

EXTENDED FOSTER CARE IN IDAHO

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WHAT IS EXTENDED FOSTER CARE?

- Extension of foster care beyond a youth's 18th birthday
- Allows youth to remain in foster care until his/her 21st birthday or until he/she no longer qualifies
- Allows the youth to continue to rely upon the State to provide for his/her essential needs while transitioning into the adult world; State continues to receive Title IV-E federal funding for youth
- Youth voluntarily agrees upon turning 18 to allow the court to continue to have jurisdiction over the youth and keep the child protection case open
- Court continues to hold review hearings in the child protection case
- Youth continues to be subject to the rules and authority of IDHW and foster parent(s)

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SO WHY WOULD ANY YOUTH EVER AGREE TO THIS?

- \$\$\$
- Continue services
- Stable home
- Allows youth to focus on attending school, work, or treat medical issues while not having to worry about full adulthood yet... i.e. bills, bills, bills

RESPECT YOUR PARENTS

THEY PAY FOR YOUR INTERNET.

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THE STORY OF "TIMMY"

WHEN YOUR KID IS GROWING LIKE A WEED



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HOW WAS EFC CREATED?



Ken Hall / FLICKR

Idaho H.B. 336 signed into law April 23, 2021, effective October 1, 2021.

H.B. 336 amended several sections of the Idaho Code, in large part to comply with the Family First Prevention Services Act (FFPSA) re: qualified residential treatment programs (QRTP's), etc.

Even though Idaho lumped EFC in with changes made in accordance with FFPSA, the ability to provide financially for EFC with federal assistance was actually created back in 2008 with the passage of The Fostering Connections to Success and Increasing Adoptions Act of 2008, which allowed states to receive federal Title IV-E reimbursements for the costs of supporting youth up to age 21

At the very end of H.B. 336, the bill added a subsection to I.C. § 16-1622 (subsection 5) which is the basis of EFC

Also amended I.C. § 16-1604 (Retention of Jurisdiction) to allow the court to retain jurisdiction in the Child Protective Act case up to the youth's 21st birthday if jurisdiction is extended by the court pursuant to I.C. § 16-1622(5)

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CHANGES TO I.C. § 16-1604



RETENTION OF JURISDICTION. (1) Jurisdiction obtained by the court under this chapter shall be retained until the child's eighteenth birthday, unless terminated prior thereto **or extended by the court pursuant to section 16-1622(5), Idaho Code.** Jurisdiction of the court shall not be terminated by an order of termination of parental rights if guardianship and/or custody of the child is placed with the department of health and welfare.

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NEW SECTION I.C. § 16-1622(5)

When your parents question your whereabouts



Notwithstanding any provision of law to the contrary, the court may order extended foster care for a person between the ages of eighteen (18) and twenty-one (21) years to help such person achieve a successful transition to adulthood, provided such person must have been in the custody of the department until his eighteenth birthday and must meet the criteria set forth in 42 U.S.C. 675(8)(B)(iv). The extension shall be for a fixed period of time and shall not extend past the person's twenty-first birthday.

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42 U.S.C. § 675(8)(B)

42 U.S.C. § 675(8)(B) contains the definition of "child" within the Federal Fostering Connections to Success and Increasing Adoptions Act of 2008.

The expansion of the term "child" to include youth ages 18-21 who meet certain criteria is located under Title IV-E in that act, which is the section regarding federal funding for foster care, prevention, and permanency, and thus provides federal funding for the "child" as defined in that section.

The specific criteria which must be met per the Idaho Code's EFC are specifically under 42 U.S.C. § 675(8)(B)(iv), which includes a person aged 18-21:

(iv) who is—

- (I) completing secondary education or a program leading to an equivalent credential;
- (II) enrolled in an institution which provides post-secondary or vocational education;
- (III) participating in a program or activity designed to promote, or remove barriers to, employment;
- (IV) employed for at least 80 hours per month; or
- (V) incapable of doing any of the activities described in subclauses (I) through (IV) due to a medical condition, which incapability is supported by regularly updated information in the case plan of the child.

