**Superior Court of Washington, County of**

**Juvenile Court**

|  |  |
| --- | --- |
| Dependency of:    D.O.B.: | **No**:  **Findings and Order on Post-18 Extended Foster Care (Extending Dependency)**  **(OR18FC)**  [ ] **Clerk’s Action Required**. 3.3 and the boxes below. |

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| --- |
| The court will hear [ ] dependency review [ ] permanency planning [ ] (type of hearing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_ a.m./p.m.  at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court, Room/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located at:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Additional Clerk’s Action Required: Enter the code(s) that apply**.  *About today’s hearing*:  Was adequate and timely notice given to the youth’s caregiver? [ ] Yes (CGATN) [ ] No (CGNATN)  Did the court receive a caregiver report? [ ] Yes (CGRR) [ ] No  [ ] The caregiver appeared. Did the court give the caregiver an opportunity to be heard?  [ ] Yes [ ] No |

**I. Hearing**

**1.1** The court held a hearing on *(date)* .

**1.2** The following persons appeared at the hearing:

[ ] The Youth [ ] The Youth’s Lawyer

[ ] DCYF Worker [ ] DCYF’s Lawyer

[ ] Tribal Representative [ ] Current Caregiver

[ ] Other

**1.3** The order is [ ] agreed [ ] contested.

The court considered the relevant files, records, and arguments, if any.

[ ] The court heard testimony from:

**II. Findings**

**2.1** **Agreed Extended Foster Care**

The youth **is** dependent and 18 years of age or older; and **agrees**, to participate in the extended foster care program.

**2.2** On their 18th birthday, the youth met the educational or employment conditions under 42 U.S.C. § 675(8)(B) because the youth is:

[ ]enrolled in a secondary education program (or its equivalency); or

[ ]enrolled and participating in a postsecondary academic or vocational education program or has applied for and demonstrated that they intend to timely enroll in a postsecondary academic or vocational program; or

[ ] participating in a program or activity designed to promote employment or remove barriers to employment.

[ ] employed for 80 hours or more per month.

[ ] **not** able to engage in any of the above activities due to a documented medical condition.

**2.3** [ ] The youth was previously found dependent in this proceeding, and the court found:

[ ] There is reason to know the youth is or may be an Indian child, as defined in RCW 13.38.040 and 25 U.S.C. § 1903(4), based upon prior findings and orders in this proceeding. The federal and Washington State Indian Child Welfare Acts apply to this proceeding. All notice requirements and evidentiary requirements under the federal and Washington State Indian Child Welfare Acts have been satisfied.

[ ] There is not a reason to know the youth is or may be an Indian child, as defined in RCW 13.38.040 and 25 U.S.C. § 1903(4), and the federal and Washington State Indian Child Welfare Acts do not apply to this proceeding.

**2.4** [ ] The youth is receiving extended foster care services, is a party to these proceedings,

and [ ] should be appointed counsel under RCW 13.34.267, or [ ] has already been appointed counsel, and that appointment should continue.

**2.5 Placement**

The youth is receiving extended foster care services and should remain in the placement and care authority of DCYF to be placed or remain in:

[ ] Relative care with (name)

[ ] Foster home.

[ ] Placement with a suitable person (name)

[ ] Placement with an adoptive parent or other person with whom the child’s siblings or half-siblings live.

[ ] Supervised independent living setting as follows:

[ ] Other:

**2.6** [ ] The youth is developing independent living skills and is making progress toward transitioning to full independence within the capacity limits of the youth. It is anticipated the youth will achieve the transition to full independence by .

**2.7** [ ] The permanent plan for this youth is independent living.

**2.8** [ ] DCYF [ ] has [ ] has not made reasonable efforts to implement and finalize the permanent plan for the youth.

[ ] This finding is based on the following:

**2.9** [ ] Progress has been made toward finalizing the youth’s permanent plan.

**2.10** Other:

**III. Order**

**3.1** The youth remains dependent and court supervision shall continue.

**3.2** The youth agrees to participate in the extended foster care program, is eligible for the program, and remains in the placement and care authority of the DCYF.

**3.3** The youth’s parent/guardian/custodian (name/s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are dismissed from the dependency proceeding.

**3.4** [ ] The youth is receiving extended foster care services, is a party to these proceedings, and: [ ] is appointed counsel (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , or   
[ ] has already been appointed counsel, and the appointment continues.

**3.5** [ ] The permanent plan for this youth is independent living.

**3.6** [ ] The youth shall be in the placement and care authority of DCYF for placement in:

[ ] Foster home.

[ ] Relative placement with (*name*)

[ ] The home of a suitable person (*name*)

[ ] The home of an adoptive parent or other person with whom the youth’s siblings or half-siblings live.

[ ] Supervised independent living setting as follows:

[ ] Other:

**3.7** Other:

[ ] The court recognizes that the youth is an adult for other purposes, and therefore recognizes that the youth may do the following without prior court approval:

**3.8** All parties shall appear at the next scheduled hearing (see page one).

Dated:

**Judge/Commissioner**

Presented by:

Signature

Print Name/Title WSBA No.

Copy Received; Approved for Entry; Notice of Presentation Waived:

Signature of **Youth** [ ] Signature of Youth’s Lawyer

Print Name WSBA No.

[ ] Signature of **DCYF Representative** [ ] Signature of DCYF Representative’s Lawyer

Print Name Print Name WSBA No.