



APPENDIX H - SERVICE DELIVERY SITE INFORMATION

Agency Name:			Is the provider a sub-recipient? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Site Name:			If yes, provide the sub-award amount:		
Address:		City:	County:		Zip:
Site Supervisor/Contact Name:				Title:	
Phone/Cell:		Fax:		Email:	

Designate Required Services Provided at this Site:

- Employment Readiness Activities
- Essential Employability Skills Assessment/Development
- Support Services
 - Employment Support Services
 - Social Emotional Support Services
 - Life Skills Assessment/Development
 - Educational Support Services
 - Career Plan Development
- Case Management

Designate Specific Support Services Provided at this Site:

- | | |
|---|--|
| <input type="checkbox"/> Illinois WorkNet Access/InternetAccess | <input type="checkbox"/> Trauma Services |
| <input type="checkbox"/> Life Skills Education | <input type="checkbox"/> Mental Health Service |
| <input type="checkbox"/> Conflict Resolution Skills | <input type="checkbox"/> Anger Management Skills |
| <input type="checkbox"/> Child Care Services | <input type="checkbox"/> Assessment Services |
| <input type="checkbox"/> Mentoring/Coaching | <input type="checkbox"/> Educational/GED SupportActivities |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Advocacy Services (Education, havingdisability, etc.) |
| <input type="checkbox"/> Other (Describe Below): | <input type="checkbox"/> Individual/FamilyCounseling |

Provide a brief description of other specific services to be provided to AIYIP enrolled youth at this site not included above.

Provide a brief description of services to be provided to AIYIP enrolled youth at this site. Include the age group(s) targeted for services and if they will be in-school or out-of-school youth, # of youth to receive each service, etc.

Estimate the number of youths to receive services through this site in FY22: