

Appendix E

FY 2018 RUR Continuation Application

Program Site Information

List all program site locations where RUR **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.

RUR 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:			
<p>Designate RUR 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"/> Crisis Assessment <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Family Reunification/Preservation <input type="checkbox"/> Temporary Living Arrangement Services <input type="checkbox"/> Access/Coordination with Mental Health Treatment </td> <td style="width: 50%; vertical-align: top;"> <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"/> 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"/> Family Reunification/Preservation <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"/> Access/Coordination with Substance Abuse Treatment
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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 RUR 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?					

(If additional site blocks are needed, please copy this form as needed.)