



## INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

### 1. INSTRUCTIONS - (please read before completing the survey)

**NOTE:** Unless stated in a survey question, this survey covers information for FFY 2015 (Federal Fiscal Year October 1, 2014 to September 30, 2015).

1. If needed, forward a PDF copy of the survey contained in the e-mail invitation to other staff persons to complete their portion of the survey. Multiple people cannot input their sections via the survey link, you must copy and paste any responses you have requested from outside sources into the final survey. The recipient of the original e-mail containing the link to the survey must complete and submit the final survey.

2. Use [BACK] and [NEXT] at the bottom of each page to navigate the survey. Do not use the "Back" and "Forward" buttons on your browser.

3. Click [NEXT] to advance to the next page. This also saves your work and it is highly encouraged that you save your work.

4. To exit the survey, click [NEXT] to save your entries before clicking [Exit this survey] on the top right side of the page.

5. Return to your saved report by:

-clicking the unique survey link.

-resuming work on your report with your last saved data appearing on the screen.

-returning to make changes anytime, even after clicking [Done], but prior to the survey closing date.

You will not be able to access your survey once the closing date has past.

6. If you need a hard copy for your records or for supervisor review, print each page as you complete the survey. This is the only way counties will be able to print a copy. Counties may request a PDF copy after the survey is completed by sending an e-mail to the survey unit.

7. Submit your report by close of business on Friday, March 25, 2016. The survey will also close on this date.

8. For technical assistance, or questions about the Instructions, click here to contact the survey unit.

9. For program questions, click here to contact ILP Policy.



**INDEPENDENT LIVING PROGRAM (ILP)  
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**2. CONTACT INFORMATION**

Select your county:

Enter Name of Agency completing the Narrative: (e.g., Child Welfare, contracted agency, etc.)

Enter the contact information of the person completing the Narrative. (If more than one person is completing the Narrative, list the main person.)

**Name:**

**Title:**

**Mailing Address:**

**Email:**

**Fax Number:**

**Phone, ext. (xxx-xxx-xxxx):**

Are there other persons completing the Narrative?

YES  NO



# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 3. CONTACT INFORMATION - Other Persons Preparing the Narrative

Enter contact information of the second person completing the Narrative.

**Name:**

**Title:**

**Mailing Address:**

**E-mail:**

**Fax Number:**

**Phone, ext. (xxx-xxx-xxxx):**

Enter contact information of the third person completing the Narrative, if any.

**Name:**

**Title:**

**Mailing Address:**

**E-mail:**

**Fax Number:**

**Phone, ext. (xxx-xxx-xxxx):**

(If you need more space, please [click here](#) to send ILP Policy contact information of additional persons completing the Narrative.)



## INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

### 4. CONTACT INFORMATION

Select *ONE* that best describes the main person completing the survey.

- I am the ILP Coordinator.
- I am the ILP Manager/Administrator.
- I am the ILP Coordinator and the ILP Manager/Administrator.



## INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

### 5. CONTACT INFORMATION - ILP Manager/Administrator

Enter contact information of the ILP Manager/Administrator.

**Name:**

**Title:**

**Mailing Address:**

**E-mail:**

**Fax Number:**

**Phone, ext. (xxx-xxx-xxxx):**



## INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

### 6. CONTACT INFORMATION - ILP Coordinator

Enter contact information of the (or additional) ILP Coordinator.

**Name:**

**Title:**

**Mailing Address:**

**E-mail:**

**Fax Number:**

**Phone, ext. (xxx-xxx-xxxx):**

(If [Q1] County has multiple ILP Coordinators, please [click here](#) to send ILP Policy a list of all ILP coordinators with phone number and e-mail contact information.)



## INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

### 7. CONTACT INFORMATION - Probation Officer

Enter contact information of the Probation Officer.

**Name:**

**Title:**

**Mailing Address:**

**E-mail:**

**Fax Number:**

**Phone, ext. (xxx-xxx-xxxx):**

Does [Q1] County have a Transitional Housing Program Coordinator?

YES  NO



## INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

### 8. CONTACT INFORMATION - Transitional Housing Program Coordinator

Enter contact information of the Transitional Housing Program Coordinator.

