

Department of Children and Family Services /
Bureau of Operations
Regional Office Address

CSW Name
CSW Phone Number
CSW File #, First Initial. Last Name
DSS No. (State ID)

Text in **BLACK** automatically populates when the document is created in CWS/CMS. Complete your document by referring to the **PURPLE** text.

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES**

201 Centre Plaza Drive, Monterey Park, California 91754

STATUS REVIEW REPORT
(For the WIC 366.31 Status Review Hearing Report)

<u>Hearing Date</u>	<u>Hearing Time</u>	<u>Dept./Room</u>	<u>Hearing Type/Subtype</u>
00/00/0000	08:30am	000	WIC 366.31

This information will populate. Enter or update as necessary.

IN THE MATTER OF

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Child's Name	00/00/0000	x	x	CK00000

This information will populate from the Hearing Notebook and the non-minor dependent's (NMD's) Client Notebook.

CHILD(REN)'S WHEREABOUTS

Enter the NMD's name and address, his/her caregiver's name, the exact relationship of the caregiver to the NMD, and the caregiver's address and telephone number.

If the NMD is attached or placed in a prospective adoptive home, the identity and whereabouts of the caregiver must remain confidential.

Enter "NMD is attached" or "NMD is placed in the home of a prospective adoptive applicant".

Paste a current color photograph of the NMD below the entered text. A black and white photo is acceptable, however, a color photograph is preferred.

PARENTS/LEGAL GUARDIANS

<u>Name/ Birthdate</u>	<u>Address/ Phone</u>	<u>Relationship/ To Whom</u>
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This information will populate from the parent's Client Notebook.

If a parent's address is confidential, delete the address and enter "Confidential".

If the identity of a parent or if the requested information in the grid is unknown, enter "unknown".

If parental rights have been terminated, ensure that this information is accurately entered as to the correct parent(s).

OTHERS

<u>Name/ Birthdate</u>	<u>Address/ Phone</u>	<u>Relationship/ To Whom</u>
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Include only those significant individuals in the NMDs life, particularly when the parent's whereabouts are unknown. This may include someone who has a permanent connection to the youth, a substitute care provider, and/or a relative.

INTERPRETER

<u>Interpreter Required</u>	<u>Language</u>	<u>For Whom</u>
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Complete this section only if an interpreter is needed at the hearing.

ATTORNEYS

<u>Name</u>	<u>Address/ Phone</u>	<u>Representing</u>
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All information in this field is populated from the database except information regarding attorneys representing tribes or tribal organizations. Edit/enter data directly into these fields as necessary.

INDIAN CHILD WELFARE ACT STATUS

<u>Child's Name</u>	<u>Indian Child</u>	<u>Tribe (If Known)</u>	<u>ICWA Eligible</u>
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If the child does not come under the provisions of ICWA or if he/she is not an American Indian child from a federally recognized tribe, indicate the date the court made the finding.

If the youth is or may be an **American Indian**, clearly document the following:

- Active efforts to locate an American Indian home for placement
- If the NMD would like the ICWA provisions to continue to apply to him/her after turning age eighteen (18)

NOTICES**Name****Relationship****Method****Notice Date**

All information in this field is populated from the database.

Ensure that the information (names, addresses, and method used to notice) regarding the parties whom are entitled to notice, is accurate. If necessary, edit/enter data directly into these fields.

Notice Requirements for the Review of Permanent Plan (RPF) of NMD are as follows:

Notice Recipient	Required (Yes/No)
Parents of a NMD	No
NMD	Yes <ul style="list-style-type: none"> ▪ The JV-281 and JV-282 must be used to notice NMDs.
American Indian Tribes	Yes (if ICWA continues to apply)
NMDs Siblings	Yes
Caregiver of NMD	Yes, along with the JV-290

Attach the following to the court's copy of the Status Review Hearing Report:

- All notices of the report
- A copy of the JV-290, Judicial Council Caregiver Information form, if available.

SEARCH RESULTS/HISTORY

Not applicable for this report

LEGAL HISTORY

Information in this field populates from the database, including specific orders/findings entered in the Hearing Results Page.

