**Independent Living File Review**

Quarterly Review: 1 (Jul-Sep) 2 (Oct-Dec) 3 (Jan-Mar) 4 (Apr-Jun)

Name of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_ Circle one: Peer Supervisor

Peer reviews are due by the last day of each quarter to the Data Systems Department.

A minimum of 2 open and 2 closed cases should be provided for each counselor.

**(+) Yes (-) No (0) Partial (N/A) Not Applicable**

**16 YEAR OLD**

|  |  |
| --- | --- |
| **Informed Consent Form** |  |
| **Youth in Foster Care Form** |  |
| **Initial Visit Within 30 Days of Referral** |  |
| **Youth Seen Within the Last 90 days** |  |

**17 YEAR OLD**

|  |  |
| --- | --- |
| **Informed Consent Form** |  |
| **Initial Visit Within 30 Days of Referral** |  |
| **Transitional Plan** |  |
| **Youth Seen Within the Last 90 days** |  |
| **Opt Out Form (Before Aging Out)** |  |

**EXTENDED FOSTER CARE (EFC)**

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| --- | --- |
| **FSFN Application** |  |
| **Face to Face Every 30 Days Within the Last 90 Days** |  |
| **Home Visit Every 90 Days (Review 2 Most Recent Visits)** |  |
| **Initial Case Plan (With Applicable 3 Signatures)** |  |
| **JR (With Applicable 3 Signatures)** |  |

**POSTSECONDARY EDUCATIONAL SERVICES AND SUPPORT (PESS)**

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| --- | --- |
| **PESS Initial Application** |  |
| **FSFN Application** |  |
| **Monthly Contact Within the Last 90 Days** |  |
| **PESS Renewal Application (If Applicable)** |  |
| **Termination Letter (If Applicable)** |  |
| **Grades (Most Recent Semester)** |  |
| **Schedule (Most Recent Semester)** |  |

**AFTERCARE**

|  |  |
| --- | --- |
| **Application** |  |
| **Plan (With Applicable 3 Signatures)** |  |