**Name:**

**Title:**

**Mailing Address:**

**E-mail:**

**Fax Number:**

**Phone, ext. (xxx-xxx-xxxx):**



## INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

### 9. ILP PROGRAM OVERVIEW

1. Briefly describe one or two innovative, successful, and/or promising practices/programs that go beyond the provision of the core services as outlined in the regulations. This can include any aspect of ILP services/outreach to youth including community based volunteer programs, new programs to address sexually exploited youth (human trafficking), education services or employment services. Include transitional housing programs, if applicable.

**NOTE:** Please use bullet or number format to provide your answer.

2. Briefly describe any unique accomplishments achieved in your ILP and Transitional Housing Program(s).

**NOTE:** Please use bullet or number format to provide your answer.

3. Briefly describe any planned improvements over the next fiscal year (FFY 2016) for ILP service delivery and transitional housing programs that will improve outcomes for youth.

**NOTE:** Please use bullet or number format to provide your answer.

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## INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

### 10. Transitional Independent Living Plan (TILP) and 90 Day Transition Plan

1. Briefly explain how [Q1] County completes the TILP with youth, including youth in transitional housing.

**NOTE:** Please use bullet or number format to provide your answer.

2. What nationally recognized assessment tool do you use when developing a TILP with the youth?

Choose *ONLY ONE* answer.

- Daniel Memorial Institute Independent Living Assessment for Life Skills
- Ansel-Casey Skills Assessment
- Other (please specify)

3. Who is the TILP provided to? Select ALL that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Social Worker                                      | <input type="checkbox"/> Therapist        |
| <input type="checkbox"/> Probation Officer                                  | <input type="checkbox"/> Youth            |
| <input type="checkbox"/> Foster Parent                                      | <input type="checkbox"/> Court            |
| <input type="checkbox"/> Housing Program Providers (THPP, THP+FC, THP-Plus) | <input type="checkbox"/> Child's Attorney |
| <input type="checkbox"/> Provider   |   |
| <input type="checkbox"/> Other (please specify)                             |   |

4a. For youth ages 17-21, describe how you develop the 90 day transition plan with the youth, including how youth are involved in the process.

**NOTE:** Please use bullet or number format to provide your answer.

4b. For youth ages 17-21, what is included in the 90 day transition plan document?

**NOTE:** Please use bullet or number format to provide your answer.

4c. For youth ages 17-21, who receives a copy of the 90 day transition plan? Select *ALL* that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Social Worker                                      | <input type="checkbox"/> Therapist        |
| <input type="checkbox"/> Probation Officer                                  | <input type="checkbox"/> Youth            |
| <input type="checkbox"/> Foster Parent                                      | <input type="checkbox"/> Court            |
| <input type="checkbox"/> Housing Program Providers (THPP, THP+FC, THP-Plus) | <input type="checkbox"/> Child's Attorney |
| <input type="checkbox"/> Provider   |   |
| <input type="checkbox"/> Other (please specify)                             |   |



# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 11. GENERAL HOUSING QUESTIONS

1. Which housing program(s) were offered in [Q1] County during FFY 2015? Select **ALL** that apply.

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> THPP     | <input type="checkbox"/> THP+FC         |
| <input type="checkbox"/> THP-Plus | <input type="checkbox"/> Not Applicable |

2. Which housing program(s) does [Q1] County plan to offer in FFY 2016? Select **ALL** that apply.

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> THPP     | <input type="checkbox"/> THP+FC         |
| <input type="checkbox"/> THP-Plus | <input type="checkbox"/> Not Applicable |

3. Which housing program(s) does [Q1] County plan to offer in FFY 2017? Select **ALL** that apply.

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> THPP     | <input type="checkbox"/> THP+FC         |
| <input type="checkbox"/> THP-Plus | <input type="checkbox"/> Not Applicable |

4. If [Q1] County offered a housing program in FFY 2015 and is **NOT** offering it again in FFY 2016, briefly explain why it will be discontinued. (For example, if THP-Plus was offered in FFY 2015 but it will not be offered in FFY 2016, provide the reason(s) why the housing option will no longer be offered.)

**NOTE:** Please use bullet or number format to provide your answer.

5. Who receives training on the housing options in [Q1] County? Select *ALL* that apply.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Social Workers         | <input type="checkbox"/> Community Partners     | <input type="checkbox"/> County Family Foster Homes |
| <input type="checkbox"/> Probation Officers     | <input type="checkbox"/> Foster Family Agencies | <input type="checkbox"/> Group Homes                |
| <input type="checkbox"/> Other (please specify) |   |   |

6. Briefly describe the training provided regarding the housing programs offered in [Q1] County. (For example, an annual webinar, updating the website with new housing options, etc.)

