**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.)**