

FY 2022 IYIP Continuation
 Funding Notice
 Appendix C
Service Delivery Site Information

Agency Name:		Is the provider a subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Site Name:		If yes, provide the contract amount: \$			
Address:	City:	County:	Zip:		
Site Supervisor/Contact Name:		Title:			
Phone:	Fax:	Email:			
<p>Designate Required Services Provided at this Site:</p> <input type="checkbox"/> Employment Readiness Activities <input type="checkbox"/> Essential Employability Skills Assessment/Development <input type="checkbox"/> Support Services <ul style="list-style-type: none"> <input type="checkbox"/> Employment Support Services. <input type="checkbox"/> Social Emotional Support Services <input type="checkbox"/> Life Skills Assessment/Development <input type="checkbox"/> Educational Support Services <input type="checkbox"/> Career Plan Development <input type="checkbox"/> Case Management					
<p>Designate Specific Support Services Provided at this Site:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Illinois WorkNet Access/Internet Access <input type="checkbox"/> Life Skills Education <input type="checkbox"/> Conflict Resolution Skills <input type="checkbox"/> Child Care Services <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Transportation <input type="checkbox"/> Other (Describe Below): </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Trauma Services <input type="checkbox"/> Mental Health Service <input type="checkbox"/> Anger Management Skills <input type="checkbox"/> Assessment Services <input type="checkbox"/> Educational/GED Support Activities <input type="checkbox"/> Advocacy Services (Education, having disability, etc.) <input type="checkbox"/> Individual/Family Counseling </td> </tr> </table>				<input type="checkbox"/> Illinois WorkNet Access/Internet Access <input type="checkbox"/> Life Skills Education <input type="checkbox"/> Conflict Resolution Skills <input type="checkbox"/> Child Care Services <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Transportation <input type="checkbox"/> Other (Describe Below):	<input type="checkbox"/> Trauma Services <input type="checkbox"/> Mental Health Service <input type="checkbox"/> Anger Management Skills <input type="checkbox"/> Assessment Services <input type="checkbox"/> Educational/GED Support Activities <input type="checkbox"/> Advocacy Services (Education, having disability, etc.) <input type="checkbox"/> Individual/Family Counseling
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<p>Provide a brief description of other specific services to be provided to IYIP enrolled youth at this site not included above.</p>					
<p>Provide a brief description of services to be provided to IYIP enrolled youth at this site. Include the age group(s) targeted for services and if they will be in-school or out-of-school youth, # of youth to receive each service, etc.</p>					
<p>Estimate the number of youths to receive services through this site in FY22:</p>					