**NOTE:** Please use bullet or number format to provide your answer.

7. What outreach efforts were used to inform the youths about the types and availability of housing programs in [Q1] County? Select *ALL* that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Brochures                | <input type="checkbox"/> ILP Meetings                  |
| <input type="checkbox"/> Emails                   | <input type="checkbox"/> Team Decision Making Meetings |
| <input type="checkbox"/> Emancipation Conferences | <input type="checkbox"/> Trainings                     |
| <input type="checkbox"/> Facebook                 | <input type="checkbox"/> Website                       |
| <input type="checkbox"/> ILP Classes              |  |
| <input type="checkbox"/> Other (please specify)   |  |



**INDEPENDENT LIVING PROGRAM (ILP)  
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**12. Transitional Housing Placement Program (THPP)**

1. Does [Q1] County certify THPP which is available to youth ages 16-18?

YES  NO



# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 13. Transitional Housing Placement Program (THPP)

1a. Who informs youth ages 16-18 about the THPP program? Select *ALL* that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Child's Attorney                               | <input type="checkbox"/> ILP Meetings                  |
| <input type="checkbox"/> CASA (Court Appointed Special Advocate) Worker | <input type="checkbox"/> Probation Officer             |
| <input type="checkbox"/> Community Provider                             | <input type="checkbox"/> Social Worker                 |
| <input type="checkbox"/> Court  | <input type="checkbox"/> Team Decision Making Meetings |
| <input type="checkbox"/> ILP Conference                                 | <input type="checkbox"/> Therapist                     |
| <input type="checkbox"/> Other (please specify)                         |  |

1b. What is [Q1] County's process through which youth ages 16-18 are referred to the THPP(including admission and screening processes)? Select *ALL* that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Child's Attorney       | <input type="checkbox"/> Court Order       | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Community Partner      | <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Therapist     |
| <input type="checkbox"/> Other (please specify) |  |  |

1c. What housing models are used in the THPP program? Select *ALL* that apply.

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Host Family | <input type="checkbox"/> Single Site |
|--------------------------------------|--------------------------------------|

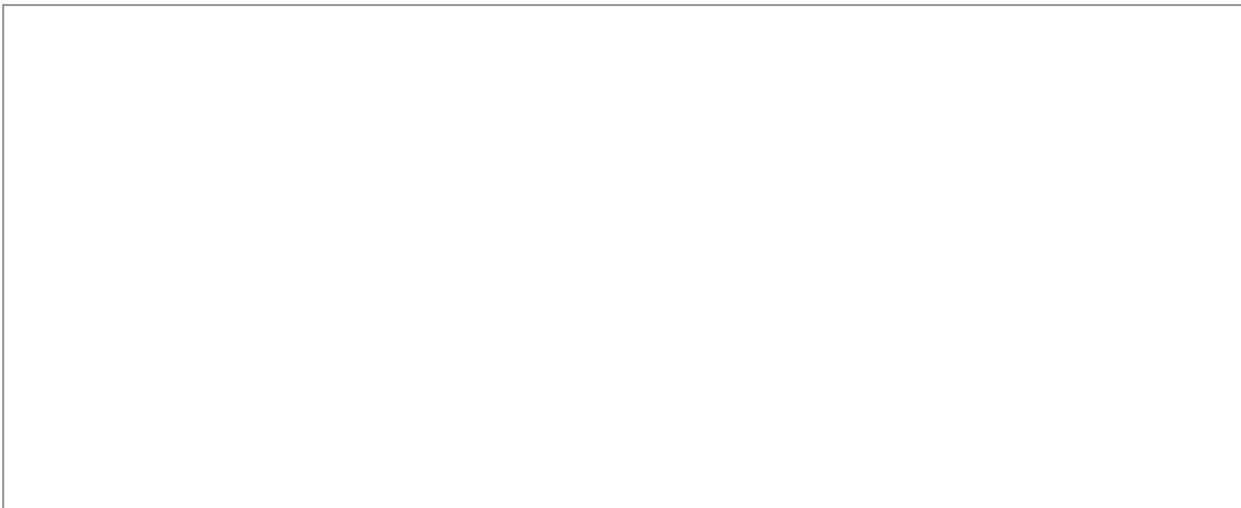
1d. Briefly explain any eligibility requirements for the THPP (other than age and status in foster care), and include provider requirements for the program.

