

Appendix D

Program Site Information

List all program site locations where Homeless Youth services will take place. Designate which available services are offered at each site location.

HOMELESS YOUTH PROGRAM SITE

Agency Name:		Is this Site a:																															
		<input type="checkbox"/> Subcontractor <input type="checkbox"/> Linkage Agreement <input type="checkbox"/> Agency Site																															
		Child welfare license # (if applicable):																															
Site Name:		Address:																															
City:		County:	Zip:																														
Site Supervisor Name:		Title:																															
Phone:	Fax:	Email:																															
<p>Designate HY Services Provided at this Site:</p> <table border="0"> <tr> <td><input type="checkbox"/> 24-Hour Response System</td> <td><input type="checkbox"/> Social & Life Skills Training/Services</td> </tr> <tr> <td><input type="checkbox"/> Safety Assessments</td> <td><input type="checkbox"/> Pregnant & Parenting Training/Services</td> </tr> <tr> <td><input type="checkbox"/> Intake</td> <td><input type="checkbox"/> Discharge Planning & Follow-up Services</td> </tr> <tr> <td><input type="checkbox"/> Shelter Housing (Under 18)</td> <td><input type="checkbox"/> Prevention Services</td> </tr> <tr> <td><input type="checkbox"/> Shelter Housing (Over 18)</td> <td><input type="checkbox"/> Emergency Care/Safety Plans</td> </tr> <tr> <td><input type="checkbox"/> Casey Assessments</td> <td><input type="checkbox"/> Youth and/or Family Advocacy</td> </tr> <tr> <td><input type="checkbox"/> Case Plan Development</td> <td><input type="checkbox"/> Individual, Family and/or Group Counseling</td> </tr> <tr> <td><input type="checkbox"/> Case Management/Monitoring</td> <td><input type="checkbox"/> Family Reunification/Preservation</td> </tr> <tr> <td><input type="checkbox"/> Outreach Services</td> <td><input type="checkbox"/> Substance Abuse Services/Treatment</td> </tr> <tr> <td><input type="checkbox"/> Transitional Living Services</td> <td><input type="checkbox"/> Mental Health Services/Treatment</td> </tr> <tr> <td><input type="checkbox"/> Emergency/Temporary Shelter Services</td> <td><input type="checkbox"/> Legal Services</td> </tr> <tr> <td><input type="checkbox"/> Education Services/Advocacy</td> <td><input type="checkbox"/> Physical Health Services</td> </tr> <tr> <td><input type="checkbox"/> Employment Services</td> <td><input type="checkbox"/> Dental Services</td> </tr> <tr> <td><input type="checkbox"/> Job Training/Readiness Services</td> <td><input type="checkbox"/> Cross-Agency Case Coordination</td> </tr> <tr> <td><input type="checkbox"/> Transportation Services</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>				<input type="checkbox"/> 24-Hour Response System	<input type="checkbox"/> Social & Life Skills Training/Services	<input type="checkbox"/> Safety Assessments	<input type="checkbox"/> Pregnant & Parenting Training/Services	<input type="checkbox"/> Intake	<input type="checkbox"/> Discharge Planning & Follow-up Services	<input type="checkbox"/> Shelter Housing (Under 18)	<input type="checkbox"/> Prevention Services	<input type="checkbox"/> Shelter Housing (Over 18)	<input type="checkbox"/> Emergency Care/Safety Plans	<input type="checkbox"/> Casey Assessments	<input type="checkbox"/> Youth and/or Family Advocacy	<input type="checkbox"/> Case Plan Development	<input type="checkbox"/> Individual, Family and/or Group Counseling	<input type="checkbox"/> Case Management/Monitoring	<input type="checkbox"/> Family Reunification/Preservation	<input type="checkbox"/> Outreach Services	<input type="checkbox"/> Substance Abuse Services/Treatment	<input type="checkbox"/> Transitional Living Services	<input type="checkbox"/> Mental Health Services/Treatment	<input type="checkbox"/> Emergency/Temporary Shelter Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Education Services/Advocacy	<input type="checkbox"/> Physical Health Services	<input type="checkbox"/> Employment Services	<input type="checkbox"/> Dental Services	<input type="checkbox"/> Job Training/Readiness Services	<input type="checkbox"/> Cross-Agency Case Coordination	<input type="checkbox"/> Transportation Services	<input type="checkbox"/> Other: _____
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<p>Provide a brief description of services at this site. If <u>not</u> included in the list above.</p>																																	
<p>Designate the geographic service area for this Homeless Youth site. Include city, county, and Chicago community area, where appropriate.</p>																																	

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