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WHAT CONSTITUTES A "MEDICAL CONDITION" UNDER 42 U.S.C. § 675(8)(B)(iv)(V)



One of the eligibility criteria under 42 U.S.C. § 625(8)(B)(iv) is that the youth is unable to participate in the activities listed in (I) – (IV) due to a medical condition, but "medical condition" is not defined in that section.

So what constitutes a "medical condition" for purposes of that section?

It appears that "medical condition" would include anything for which a person could receive social security benefits because this provision is located generally within the Social Security Act (42 U.S.C. Chapter 7).

The Social Security Administration has a resource known as the Blue Book, which lists the medical conditions that cause severe disabilities and would qualify for disability benefits.

If a condition can be found in the Blue Book, then it meets the SSA's definition of "disability" – an injury or illness that stops you from participating in work ("substantial gainful activity") for at least 12 months or will likely result in your death.

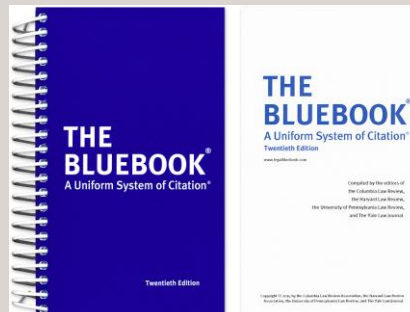
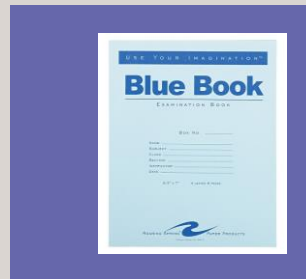
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SO WHAT MEDICAL CONDITIONS ARE INCLUDED IN THE BLUE BOOK?

14 sections of the Blue Book:

- 1.00 Musculoskeletal Disorders
- 2.00 Special Senses and Speech
- 3.00 Respiratory Disorders
- 4.00 Cardiovascular System
- 5.00 Digestive System
- 6.00 Genitourinary Disorders
- 7.00 Hematological Disorders
- 8.00 Skin Disorders
- 9.00 Endocrine Disorders
- 10.00 Congenital Disorders that Affect Multiple Body Systems
- 11.00 Neurological Disorders
- 12.00 Mental Disorders
- 13.00 Cancer (Malignant Neoplastic Diseases)
- 14.00 Immune System Disorders

<https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>



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WHAT IS INCLUDED IN "MENTAL DISORDERS" ACCORDING TO SSA?

11 sections of "mental disorders":

- neurocognitive disorders (12.02)
- schizophrenia spectrum and other psychotic disorders (12.03)
- depressive, bipolar and related disorders (12.04)
- intellectual disorder (12.05)
- anxiety and obsessive-compulsive disorders (12.06)
- somatic symptom and related disorders (12.07)
- personality and impulse-control disorders (12.08)
- autism spectrum disorder (12.10)
- neurodevelopmental disorders (12.11)
- eating disorders (12.13)
- trauma- and stressor-related disorders (12.15)

<https://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm>

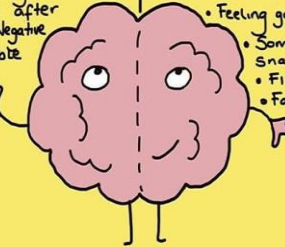
MENTAL HEALTH

IS...

- Important
- Something everyone has
- Intrinsicly linked to (probably inseparable from) physical health
- On a continuum
- Worth making time for
- Part of being human
- Something we need to look after
- Positive + Negative
- Changeable
- Complex
- REAL

ISN'T...

- A sign of weakness
- Shameful
- All in your mind
- Always something negative
- Something you decide to have
- Something to think about only when it feels broken
- An interchangeable term with mental illness
- Feeling good all the time
- Something you can snap out of
- Fixed
- Fake news



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SO THE YOUTH QUALIFIES AND WANTS TO PARTICIPATE IN EFC... NOW WHAT?