**NOTE:** Please use bullet or number format to provide your answer.



1e. Briefly describe the grievance procedures provided by the THPP for a youth ages 16-18 who is denied admission into the THPP after being identified as eligible by [Q1] County, or for a youth who has been removed from the program by the provider for any reason. (Include who would participate in the grievance process)

**NOTE:** Please use bullet or number format to provide your answer.



1f. Briefly describe the THPP process for providing notice of the grievance procedures and the participant's right to request a grievance prior to any loss of services.

**NOTE:** Please use bullet or number format to provide your answer.

1g. What type of housing did youth ages 16-18 transition to upon exiting the THPP? Select *ALL* that apply.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Apartment (on own)         | <input type="checkbox"/> Homeless             | <input type="checkbox"/> SILP (Supervised Independent Living Placement) |
| <input type="checkbox"/> Apartment (with roommates) | <input type="checkbox"/> Permanent Connection | <input type="checkbox"/> THP-Plus                                       |
| <input type="checkbox"/> Bio Family                 | <input type="checkbox"/> Relative             | <input type="checkbox"/> THP+FC   |
| <input type="checkbox"/> College Dorm               | <input type="checkbox"/> Rent a room          |   |
| <input type="checkbox"/> Other (please specify)     |   |   |



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14. Transitional Housing Placement Program (THPP) - Barriers

2. If [Q1] County does not certify THPP to youth ages 16-18, select the barriers to offering THPP in [Q1] County. Select *ALL* that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Transportation                             | <input type="checkbox"/> No Eligible Youth this FFY                    |
| <input type="checkbox"/> Funding                                    | <input type="checkbox"/> Cost of Housing                               |
| <input type="checkbox"/> Lack of Available Housing                  | <input type="checkbox"/> Lack of Housing Near Services                 |
| <input type="checkbox"/> Lack of Certified Providers in the County  | <input type="checkbox"/> Lack of Child Care Close to Available Housing |
| <input type="checkbox"/> Other, (e.g., Rural County) please explain |  |



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**15. Transitional Housing Placement Program (THPP) - Other Counties**

1. Does [Q1] County use THPP in other counties?

YES  NO



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16. Transitional Housing Placement Program (THPP) - Other Counties

1a. Please select in which counties [Q1] County uses THPP. Select ALL that apply.

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> ALAMEDA      | <input type="checkbox"/> MARIN           | <input type="checkbox"/> SAN MATEO     |
| <input type="checkbox"/> ALPINE       | <input type="checkbox"/> MARIPOSA        | <input type="checkbox"/> SANTA BARBARA |
| <input type="checkbox"/> AMADOR       | <input type="checkbox"/> MENDOCINO       | <input type="checkbox"/> SANTA CLARA   |
| <input type="checkbox"/> BUTTE        | <input type="checkbox"/> MERCED          | <input type="checkbox"/> SANTA CRUZ    |
| <input type="checkbox"/> CALAVERAS    | <input type="checkbox"/> MODOC           | <input type="checkbox"/> SHASTA        |
| <input type="checkbox"/> COLUSA       | <input type="checkbox"/> MONO            | <input type="checkbox"/> SIERRA        |
| <input type="checkbox"/> CONTRA COSTA | <input type="checkbox"/> MONTEREY        | <input type="checkbox"/> SISKIYOU      |
| <input type="checkbox"/> DEL NORTE    | <input type="checkbox"/> NAPA            | <input type="checkbox"/> SOLANO        |
| <input type="checkbox"/> EL DORADO    | <input type="checkbox"/> NEVADA          | <input type="checkbox"/> SONOMA        |
| <input type="checkbox"/> FRESNO       | <input type="checkbox"/> ORANGE          | <input type="checkbox"/> STANISLAUS    |
| <input type="checkbox"/> GLENN        | <input type="checkbox"/> PLACER          | <input type="checkbox"/> SUTTER        |
| <input type="checkbox"/> HUMBOLDT     | <input type="checkbox"/> PLUMAS          | <input type="checkbox"/> TEHAMA        |
| <input type="checkbox"/> IMPERIAL     | <input type="checkbox"/> RIVERSIDE       | <input type="checkbox"/> TRINITY       |
| <input type="checkbox"/> INYO         | <input type="checkbox"/> SACRAMENTO      | <input type="checkbox"/> TULARE        |
| <input type="checkbox"/> KERN         | <input type="checkbox"/> SAN BENITO      | <input type="checkbox"/> TUOLUMNE      |
| <input type="checkbox"/> KINGS        | <input type="checkbox"/> SAN BERNARDINO  | <input type="checkbox"/> VENTURA       |
| <input type="checkbox"/> LAKE         | <input type="checkbox"/> SAN DIEGO       | <input type="checkbox"/> YOLO          |
| <input type="checkbox"/> LASSEN       | <input type="checkbox"/> SAN FRANCISCO   | <input type="checkbox"/> YUBA          |
| <input type="checkbox"/> LOS ANGELES  | <input type="checkbox"/> SAN JOAQUIN     |  |
| <input type="checkbox"/> MADERA       | <input type="checkbox"/> SAN LUIS OBISPO |  |



