



State of Illinois
 Department of Human Services
REIMAGINE YOUTH DEVELOPMENT- RYD
SITE INFORMATION FORM

Please complete one form for each RYD site.

Agency Name:	Eligible Program Service Area Category:		
	<input type="checkbox"/> Chicago Location	<input type="checkbox"/> Greater Illinois Municipality	

Site Name:			
Address:	City:	State:	Zip:

Site Manager:		Title:
Phone:	Fax:	Email:

Collaborating School(s):

Site Service Area: Describe the service area, using county(ies), City(ies), and/or ZIP code(s), as appropriate to your description. If your agency is located in the city of Chicago, please use the name of the Community Area(s), neighborhood etc. Reserve the use of other categories (such as townships, highways, street names) for a situation where that is the only way you can describe the area. If you will serve only a portion of a county or city, describe which portion.

Enrollment/Attendance Projections (number)

Total Enrollment:

Average Daily Attendance:

Total Projected Youth Attendance Hours:

Age Projections (should total 100%)	Gender Projections (should total 100 percent)
6-10	Male
11-13	Female
14-17	Non-Binary

Race Projections (should total 100 percent)	Ethnicity Projections (should total 100 percent)
American Indian/Alaskan Native:	Hispanic/Latin-xo:
Asian:	Non-Hispanic/Latin-x:
Native Hawaiian or other Pacific Islander:	
Black/African-American:	
White:	
Multi-Racial:	

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