Information must be entered in the following sections:

- 300 WIC subsection(s)
- Non-Reunification section
- Section for Family Maintenance (FM) Review hearing dates

300 WIC Subsection(s)**Initial Removal****Initial Detention Order****Initial Jurisdiction Finding****Initial Disposition Order****Initial 364 FM Review****Second 364 FM Review****Initial 366.21(e) – 6 Month FR Review****Initial 366.21(f) – 12 Month FR Review****Initial 366.22 – 18 Month FR Review****FR Services Terminated****Non-Reunification Ordered****Initial Permanent Plan: Type/ Date Ordered****Current Permanent Plan: Type/ Date Ordered****Additional Legal History****Enter the following:**

- Date the WIC 300 petition was filed and the date it was sustained
- Exact language of the sustained WIC 300 petition
- If applicable, a description of filing any additional petitions (WIC 342, 387, or 388), jurisdictional transfers, and/or prior dependency court proceedings
- If applicable, the date a supplemental/subsequent petition (WIC 387 or 342) was filed, sustained, or dismissed, and the sustained language

REASON FOR HEARING

Enter, "The matter is now before the court for a status review hearing pursuant to WIC Section 366.31 for the NMD [enter the name of the youth]."

Provide a brief description of the circumstances that led to the NMD coming before the court.

PATERNITY/LEGAL RELATIONSHIPS

Enter the information as appropriate. When the identity of the father is unknown, enter, "The identity of [enter the name of the NMD] father is unknown."

FAMILY LAW STATUS

Not applicable for this report

CRIMINAL HISTORY

If a NMD is placed with a relative or non-related extended family member (NREFM), provide information on the California Law Enforcement Telecommunication System (CLETS) and/or Live-Scan results of the adults residing in the home.

If no criminal record was found or is unknown, enter, "No criminal history known at this time".

If the NMD is on probation or parole include the following:

- Date probation/parole status expires
- Name and phone number of current Probation/Parole Officer

If a NMD is currently incarcerated, include the name and location of the jail or prison, jail or prison ID number, and the NMD's anticipated release date.

FAMILY ASSESSMENT UPDATE

Current Family Circumstances

Discuss the following:

- Current situation and any significant changes during the last period of supervision
- NMD's strengths and needs

Evaluation of Child(ren)

If the NMD authorizes it, attach the [Health and Education Passport](#) (HEP) to the court report. If the NMD does not authorize it, provide an update under the headings. Indicate, "The Court is respectfully referred to the attached Health and Education Passport for information regarding the NMD."

If pertinent information cannot be recorded in any of the fields or comment section of the HEP, provide a summary of that information in this report by stating, "In addition to the information contained in the attached HEP, the following is provided to the Court:"

Regarding: Youth's Name

Medical:

Medical related information including insurance coverage, medical/dental exams, etc.

Developmental:

Regional Center referral/services or other developmental related information.

Educational:

Educational related information including school of origin, the Individualized Education Plan (IEP) process, limitation of educational parental rights and/or the assignment of an educational representative process, etc.

Mental & Emotional Status:

Include information as appropriate.

OUT OF HOME PLACEMENT

Indicate placement type, including if it is a Supervised Independent Living Placement (SILP), and the continuing necessity for and appropriateness of the placement.

Enter the following as applicable:

- Enter rate type (i.e., basic, D-rate, F-rate or ARM/Regional Center) and an explanation as to why that rate is received. Do not enter the actual dollar amount.
- If the NMD has severe emotional or behavior problems, indicate whether or not the NMD is receiving the D-rate.
- If the assessment for the D-rate is pending, indicate this fact.

- If the NMD has a serious medical condition, physical disability, or developmental delay, indicate whether the NMD is receiving, or is pending receipt of, the applicable F-rate or Regional Center rate and/or supplement.
- If applicable, indicate the status of a Regional Center and/or supplemental rate request.
- If the NMD has a potential medical, mental, or developmental disability, state whether a referral and/or application was made for Supplemental Security Income (SSI) and the date it was submitted. Include the result of the referral/application or if the NMD is receiving SSI and the name of the payee.

Placement History:

<u>Youth's Name</u>	<u>Date of Original Placement</u>	<u>Date of Current Placement</u>	<u>Total Number of Placements</u>	<u>Youth Ever Return Home</u>
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Enter the appropriate information under the headings.