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### 17. Transitional Housing Program Plus (THP-Plus)

1. Does [Q1] County certify THP-Plus for youth ages 18-24 (age 25 for counties that opted to extend services per SB 1252) who exit foster care?

YES  NO



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## 18. Transitional Housing Program Plus (THP-Plus)

1a. Who informs youth ages 18-24 about the THP-Plus program? Select *ALL* that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Child's Attorney       | <input type="checkbox"/> ILP Meetings                  |
| <input type="checkbox"/> CASA Worker            | <input type="checkbox"/> Probation Officer             |
| <input type="checkbox"/> Community Provider     | <input type="checkbox"/> Social Worker                 |
| <input type="checkbox"/> Court                  | <input type="checkbox"/> Team Decision Making Meetings |
| <input type="checkbox"/> ILP Conference         | <input type="checkbox"/> Therapist                     |
| <input type="checkbox"/> Other (please specify) |  |

1b. What is [Q1] County's process through which youth ages 18-24 are referred to the THP-Plus (including admission and screening processes)? Select *ALL* that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Child's Attorney       | <input type="checkbox"/> Court Order       | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Community Partner      | <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Therapist     |
| <input type="checkbox"/> Other (please specify) |  |  |

1c. What housing models are used in the THP-Plus program? Select *ALL* that apply.

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Host Family            | <input type="checkbox"/> Remote Site | <input type="checkbox"/> Single Site |
| <input type="checkbox"/> Other (please specify) |                                      |                                      |

1d. Briefly describe the eligibility requirements for the THP-Plus (other than age and status as a former foster youth who exited care after turning 18).

**NOTE:** Please use bullet or number format to provide your answer.

1e. Briefly describe the grievance procedures provided by the THP-Plus for youth ages 18-24 who is denied admission into the THP-Plus after being identified by [Q1] County as eligible or for a youth who has been removed from the program by the provider for any reason (please include who would participate in the grievance process).

**NOTE:** Please use bullet or number format to provide your answer.

1f. Briefly describe the THP-Plus process for providing notice of the grievance procedures and the participant's right to request a grievance prior to any loss of services.

**NOTE:** Please use bullet or number format to provide your answer.

1g. What type of housing did youth ages 18-24 transition to upon exiting the THP-Plus? Select *ALL* that apply.

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Apartment (on own)         | <input type="checkbox"/> College Dorm         | <input type="checkbox"/> Rent a Room |
| <input type="checkbox"/> Apartment (with roommates) | <input type="checkbox"/> Homeless             |                                      |
| <input type="checkbox"/> Bio Family                 | <input type="checkbox"/> Permanent Connection |                                      |
| <input type="checkbox"/> Other (please specify)     |   |                                      |

1h. What additional services are provided to the housing participants from other organizations (in addition to the ILP core services)? For example, how do you collaborate with other agencies (paid or voluntary), non-profits, assist youth with internships or volunteer work to gain experience etc.

If no additional services are provided to the housing participants from other organizations, briefly explain why not.

**NOTE:** Please use bullet or number format to provide your answer.

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19. Transitional Housing Program Plus (THP-Plus) - Barriers

2. If [Q1] County does not certify any THP-Plus, please select the barriers to offering THP-Plus in [Q1] County. Select ALL that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Transportation                            | <input type="checkbox"/> No Eligible Youth this FFY                    |
| <input type="checkbox"/> Funding                                   | <input type="checkbox"/> Cost of Housing                               |
| <input type="checkbox"/> Lack of Available Housing                 | <input type="checkbox"/> Lack of Housing Near Services                 |
| <input type="checkbox"/> Lack of Certified Providers in the County | <input type="checkbox"/> Lack of Child Care Close to Available Housing |
| <input type="checkbox"/> Rural County (please explain)             |  |

2a. Are there Other barriers to certifying THP-Plus that are not listed above?