- Recommend talking to the youth about EFC to get his/her thoughts on whether he/she would like to extend foster care AT LEAST 90 days prior to the youth's 18th birthday
 - This is because of the timelines included in the proposed IJR 57
- The social worker will file an Affidavit for Review of Transition Plan and Notice of Extended Foster Care
- Social worker will also file a new Case Plan for the youth

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IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNER
MAGISTRATE DIVISION

IN THE MATTER OF:) Case No. [REDACTED]
)
)
)
ID: [REDACTED]) AFFIDAVIT FOR REVIEW OF
DOB: [REDACTED]) TRANSITION PLAN AND
) NOTICE OF EXTENDED
) FOSTER CARE
)
)
A Child Under Eighteen)
Years of Age)

STATE OF IDAHO)
) ss.
County of Bonner)

COMES NOW, [REDACTED] licensed social worker for the Department of Health and Welfare, who does swear and affirm the following:

- I am the assigned social worker for [REDACTED] and have personal knowledge of the facts contained herein.
- An Independent Living Transition Planning (ILTP) meeting was held on August 17, 2021, at which time a transition plan was created and is attached and incorporated by reference into this Affidavit.

EXTENDED FOSTER CARE DETAILS

Extended Foster Care is a voluntary program that expands the foster care case for youth who will turn 18 while in State custody and who want to remain in foster care after their 18th birthday. The Department has determined the child meets/does not meet criteria for Extended Foster Care, as described below.

Date Extended Foster Care was explained to the youth:	August 17, 2021
---	-----------------

AFFIDAVIT FOR REVIEW OF TRANSITION PLAN
AND NOTICE OF EXTENDED FOSTER CARE
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Does the youth want to participate in Extended Foster Care? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, does the youth meet one of the Federal requirements for participating in Extended Foster Care? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---	--

If yes, select all of the criteria met:

- Completing high school or a program leading to an equivalent credential, such as a GED;
- Enrolled in an educational institution which provides post-secondary or vocational education;
- Employed for at least 80 hours per month;
- Participating in a program or activity designed to promote, or remove barriers, to employment;
- Incapable of doing any of the activities described above due to a documented medical condition.

Extended Foster Care is an appropriate plan for this youth for the following reasons: [REDACTED] has started his senior year of high school. [REDACTED] anticipated graduation is for May 2022. [REDACTED] requires and receives therapeutic services focused on both behavioral and mental health challenges associated with both of his diagnoses of Reactive Attachment and Bipolar Disorder. [REDACTED] requires specialized instruction and additional support and resources to be successful with his schoolwork and in the classroom. To remove [REDACTED] from his current placement would not be in his best interest and could derail [REDACTED] graduation track.

The youth wishes to opt out of Extended Foster Care for the following reasons:
N/A

PLACEMENT DETAILS

Has an approved placement been identified?

- YES
Name of placement: [REDACTED]
Type of placement: Congregate Care

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AND NOTICE OF EXTENDED FOSTER CARE
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NO
Efforts to identify a placement:

N/A—Youth is opting out of Extended Foster Care

If the youth is currently in congregate care, describe the plan to transition to a less restrictive placement upon his/her 18th birthday and/or describe why congregate care is the most appropriate and least restrictive placement option:

The recommendation for [REDACTED] to remain in the care of [REDACTED] to receive academic and therapeutic services through the completion of his high school graduation. Based on [REDACTED] educational needs and his ongoing mental health concerns, [REDACTED] will continue to receive day treatment services and placement in [REDACTED] are essential as they are the least restrictive educational and therapeutic setting that will allow for his success into adulthood.

[REDACTED] will be working with [REDACTED] to transition out of their program into adulthood following graduation by:

To resuming plans to re-establish connections with the Department of Vocational Rehabilitation (DVR) program in [REDACTED]. This program will support [REDACTED] with engaging in the community through work experience, building supportive connections, independent living skills and addressing behavioral challenges associated with a work environment.

