cor	nmary of any Administrative Review and al	Report, the Out-of-Home Placement Plan, the Written II other information provided by Washington County ne youth, foster parent, or other residential facility the				
	FINDIN	GS OF FACT				
1. 2. 3.	□The previous court order on remain in effect. □The youth is no longer in extended foster care placement and the court can close. □The youth turned 21 and is no longer eligibile for extended youth foster care. Washington County Community Services appropriately transitioned the youth.					
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	☐ That the previous court order remain in a ☐ That the voluntary placement of the 18-2 youth is 21 and cannot remain in youth pla That Washington County Court Administration	21 above-named youth is no longer active or the				
Dat	ed:					
		Judge of District Court				

TO: THE JUDGES OF THE JUVENILE COURT OF WASHINGTON COUNTY, MINNESOTA.

INFORMAL REPORT OF YOUTH 18-21 RECEIVING FOSTER CARE BENEFITS

This is the report of Washington County Community Services in the above entitled matter:

Court File #: Date of Hearing: Date of Report:
In the Matter of the Youth of:
Young Adult: Youth's Name
Date placed in out-of-home prior to age 18: (length of time/status)
Youth remains continuously in Voluntary Foster Care Placement after age 18/19: □Yes □No Copy of VPA to court on:
Date youth re-entered Voluntary Foster Care Placement after age 18: □NA
ADJUSTMENT DURING CUSTODY AND/OR PLACEMENT AND REVIEW OF OUT-OF-HOME PLACEMENT PLAN:
I. RECOMMENDATIONS
☐The previous court order remain in effect. ☐Youth turned 21 and extended youth foster care ended. Court file will close.

II. THE BEST INTERESTS OF THE YOUTH ARE BEST SERVED BY THE ABOVE RECOMMENDATIONS BECAUSE:

□Per the previous court order, the youth does not meet the conditions to remain in Extended Foster Care, the yoluntary placement agreement ended, and the court file will be closed.

☐Youth voluntarily left extended foster care on and the court file will be closed.

- III. REASONABLE EFFORTS MADE BY WCCS/CANVAS HEALTH TO ASSIST THE YOUTH 18-21 IN TRANSITION TO INDEPENDENCE:
- IV. WHEN A YOUTH IS AGE 14 OR OLDER, THE COURT SHALL REVIEW THE INDEPENDENT LIVING PROVISION OF SERVICES TO THE YOUTH RELATED TO THE WELL BEING OF THE YOUTH AS THE YOUTH PREPARES TO LEAVE FOSTER CARE:
 - 1. The youth has made the following progress toward or accomplishment of the following goals:

	Date obtained a high school diploma or its equivalent or the estimated graduation date:						
b. Completion of a driver's education course or demonstrated the ability to use putransportation: Driver's Education: \(\subseteq \text{Yes} \subseteq \subseteq \text{No} \) / Permit/License: \(\subseteq \text{Yes} \)							
	Learned Bus System: □Yes □No						
c.	Obtaining employment or enrolling in post-secondary education: Employed: □Yes □No / Post-Secondary: □Yes □No						
d.	Application for and obtaining disability income assistance for which the youth is eligible: □Yes □No □IV-E						
e.	Obtaining health care coverage, including identifying the health care providers to meet physical and mental health needs:						
f.	Identifying affordable housing options with necessary supports when the youth leaves foster care:						
g.	Saving sufficient funds to pay for the first month's rent and a damage deposit: □Yes □No						
h.	What is the alternative affordable housing plan, if the original housing plan is unworkable:						
i. Registration for the Selective Service: □Yes □No □NA-Female							
	Identify permanent connections to caring adult(s):						
	nington County Community Services, in conjunction with the placement provider, has						
	the following to assist the youth in obtaining the following documents prior to the l's leaving foster care:						
	Social Security card: Yes No Explanation:						
	Birth certificate: Yes No Explanation:						
c.	tana anaka ana						
d. School, medical, and dental records:							
e.	Contact list of the youth's medical, dental, and mental health providers:						
f.	Contact information for the youth's siblings, if the siblings are in foster care:						
	DECLIEGE FOR DIFORMAL DELEGRA						
T T 41 1	REQUEST FOR INFORMAL REVIEW						
	bove report and upon all of the files and records herein, the undersigned requests that the ed matter be reviewed informally and that the court issue an order containing the above lations.						
	signed, hereby certify that the content of this court report is true and correct and is based hal observation, first-hand knowledge, or information and belief.						
Respectfully	y submitted,						
	Date:						
[Full name]							
SW's Title	County Community Services						
[Phone]	County Community Scrvices						

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