- NO  
 YES (please explain)

3. Since the passage of SB 1252 (beginning January 1, 2015) allows counties to opt into providing THP-Plus to youth up to age 25 or 36 months cumulative, please indicate if [Q1] County has opted to extend the length of time a youth can receive THP-Plus.

- YES  NO



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20. Transitional Housing Program Plus Foster Care (THP+FC)

1. Does [Q1] County certify THP+FC for youth ages 18-21?

YES  NO



# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 21. Transitional Housing Program Plus Foster Care (THP+FC)

1a. Who informs youth ages 18-21 about the THP+FC program? Select *ALL* that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Child's Attorney       | <input type="checkbox"/> ILP Meetings                  |
| <input type="checkbox"/> CASA Worker            | <input type="checkbox"/> Probation Officer             |
| <input type="checkbox"/> Community Provider     | <input type="checkbox"/> Social Worker                 |
| <input type="checkbox"/> Court                  | <input type="checkbox"/> Team Decision Making Meetings |
| <input type="checkbox"/> ILP Conference         | <input type="checkbox"/> Therapist                     |
| <input type="checkbox"/> Other (please specify) |  |

1b. What is [Q1] County's process through which youth ages 18-21 are referred to the THP+FC (including admission and screening processes). Select *ALL* that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Child's Attorney       | <input type="checkbox"/> Court Order       | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Community Partner      | <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Therapist     |
| <input type="checkbox"/> Other (please specify) |  |  |

1c. What housing models are used in the THP+FC program? Select *ALL* that apply.

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Host Family            | <input type="checkbox"/> Remote Site | <input type="checkbox"/> Single Site |
| <input type="checkbox"/> Other (please specify) |                                      |                                      |

1d. Briefly describe the eligibility requirements for the THP+FC (other than statutory requirements to be a NMD).

**NOTE:** Please use bullet or number format to provide your answer.

1e. Briefly describe the grievance procedures for a youth ages 18-21 who is denied admission into the THP+FC and for a youth who has been removed from the program for any reason. Please include who would participate in the grievance process.

**NOTE:** Please use bullet or number format to provide your answer.

1f. Briefly describe the THP+FC process for providing notice of the grievance procedures and the participant's right to request a grievance prior to any loss of benefits or services.

**NOTE:** Please use bullet or number format to provide your answer.

1g. What type of housing did youth ages 18-21 transition to upon exiting the THP+FC? Select *ALL* that apply.

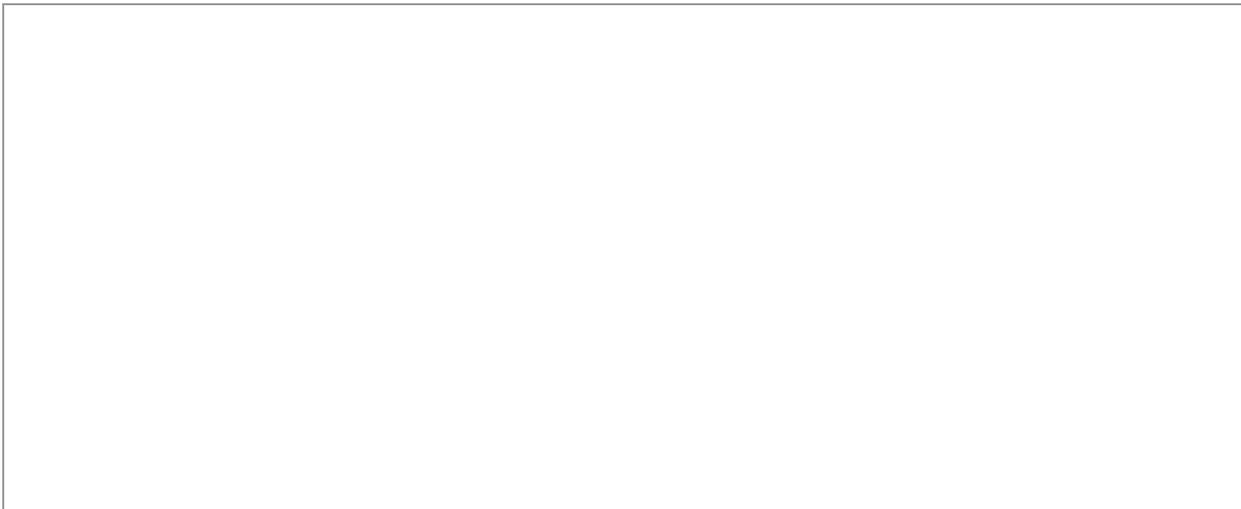
- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Apartment (on own)         | <input type="checkbox"/> College Dorm         | <input type="checkbox"/> Relative    |
| <input type="checkbox"/> Apartment (with roommates) | <input type="checkbox"/> Homeless             | <input type="checkbox"/> Rent a Room |
| <input type="checkbox"/> Bio Family                 | <input type="checkbox"/> Permanent Connection |                                      |
| <input type="checkbox"/> Other (please specify)     |   |                                      |