[REDACTED] will work with [REDACTED] this school year on identifying post-graduation options that [REDACTED] is agreeable to participating in. Post-graduation options include Job Corps, local trade schools in the [REDACTED] area or starting work experiences/apprenticeships.

[REDACTED] will continue to support [REDACTED] to identify and utilized local resources that will help to establish independent living, including potential housing options. [REDACTED] will work with [REDACTED] to establish necessary therapeutic supports in the community of [REDACTED]'s choice and support [REDACTED] in transitioning to new service providers when clinically appropriate.

[REDACTED]'s support team will work with [REDACTED] to build stronger and healthier family connections as well as building new relationships in the community that will be long lasting and provide [REDACTED] with the support in adulthood.

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AND NOTICE OF EXTENDED FOSTER CARE
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TRANSITION PLAN DETAILS

Describe the Transition Plan in the below table:

Plan for accessing and maintaining housing:	[REDACTED] with local housing resources. [REDACTED] all agreed to assist [REDACTED] in his search for housing. [REDACTED] will also work with Chafee Services in [REDACTED] for additional support.
Plan for health insurance:	[REDACTED] will need to transition into [REDACTED] Medicaid as an adult.
Plan for education:	[REDACTED] will remain at his current high school. [REDACTED] will have the ability to continue his education if he wishes through local Trade Schools or Job Corp.
Plan for mentoring and continued support services:	[REDACTED] will continue to mentor and provide support services. Along with IDHW and [REDACTED] Chafee Services.
Plan for employment:	[REDACTED] is participating in a Home Building Academy. This program teaches construction skills and background for [REDACTED]
Plan for support to assist in transition to self-sufficiency:	[REDACTED] IDHW and Chafee services will assist [REDACTED] transition to self-sufficiency during this coming school year.
Was a Permanency Pact completed with the youth that identifies the youth's permanent connections and supports?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Was a Health and Education Passport completed and all documents provided to the youth?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

HEALTH AND EDUCATION PASSPORT DOCUMENTS	HAS	NEEDS	NOT APPLICABLE
Certified Birth Certificate	x		
Social Security Card	x		
Driver's License		x	
State Identification Card	x		

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High School Diploma		x	
GED Certificate			x
Education Records, including IEP as applicable	x		
Medical Insurance Card	x		
Medical Records		x	
Immunization Records		x	
Documentation for Transfer of Payee for Social Security Funds		x	
Updated Independent Living Plan	x		
Letter of Verification of Dependency		x	
Information on State and Local Resource	x		
Information on Education and Training Voucher (ETV)	x		

Was information provided to the youth in the importance of designating another individual to make health care treatment decisions on behalf of the youth, should they become incapable of doing so?

YES
 NO

Based on this affidavit, the department respectfully requests the court to review and approve the youth's transition plan and order one of the following:

Order for Extension of Foster Care and Placement Care Authority to Continue; or
 Order to Vacate Legal Custody and Case Closure on the Youth's 18th Birthday

I, [REDACTED], certify under penalty of perjury, pursuant to the law of the state of Idaho, that I am licensed to practice Social Work in the State of Idaho, employed as a social worker by the Idaho Department of Health and Welfare, and that the foregoing is true and correct to the best of my knowledge.

AFFIDAVIT FOR REVIEW OF TRANSITION PLAN AND NOTICE OF EXTENDED FOSTER CARE
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Respectfully submitted this 12th day of October, 2021.

