

Appendix E

Transitional Living Placements

Please provide all Transitional Living Placement options secured for your HY.

Agency Name:

Is this Site a: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Linkage Agreement <input type="checkbox"/> Agency Site		DCFS License Type and #:	Expiration Date:
Placement Contact Person:	Title:	Phone:	Email:
Address: <i>(Street Address not required for Host Home)</i>		City:	Zip:
County and/or Community Area of Placement:			
Placement cost per night:		OR	Placement cost per Month:
Placement type: <input type="checkbox"/> Scattered Site <input type="checkbox"/> Host Home <input type="checkbox"/> Group Home <input type="checkbox"/> Supervised Apartment <input type="checkbox"/> Other: _____			
Population served: <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both		Maximum Available daily Capacity of Placement Site:	
Population served: <input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18 <input type="checkbox"/> Both			
Additional description of placement option:			

(If additional placement blocks are needed, please copy a block from above and paste – as needed)

Emergency Shelter/ Housing Placements

Please provide all Emergency Shelter/Placement options secured for your HY Program.

Agency Name:

Is this site a: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Linkage Agreement <input type="checkbox"/> Agency Site		DCFS License Type and #:	Expiration Date:
Placement Contact Person:	Title:	Phone:	Email:
Address: <i>(Street Address not required for Host Home)</i>		City:	Zip:
County and/or Community Area of Placement:			
Placement cost per night:			
Placement type: <input type="checkbox"/> Shelter Site <input type="checkbox"/> Host Home <input type="checkbox"/> Other: _____			
Population served: <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both		Maximum Available daily Capacity of Placement Site:	
Population served: <input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18 <input type="checkbox"/> Both			

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