1h. What additional services are provided to the housing participants from other organizations (in addition to the ILP core services)? For example, how do you collaborate with other agencies (whether paid or voluntary) and non-profits? How do you assist youth with getting internships or doing volunteer work to gain experience?



If no additional services are provided to the housing participants from other organizations, briefly explain why not.

**NOTE:** Please use bullet or number format to provide your answer.





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22. Transitional Housing Program Plus Foster Care (THP+FC) - Barriers

2. If [Q1] County does not certify any THP+FC, please select the barriers to offering THP+FC in [Q1] County. Select *ALL* that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Transportation                            | <input type="checkbox"/> No Eligible Youth this FFY                    |
| <input type="checkbox"/> Funding                                   | <input type="checkbox"/> Cost of Housing                               |
| <input type="checkbox"/> Lack of Available Housing                 | <input type="checkbox"/> Lack of Housing Near Services                 |
| <input type="checkbox"/> Lack of Certified Providers in the County | <input type="checkbox"/> Lack of Child Care Close to Available Housing |
| <input type="checkbox"/> Rural County (please explain)             |  |

2a. Are there Other barriers to certifying THP+FC for youth ages 18-21 that are not listed above?

- NO
- YES (please explain)



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## 23. SERVICES

**Please read each question carefully. Each question asks specific populations or requests information regarding specific programs or services in order to meet Federal Reporting requirements. Responses should include information about all county collaborative partners and/or any contracting agencies that provide these services or programs in the answer. For example, if the County ILP collaborates with County Mental Health, Foster Family Agencies, or other agencies to provide independent living services, please include the name of the providing agency (i.e., Child Welfare, Employment Development Department), a description of the service which is provided, and the purpose of the service (meets ILP core services, employment, or mentoring services, etc.).**

1. Who does [Q1] County inform about availability of ILP services? Select *ALL* that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Social Workers                                    | <input type="checkbox"/> Youth                                   |
| <input type="checkbox"/> Probation Officers                                | <input type="checkbox"/> Foster Families                         |
| <input type="checkbox"/> Providers ( <i>indicate below</i> )               | <input type="checkbox"/> Relatives                               |
| <input type="checkbox"/> Community Organizations ( <i>indicate below</i> ) | <input type="checkbox"/> CASA (Court Appointed Special Advocate) |
| <input type="checkbox"/> Other (please specify)                            |  |

1a. If you selected Community Organizations in Question 1 above, please indicate all community organizations. (Enter "NA" if Community Organizations was not selected.)

**NOTE:** Please use bullet or number format to provide your answer.

1b. If you selected Providers in Question 1 above, please indicate all providers. (Enter "NA" if Providers was not selected.)

**NOTE:** Please use bullet or number format to provide your answer.

2. Briefly describe how you collaborate with all the entities selected in Question 1 above. (How do you communicate service availability internally? Is there a monthly meeting where new organizations/community service groups come to the county office and present new programs? Etc.)

**NOTE:** Please use bullet or number format to provide your answer.

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**INDEPENDENT LIVING PROGRAM (ILP)  
ANNUAL REPORT AND PLAN - FFY 2015**

**24. SERVICES - age groups 14-15, 16-18, 18-21**

3. Describe how [Q1] County receives information about the following services available to youth in the communities that might be helpful to these populations. These can be services that have a cost or services that are being offered without a cost to the county.

