Transitional Living Placements

Please provide all Transitional Living Placement options secured for your HY.

HY Transitional Living Placement:

Placement Name:	DCFS License #:	Expiration Date:
Address: *(Street Address not required for Host Home)*	City:	Zip:
County and/or Community Area of Placement:		
Placement cost per night: OR Placement cost per Month:		
Placement type: □ Scattered Site □ Host Home □ Group Home □ Supervised Apartment □ Other		
Population served: □ Males □ Females □ Both	Maximum Available Capacity of Placement Site:	
Population served: □ Under 18 □ Over 18 □ Both		
Additional description of placement option:		

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