

Appendix F

Program Placement Options

Please provide all Agency Arranged Placement (AAP) options secured for your CCBYS Program.

NOTE: All placement options must hold **current DCFS licensure**. The placement options listed should be geographically appropriate for your service area and placements **must** be identified that will accept “difficult to place” youth.

CCBYS PLACEMENT OPTION:

Placement Name:	DCFS License #:	Expiration Date:
Address: <i>(street not required for foster homes)</i>	City:	Zip:
County and/or Community Area:		
Placement cost per night:		
Placement type (i.e. foster home, shelter, etc.):		
Population served (i.e. males, females, both):	Maximum Available Capacity of Placement Site:	
Additional description of placement option:		
Total number of youth placed at this site for one or more days in FY17 = Total number of placement nights at this site in FY17 = <i>(Example: 3 youth for a total of 15 days)</i>		

CCBYS PLACEMENT OPTION:

Placement Name:	DCFS License #:	Expiration Date:
Address: <i>(street not required for foster homes)</i>	City:	Zip:
County and/or Community Area:		
Placement cost per night:		
Placement type (i.e. foster home, shelter, etc.):		
Population served (i.e. males, females, both):	Maximum Available Capacity of Placement Site:	
Additional description of placement option:		
Total number of youth placed at this site for one or more days in FY17 = Total number of placement nights at this site in FY17 = <i>(Example: 3 youth for a total of 15 days)</i>		

(If more placement blocks are needed, use additional pages as necessary.)