[REDACTED]
[REDACTED] LSW

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IN THE DISTRICT COURT OF THE 1ST JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNER

IN THE MATTER OF:)
)
)
[REDACTED])
ID#: [REDACTED]) **CASE # CV [REDACTED]**
DOB: [REDACTED]) **CASE PLAN PART 2 of 2**
)
)
Child 18 Years of Age or Older)

CASE PLAN FOR: [REDACTED]

CHILD INFORMATION

Age:	18 Years	Case Open Date	1/5/2018
Gender:	Male	Number of Placements Since Removal:	
Race:	White or Caucasian	Current Grade:	12th
Ethnicity:	Not Hispanic or Latino	Psychotropic Medication:	Yes
Indian Heritage:	No	Relatives Notified:	Yes

Mother: [REDACTED]

Father: [REDACTED] Paternity Verified by: Listed on Birth Certificate

ICWA

Claim of American Indian/Alaska Native heritage in mother/father's family: N/A

Paternal Side Tribe(s)

Tribe Name	Notification Date
N/A	N/A

Maternal Side Tribe(s)

Tribe Name	Notification Date
N/A	N/A

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Is the child ICWA Eligible? N/A

Describe efforts made with family and all tribes to determine whether the child is an Indian child: No ICWA identified in this case.

CHILD'S NEEDS AND SERVICES

Domain: Education

Service Need: [REDACTED] is a senior in high school and he would like to obtain his high school diploma, with the goal of either attending a 4-year college or local trade schools in Fall 2022.

Service Goal: [REDACTED] will graduate from high school. [REDACTED] will sign the necessary releases of information to allow the Department access to his education records. [REDACTED] will apply for, at minimum 3 colleges and will begin the FASFA process. [REDACTED] will reapply to work with the Education and Training Voucher program. [REDACTED] continues to participate in group therapy, school, individual therapy and occupational therapy. [REDACTED] continues to stay caught up with his school work and is passing all his classes. [REDACTED] has 2-A's, B's, B and a C in English language art. [REDACTED] is recommending that [REDACTED] completes his full senior year as [REDACTED] is on track to graduate in May 2022.

Agency Task: The Department will support [REDACTED] with his educational goal through Extended Foster Care case by continuing to provide placement services and educational services as identified. These services will include on-going assessment of his educational services as identified. These services will include on-going assessment of his educational progress and payment for room and board and educational services until [REDACTED] graduates in May 2022. The Department will support [REDACTED] with his college aspirations. In addition, information regarding assistance with completing the FASFA application. Once a month, a worker of IDHW will be visiting [REDACTED] face to face in [REDACTED].

[REDACTED]'s II. program through the Department will be able to assist with funding up to \$5000 each academic year for college.

Domain: Housing

Service Need: [REDACTED] is in the process of completing his senior year and is unable to return to the home of his father. [REDACTED] will sign the Extended Foster Care Program Agreement and needs placement support.

Service Goal: [REDACTED] will remain in [REDACTED] at the [REDACTED] with [REDACTED] while he completes his senior year.

Agency Task: The Department will continue to provide placement services while [REDACTED] meets the eligibility requirements for Extended Foster Care. Monthly home visits will to continue to ensure [REDACTED]'s needs for housing stability are met.

Domain: Employment

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Service Need: [redacted] needs assistance with obtaining employment, work appropriate attire and support with transportation.

PLACEMENT INFORMATION

Is name of placement not available due to safety reasons? No
If "Yes", describe the safety issues: N/A

Child's Placement Name: [redacted]
Child Placement Type: Group Home
Child Placement Dates: 3/7/2019

Describe the safety and appropriateness of the child's current placement, how placement is consistent with the child's needs, (including proximity to parents, proximity to school of origin) how placement is the least-restrictive (most family-like setting), and reasons placement was selected:

For a child placed a substantial distance from home or out of state, explain how this placement is in the best interests of the child:

Describe the frequency and type of worker contact with child placed out of state: [redacted] will be seen once a month by IDHW contracted worker and/or his case manager in [redacted]

Placed with all siblings in foster care? No

EDUCATION INFORMATION

It is in the child's best interest to attend their school of origin: No

Describe best interest determination and efforts to maintain child in their school of origin

Table with 2 columns: Field, Value. Fields include School name, Date of enrollment (May 2018), Address, Phone number, Child's current grade (12th), Is child at grade level or above? (Below Average)

