

Program Site Information

List all program site locations where Homeless Youth services will take place. Designate which available services are offered at each site location.

HOMELESS YOUTH PROGRAM SITE

| | | | | | | |
|--|---|---|------|--|--|---|
| Agency Name: | | Is this Agency: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Linkage Agreement <input type="checkbox"/> N/A | | | | |
| Site Name: | | Child welfare license # (if applicable): | | | | |
| Address: | City: | County: | Zip: | | | |
| Site Supervisor Name: | | Title: | | | | |
| Phone: | Fax: | Email: | | | | |
| <p>Designate HY Services Provided at this Site:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 24-Hour Response System <input type="checkbox"/> Safety Assessments <input type="checkbox"/> Intake <input type="checkbox"/> Shelter Housing (Under 18) <input type="checkbox"/> Shelter Housing (Over 18) <input type="checkbox"/> Casey Assessments <input type="checkbox"/> Case Plan Development <input type="checkbox"/> Case Management/Monitoring <input type="checkbox"/> Outreach Services <input type="checkbox"/> Transitional Living Services <input type="checkbox"/> Emergency/Temporary Shelter Services <input type="checkbox"/> Education Services/Advocacy <input type="checkbox"/> Employment Services <input type="checkbox"/> Job Training/Readiness Services <input type="checkbox"/> Transportation Services </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Social & Life Skills Training/Services <input type="checkbox"/> Pregnant & Parenting Training/Services <input type="checkbox"/> Discharge Planning & Follow-up Services <input type="checkbox"/> Prevention Services <input type="checkbox"/> Emergency Care/Safety Plans <input type="checkbox"/> Prevention Services <input type="checkbox"/> Youth and/or Family Advocacy <input type="checkbox"/> Individual, Family and/or Group Counseling <input type="checkbox"/> Family Reunification/Preservation <input type="checkbox"/> Substance Abuse Services/Treatment <input type="checkbox"/> Mental Health Services/Treatment <input type="checkbox"/> Legal Services <input type="checkbox"/> Physical Health Services <input type="checkbox"/> Dental Services <input type="checkbox"/> Cross-Agency Case Coordination </td> </tr> </table> | | | | | <input type="checkbox"/> 24-Hour Response System <input type="checkbox"/> Safety Assessments <input type="checkbox"/> Intake <input type="checkbox"/> Shelter Housing (Under 18) <input type="checkbox"/> Shelter Housing (Over 18) <input type="checkbox"/> Casey Assessments <input type="checkbox"/> Case Plan Development <input type="checkbox"/> Case Management/Monitoring <input type="checkbox"/> Outreach Services <input type="checkbox"/> Transitional Living Services <input type="checkbox"/> Emergency/Temporary Shelter Services <input type="checkbox"/> Education Services/Advocacy <input type="checkbox"/> Employment Services <input type="checkbox"/> Job Training/Readiness Services <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Social & Life Skills Training/Services <input type="checkbox"/> Pregnant & Parenting Training/Services <input type="checkbox"/> Discharge Planning & Follow-up Services <input type="checkbox"/> Prevention Services <input type="checkbox"/> Emergency Care/Safety Plans <input type="checkbox"/> Prevention Services <input type="checkbox"/> Youth and/or Family Advocacy <input type="checkbox"/> Individual, Family and/or Group Counseling <input type="checkbox"/> Family Reunification/Preservation <input type="checkbox"/> Substance Abuse Services/Treatment <input type="checkbox"/> Mental Health Services/Treatment <input type="checkbox"/> Legal Services <input type="checkbox"/> Physical Health Services <input type="checkbox"/> Dental Services <input type="checkbox"/> Cross-Agency Case Coordination |
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| <p>Provide a brief description of services at this site. Include description of target population for those identified services.</p> | | | | | | |
| <p>Designate the geographic service area for this Homeless Youth site. Include city, county, and Chicago community area, where appropriate.</p> | | | | | | |

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