**FY 2020 RUR NOFO Application – Appendix 1**

Program Site Information

List all program site locations where RUR **services** are offered for youth and families. Designate which available services are offered at each site location.

**NOTE:** Shelter/Placement sites are **not** considered sites and will be requested later in this program plan.

**RUR SERVICE DELIVERY SITE**

|  |  |
| --- | --- |
| Agency Name: | Is the provider a subcontractor?  □ Yes □ No |
| Site Name:  | Child welfare license # (if applicable): |
| Address:  | City:  | County:  | Zip:  |
| Site Supervisor Name:  | Title:  |
| Phone:  | Fax:  | Email:  |
| **Designate RUR Services Provided at this Site:**□ 24-Hour Response System □ Cross-Agency Case Coordination□ Crisis Assessment □ Case Management□ Crisis Intervention □ Individual, Family and/or Group  Counseling □ Family Reunification/Preservation □ Youth and/or Family Advocacy□ Temporary Living Arrangement Services □ Access/Coordination with Substance  Abuse Treatment □ Access/Coordination with Mental Health Treatment  |
| Provide a brief description of services at this site. Include description of target population for those identified services. |
| Designate the geographic service area for this RUR site. Include city, county, and Chicago community area, where appropriate.  |
| Total number of youth that received at least one day of service at this site in FY19? |

**(If additional site blocks are needed, please copy a block from above and paste HERE – as needed.)**