PHYSICAL AND MENTAL HEALTH

Child's Allergies if applicable:

Table with 4 columns: Date, Allergy Type, Allergy, Allergic Reaction

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Table with 4 columns: N/A, N/A, N/A, N/A

Child's Medical/Physical Health diagnosis, if applicable:

Table with 4 columns: Diagnosis Date, Diagnosis, Diagnosed By, End Date. Row 1: 5/8/2019 and 1/30/2021, [redacted], [redacted], current

Child's Medical Hospitalizations, if applicable: N/A

Child's Medications for Medical/Physical Health needs, if applicable:

Table with 6 columns: Start Date, Medication Name, Dosage, Prescriber Name, No Longer Taking Date, Psychotropic. Rows include 1/5/2018 with 300mg dosage and 1/5/2018 with 750ml, 50mg, 400mg dosages.

Child is up to date on immunizations: Yes

Child's Health Care Providers

Table with 4 columns: Health Care Provider, Provider Type, Address Note, Phone Number. Row 1: N/A, N/A, N/A, N/A

EMOTIONAL/BEHAVIORAL/TRAUMA INFORMATION

Child's Emotional/Behavioral/Trauma diagnosis, if applicable:

Table with 4 columns: Diagnosis Date, Diagnosis, Diagnosed By, End Date. Row 1: 5/8/2019, [redacted], [redacted], Current

Child's Emotional/Behavioral/Trauma Hospitalizations, if applicable: N/A

Child's Psychotropic and other Medications for Emotional/Behavioral/Trauma needs, if applicable:

Table with 6 columns: Start Date, Medication Name, Dosage, Prescriber Name, No Longer Taking Date, Psychotropic. Rows include 1/5/2018 with 300mg dosage and 1/5/2018 with 750ml dosage.

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Table with 6 columns: Start Date, Medication Name, Dosage, Prescriber Name, No Longer Taking Date, Psychotropic. Rows include 1/5/2018 with 50mg dosage and 1/5/2018 with 400mg dosage.

Child's Health Care Providers

Table with 4 columns: Health Care Provider, Provider Type, Address Note, Phone Number. Row 1: N/A, N/A, N/A, N/A

CHILD'S CONNECTIONS

Identify the child's religious and cultural connections: [redacted] prefers to spend time outdoors doing activities. [redacted] really enjoys spending time with animals, playing sports, biking and fishing.

Individuals, including relatives, with a significant relationship to the child: [redacted]'s significant relationships include his father, [redacted] and his older sister, [redacted]. [redacted] has been spending more time with a previous houseparent, [redacted] and her family.

Organizations or community activities with which the child has significant connections: The [redacted] is regularly planned activities for [redacted]. [redacted] has recently started working with Chafce services and has a worker that takes him out in the community to work on IL services.

[redacted]

Efforts made to maintain the child's significant individual, religious, cultural, and community connections: [redacted] is able to stay in contact with his father and sister by phone. [redacted] initiates all phone calls with his father. [redacted] has been spending more time with [redacted] and her family out in the community. [redacted] and her family live in the [redacted] area and able to have regular face to face visits with [redacted]. [redacted] has been able to go to [redacted]'s home for some holidays and weekend visits.

REASONS FOR AGENCY INVOLVEMENT AND PREVENTION EFFORTS

Reason for Involvement: [redacted]

[redacted]

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[redacted] Upon his release, [redacted] was declared in imminent danger by Law Enforcement due to [redacted] refusing to pick [redacted] up from Kootenai Behavioral Health.

Reasonable/Active Efforts to prevent removal: Reasonable efforts were not possible due to Law Enforcement declaring [redacted] in imminent danger.

ACKNOWLEDGEMENT

I acknowledge as the youth, by my initials, that I have received the following:

[redacted] As the youth, I have participated in the development of the needs and services section of this plan, for youth 14 or older.