SERVICES PROVIDED/FAMILY COMPLIANCE

Address the following:

- How the NMD is meeting the EFC participation criteria
- How the CSW assisted/is assisting the NMD meet one (1) or more of the EFC participation criteria
- NMDs progress toward self-sufficiency
- Progress and compliance with the goals listed in the Case Plan/TILCP and TILP
- NMD's level of compliance and cooperation with the Case Plan and TILP
- Efforts toward completing items described under WIC Section 391(e) (2)
- Efforts made by the CSW on behalf of the NMD to achieve permanent connections with caring and committed adults as well as dependent siblings

VISITATION

Discuss the visitation plan the NMD has with siblings, parents, permanent connections, or any other significant individuals.

CONTACTS

Attach a copy of the Delivered Service Log showing all contacts (without a narrative) or manually document all contacts during the last period of supervision.

FAMILY'S PERCEPTION OF THEIR NEEDS

Provide a brief summary.

DETRIMENT & PROGNOSIS OF RETURNING CHILD(REN) HOME

N/A

CONTINUED NECESSITY FOR IN-HOME SERVICES

Refer to the assessment section below and provide a brief summary.

PERMANENCY/ADOPTABILITY ASSESSMENT

Permanency options for NMDs include the following:

- **Adult adoption, at the request and agreement of the NMD**
- **Tribal Customary Adoption (TCA) for a NMD who is an Indian youth.**

COMPLIANCE WITH PERMANENT PLAN

Appropriateness of the placement

Provide the following information unless included in the Out of Home Care Section:

- **Regarding relevant current and past placement history:**
 - **Placement type/location (including SILP)**
 - **Duration of placement**
 - **Any changes during this period of supervision**
 - **Adjustment to placement**
 - **Continued necessity for and appropriateness of placement**
 - **If a mutual agreement is being utilized**
 - **How the current placement is providing the NMD opportunities to transition to independent living**
 - **Interstate Compact on the Placement of Children (ICPC) or out-of county courtesy supervision related information**
 - **Appropriateness of placing siblings together and the nature and extent of the sibling(s) relationship.**
 - **The plan to keep the sibling group together unless separation is in an individual youth's best interests pursuant to WIC 16002(b).**
 - **If the siblings are not placed together, information on keeping the siblings informed of significant life events that occur within the extended family.**
 - **If the NMD is placed in a foster family agency (FFA) or group home, the information detailed in the current quarterly report. Attach the quarterly report to the court report**
 - **Comments provided on the JV-290 if available and any action that was taken**
 - **Out-of-state placement, including whether it would or continues to be the most appropriate placement selection and in the best interest of the youth**
 - **If an American Indian NMD and not in a placement that meets ICWA preferences, the efforts made to find such placement**
- **Regarding group home placement:**
 - **The reason(s) or the continued need for group home placement (e.g. to complete high school)**
 - **Reason(s) why admission to, or continuation in, a group home is the best option to meet the special needs or well-being of the NMD**
 - **How the placement will support the NMD's transition to independent living**
 - **Treatment strategies to be used to prepare the NMD for a less restrictive, more family-like setting**
 - **Target date for discharge from the group home placement**

Continuing appropriateness and extent of compliance with the Permanent Plan

If the necessary information is already included in the Permanency/Adoptability section and/or elsewhere in the report, refer the court to the corresponding section(s).

Extent of compliance with the Child Welfare Services Case Plan

Describe services offered/provided to and the compliance of each participant, including the caregiver, named in the current Case Plan/TILCP.

Provide the following information:

- Goals and services described in the NMD's Case Plan/TILCP
- Efforts made to achieve permanence, including maintaining or obtaining permanent connections with caring and committed adults
- How the NMD continues to be eligible to remain a NMD

Adequacy of services provided to the child

Describe the services needed and provided to assist the NMD in transitioning from foster care to independent living.

Include the following statements, as appropriate:

Transition/Termination of Dependency:

“On [specify date]) the youth was informed of his/her right to seek termination of dependency pursuant to Section 391 of the Welfare and Institutions Code at 18 years of age or anytime thereafter if dependency continues beyond the youth's 18th birthday. This advisement was provided by [specify social worker's name and method by which advisement was provided].

Non-Minor Dependency/Reinstatement:

On [specify date] the youth was informed of the potential benefits of continued dependency as a non-minor dependent. The youth was also advised of his/her right to continue dependency and extend foster care, until 21 years of age, and his/her right to have dependency reinstated as a non-minor dependent following emancipation, through the filing of a petition pursuant to Section 388(e) of the Welfare and Institutions Code. These advisements were provided by [specify social worker's name and method by which advisement was provided].

