

## Appendix E

### Program Site Information

List all program site locations where CCBYS 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.

#### CCBYS SERVICE DELIVERY SITE

Agency Name:		Is the provider a subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Site Name:		Child welfare license # (if applicable):				
Address:	City:	County:	Zip:			
Site Supervisor Name:		Title:				
Phone:	Fax:	Email:				
<b>Designate CCBYS Services Provided at this Site:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 24-Hour Response System  <input type="checkbox"/> Crisis Assessment  <input type="checkbox"/> Crisis Intervention  <input type="checkbox"/> Temporary Living Arrangement Services  <input type="checkbox"/> Access/Coordination with Mental Health Treatment         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Cross-Agency Case Coordination  <input type="checkbox"/> Case Management  <input type="checkbox"/> Individual, Family and/or Group Counseling         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Youth and/or Family Advocacy  <input type="checkbox"/> Family Reunification/Preservation  <input type="checkbox"/> Access/Coordination with Substance Abuse Treatment         </td> </tr> </table>				<input type="checkbox"/> 24-Hour Response System <input type="checkbox"/> Crisis Assessment <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Temporary Living Arrangement Services <input type="checkbox"/> Access/Coordination with Mental Health Treatment	<input type="checkbox"/> Cross-Agency Case Coordination <input type="checkbox"/> Case Management <input type="checkbox"/> Individual, Family and/or Group Counseling	<input type="checkbox"/> Youth and/or Family Advocacy <input type="checkbox"/> Family Reunification/Preservation <input type="checkbox"/> Access/Coordination with Substance Abuse Treatment
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<b>Case Plan Services Available at this site:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Individual counseling therapy  <input type="checkbox"/> Inpatient drug/alcohol treatment  <input type="checkbox"/> Outpatient drug/alcohol treatment (includes TASC)  <input type="checkbox"/> Psychology treatment (Includes medication monitoring)  <input type="checkbox"/> Outpatient mental health  <input type="checkbox"/> Inpatient mental health treatment (hospitalization)  <input type="checkbox"/> Psychiatric evaluation  <input type="checkbox"/> Anger management services  <input type="checkbox"/> Cognitive behavioral therapy  <input type="checkbox"/> Cognitive education (development disabilities treatment)  <input type="checkbox"/> WAIT/ART  <input type="checkbox"/> Youth court/peer jury  <input type="checkbox"/> Victim medication panel  <input type="checkbox"/> Restitution  <input type="checkbox"/> Community Service  <input type="checkbox"/> Family advocacy  <input type="checkbox"/> Domestic violence services as victim  <input type="checkbox"/> Domestic violence services as offender  <input type="checkbox"/> Services to treat a victim in a sex offense  <input type="checkbox"/> Services to treat a sex offender  <input type="checkbox"/> Peace circles  <input type="checkbox"/> SPARCS groups         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Functional family therapy  <input type="checkbox"/> Recreation  <input type="checkbox"/> Nutritional education  <input type="checkbox"/> Multi-systemic therapy  <input type="checkbox"/> Services through DCS  <input type="checkbox"/> Family Counseling  <input type="checkbox"/> Group counseling  <input type="checkbox"/> Participating classes  <input type="checkbox"/> Service learning  <input type="checkbox"/> Alternative education (non- GED)  <input type="checkbox"/> GED classes  <input type="checkbox"/> Education advocacy  <input type="checkbox"/> Tutoring/ Homework assistance  <input type="checkbox"/> Life skills education  <input type="checkbox"/> Mentoring Services  <input type="checkbox"/> Job training  <input type="checkbox"/> Employment coaching  <input type="checkbox"/> College readiness  <input type="checkbox"/> Gender specific services- male  <input type="checkbox"/> Gender specific services – female  <input type="checkbox"/> Other (specify): _____         </td> </tr> </table>				<input type="checkbox"/> Individual counseling therapy <input type="checkbox"/> Inpatient drug/alcohol treatment <input type="checkbox"/> Outpatient drug/alcohol treatment (includes TASC) <input type="checkbox"/> Psychology treatment (Includes medication monitoring) <input type="checkbox"/> Outpatient mental health <input type="checkbox"/> Inpatient mental health treatment (hospitalization) <input type="checkbox"/> Psychiatric evaluation <input type="checkbox"/> Anger management services <input type="checkbox"/> Cognitive behavioral therapy <input type="checkbox"/> Cognitive education (development disabilities treatment) <input type="checkbox"/> WAIT/ART <input type="checkbox"/> Youth court/peer jury <input type="checkbox"/> Victim medication panel <input type="checkbox"/> Restitution <input type="checkbox"/> Community Service <input type="checkbox"/> Family advocacy <input type="checkbox"/> Domestic violence services as victim <input type="checkbox"/> Domestic violence services as offender <input type="checkbox"/> Services to treat a victim in a sex offense <input type="checkbox"/> Services to treat a sex offender <input type="checkbox"/> Peace circles <input type="checkbox"/> SPARCS groups	<input type="checkbox"/> Functional family therapy <input type="checkbox"/> Recreation <input type="checkbox"/> Nutritional education <input type="checkbox"/> Multi-systemic therapy <input type="checkbox"/> Services through DCS <input type="checkbox"/> Family Counseling <input type="checkbox"/> Group counseling <input type="checkbox"/> Participating classes <input type="checkbox"/> Service learning <input type="checkbox"/> Alternative education (non- GED) <input type="checkbox"/> GED classes <input type="checkbox"/> Education advocacy <input type="checkbox"/> Tutoring/ Homework assistance <input type="checkbox"/> Life skills education <input type="checkbox"/> Mentoring Services <input type="checkbox"/> Job training <input type="checkbox"/> Employment coaching <input type="checkbox"/> College readiness <input type="checkbox"/> Gender specific services- male <input type="checkbox"/> Gender specific services – female <input type="checkbox"/> Other (specify): _____	
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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 CCBYS 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 FY17?						