[redacted] As the youth, I was provided the option to include two individuals of my choosing in the development of the needs and services section of this plan, for youth 14 or older.

I acknowledge through my signature, that I have received a copy of the child's Case Plan Part 2 of 2.

Youth: [redacted] Date: [redacted]

Parent: [redacted] Date: [redacted]

Parent: [redacted] Date: [redacted]

Tribes (if applicable): [redacted] Date: [redacted]

Social Worker: [redacted] Date: [redacted]

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PROPOSED IJR 57

- Has not yet been adopted and incorporated into IJR – should be posted for comments soon
- Sets timelines for a hearing no later than 60 days prior to youth's 18th birthday to review plan – can be combined with permanency/review hearing
- Youth's transition plan shall be filed no later than 7 days prior to hearing
- Explicitly cites to the same qualifications included in 42 U.S.C. § 675(8)(B)(iv)
 - Including "medical condition"
- Specifies all attorney appointments and GAL appointments remain in effect unless otherwise ordered by the court

DRAFT EXTENDED FOSTER CARE RULE

Idaho Juvenile Rule 57 Transition to Successful Adulthood Plan and Extended Foster Care

(a) If a child is in the legal custody of the department or an authorized agency, the court shall conduct a hearing no later than 60 days prior to the youth's eighteenth birthday for the purpose of discussing and reviewing the youth's transition to successful adulthood plan. Failure to conduct a hearing within 60 days does not preclude the court from considering a transition plan or ordering extended foster care. The court shall review the plan with the youth to ensure the plan provides the services necessary for the youth to successfully transition to adulthood. The hearing may be combined with a permanency or review hearing.

(b) The department shall file the youth's transition plan no later than seven days prior to the hearing. The plan shall include the youth's desire regarding extended foster care. If the youth wishes to remain in foster care beyond age eighteen as stated in the plan, or based upon a motion filed by any party, the court may extend foster care under I.C. § 16-1622(5) if the youth is:

- (1) completing secondary education or a program leading to an equivalent credential;
- (2) enrolled in an institution which provides post-secondary or vocational education;
- (3) participating in a program or activity designed to promote, or remove barriers to, employment;
- (4) employed for at least 80 hours per month; or
- (5) incapable of doing any of the activities described in subsections (1) through (4) above due to a medical condition, which incapability is supported by regularly updated information in the case plan of the youth.

(c) When the court orders extended foster care, the court shall hold review and permanency hearings in accordance with I.C. § 16-1622, at which the court shall also determine whether the child continues to meet the requirement of subsection (b) above. If at any time the child no longer meets the requirements, the court shall terminate extended foster care.

(d) The extension shall be for a fixed period of time but shall not extend past the youth's twenty-first (21) birthday.

(e) All appointments of the youth's attorney(s) and guardian(s) ad litem in the proceeding shall remain in effect throughout the extension, unless otherwise ordered by the court.

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FAQ'S

- EFC does not take the place of Independent Living – the two are separate programs, and the youth can qualify for both
 - EFC and IL have different eligibility requirements
 - IL services can still be utilized without continuing in foster care under EFC
- The court must specify the timeframe through which foster care is to be extended – can be as simple as extending through next review hearing or through specific event like graduation from school
- Youth can opt out at any time, and the court can terminate at any time if the youth no longer qualifies (proposed IJR 57 says the court SHALL terminate EFC if the youth no longer qualifies)
- To be eligible for EFC, the youth must have been in foster care already up to his/her 18th birthday – cannot be eligible simply by having been in foster care at some point before age 18 if you did not continue in foster care through your 18th birthday, and cannot try to use this to pay for your living expenses for college if you have never been in foster care

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QUESTIONS?

Catherine.Enright@bonnercountyid.gov

(208) 255-7889*

*NOTE: My assistant is a bulldog about letting people through to talk to me. 😊

TEENAGERS

tired of being
harassed by
your parents?

ACT NOW!

Move out, Get a job,
& Pay your own way,

QUICK!

while you still
know everything!

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