Youth Acknowledgement of Advisements:

Provide statement and/or response from the youth to each advisement including a brief assessment of the youth's understanding of the potential benefits of continued dependency.

Youth's Plan to Remain in Foster Care:

Provide youth's statement(s) regarding his/her desires to continue dependency and to remain in foster care upon reaching eighteen (18) years of age.

If the youth does not intend to remain under Juvenile Court jurisdiction as a non-minor dependent (NMD), detail the youth's plan for transitioning to independence. Briefly discuss his/her housing, education, employment, and social support system.

Youth's Plan to Remain Eligible for Extended Foster Care Benefits:

Describe youth's plan to satisfy at least one of the eligibility criteria, to remain eligible for AFDC-Foster Care benefits after reaching 18 years of age, regardless of whether the youth intends to remain a non-minor dependent. The youth's most recently completed Transitional Independent Living Plan (TILP) must include a plan for the youth to satisfy at least one of the criteria to remain eligible for extended foster care as a non-minor dependent.

Agency Efforts for Youth to Meet Eligibility for Extended Foster Care:

Describe all efforts made and all assistance provided to the youth by the social worker, other DCFS staff, the out-of-home caregiver, and other service providers to meet or maintain the youth's eligibility for extended foster care. An example of this description is as follows: "To help the youth obtain employment, during this period of review, the assigned social worker assisted the youth in completing job applications, provided bus passes, and referred the youth to a community employment center."

If the hearing will address the termination of dependency for a youth and/or a NMD, include a factual discussion of whether it is in the best interest of the NMD to remain under dependency jurisdiction.

State the efforts made to inform a youth receiving Social Security Income (SSI) of the requirement that that he/she must reestablish for a continuing disability classification.

If recommending termination of Juvenile Court jurisdiction and DCFS supervision, report the services, information, and documents provided to the youth and attach the 90 day Transition Plan to the report.

ASSESSMENT/EVALUATION

Summarize the factors that led to the recommendation(s). Include a discussion of the benefits of providing ongoing services to the NMD, the need for continued court intervention and/or placement, or the appropriateness of terminating jurisdiction.

If the youth is transitioning to independent living and the recommendation is to terminate jurisdiction, include the following:

- Verification that the NMD has been provided all the required documents as listed on JV-365 and attach the JV-365
- A statement that the NMD has been referred to the Former Foster Care Children (FFCC) Program for ongoing Medi-Cal or has been offered assistance in obtaining other health insurance.

If the NMD has been offered services, but refuses the services or cannot be located, include this information.

CASE PLAN

Attached.

Complete a Case Plan Update and the Transitional Independent Living Plan (TILP).**ATTACHMENTS**

The attachments identified in this report are attached hereto and incorporated herein by this reference.

List all attachments referenced and attached that support your assessment and recommendation(s), including but not limited to the following:

- Case Plan Update/TILCP
- TILP
- HEP, if authorized by the NMD
- SOC-161, Six-Month Certification of Extended Foster Care Participation
- 90-day Transition Plan, if applicable
- JV-365, Termination of Dependency Jurisdiction--Child Attaining Age of Majority, if applicable
- FFA or Group Home quarterly report, if applicable, and the title of each attachment and the date it was written. Example:
 - Pomona Valley School Report #0000-0000, dated 01/01/01
 - Pomona Valley Medical Center-Medical Record #0000, dated 01/01/01

Ensure that the listed attachment(s) are attached to the report and that any confidential information is not included in the attachment(s).

RECOMMENDATION

The recommendations print report has been posted to CWS/CMS under LA County Specific templates. Refer to the template and select the appropriate recommendation.

Indicate the following, "It is recommended that the court finds that the youth [does/does] not meet at least one of the eligibility for non-minor dependent criteria and that the youth [does/does] not remain under dependency jurisdiction."

When TCA is recommended as the permanent plan, a WIC 366.26 hearing must be recommended.

Respectfully Submitted,

Philip L. Browning, Director
Department of Children and Family Services

By

Child's Name

(Court Case Number) CK00000

CSW Name, Title, File #, First Initial, Last Name, Phone Number

Date

SCSW Name, SCSW, Phone Number

Date

I have read and considered the above report.

Judicial Officer

Date