**NOTE:** Select *ALL* services and age group that apply. For *EACH* selected services, please provide a description in the box provided.

	ages 14-15	ages 16-18	ages 18-21	N/A
Financial Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Supportive Services (e.g., mentoring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making the Transition to Adulthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly describe services below:

Did [Q1] County have *OTHER* services available that were not listed above?

YES  NO



# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 25. SERVICES - age groups 14-15, 16-18, 18-21

3a. Please list *OTHER* services available to these age groups in [Q1] County.

**NOTE:** First select the age group, then describe the services provided to this group in the box below.

	ages 14-15	ages 16-18	ages 18-21
<i>OTHER 1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>OTHER 2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>OTHER 3</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>OTHER 4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>OTHER 5</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe services and the age group below.



INDEPENDENT LIVING PROGRAM (ILP)  
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26. SERVICES - age groups 14-15, 16-18, 18-21

4. Briefly describe how [Q1] County conducts outreach activities to engage youth about services available in the community. Provide details of your outreach program and how they are tailored to the different age group.

NOTE: Enter "N/A" if county does not offer services to the 14-15 age group.

Ages 14-15

Ages 16-18

Ages 18-21

5. Briefly describe how [Q1] County assesses the youth's emotional and educational needs (include the name of the assessment tool used in this process and how it is documented on the TILP).

NOTE: Enter "N/A" if county does not offer services to the 14-15 age group.

Ages 14-15

Ages 16-18

Ages 18-21



INDEPENDENT LIVING PROGRAM (ILP)  
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27. SERVICES - age group 14-15

6. Briefly describe how [Q1] County engages youth ages 14-15 in the following services available in the communities.

**NOTE:** Enter "N/A" if county does not offer services to the 14-15 age group.

Counseling	<input type="text"/>
Mentoring	<input type="text"/>
Developing Daily Living Skills ( <i>laundry, cooking, budgeting</i> )	<input type="text"/>
Education ( <i>academic counseling/tutoring assistance</i> )	<input type="text"/>
Emotional Supportive Services ( <i>mentoring</i> )	<input type="text"/>
Making the Transition to Adulthood	<input type="text"/>
Develop Interpersonal, Social, and Self-Development Skills	<input type="text"/>
Placement Stabilization	<input type="text"/>

Did [Q1] County have *OTHER* services available for youth ages 14-15 that were not listed above?

YES  NO



INDEPENDENT LIVING PROGRAM (ILP)  
ANNUAL REPORT AND PLAN - FFY 2015

28. SERVICES - age group 14-15

6a. Please list *OTHER* services available to youth ages 14-15 in [Q1] County.

OTHER 1

OTHER 2

OTHER 3

OTHER 4

OTHER 5



# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 29. SERVICES - age group 16-18

7. Briefly describe how [Q1] County engages youth ages 16-18 in the following services available in the communities.

**NOTE:** Enter "N/A" if county does not offer services to the 16-18 age group.

Transitional Housing Options (include any assessment you conduct to determine readiness)

Counseling

Mentoring

Employment (career development and vocational interests, job placement, how to retain a job)

Education (academic counseling/tutoring assistance, computer/internet skills)

Household Management

Emotional Supportive Services (mentoring)

Preventative Health (include how you assist with Medi-CAL enrollment)

Making the Transition to Adulthood

Develop Interpersonal, Social, and Self-Development Skills

Placement Stabilization

Did [Q1] County have *OTHER* services available for youth ages 16-18 that were not listed above?

YES  NO



INDEPENDENT LIVING PROGRAM (ILP)  
ANNUAL REPORT AND PLAN - FFY 2015

30. SERVICES - age group 16-18

7a. Please list *OTHER* services available to youth ages 16-18 in [Q1] County.

OTHER 1

OTHER 2

OTHER 3

OTHER 4

OTHER 5



# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 31. SERVICES - age group 18-21

8. Briefly describe how [Q1] County engages youth ages 18-21 in the following services available in the communities.

**NOTE:** Enter "N/A" if county does not offer services to the 18-21 age group.

Transitional Housing Options (include any assessment you conduct to determine readiness)

Counseling

Mentoring

Employment (career development and vocational interests, job placement, how to retain a job)

Education (including academic counseling/tutoring assistance, computer/internet skills)

Household Management

Emotional Supportive Services (mentoring)

Preventative Health (include how you assist with Medi-CAL enrollment)

Making the Transition to Adulthood

Develop Interpersonal, Social, and Self-Development Skills

Placement Stabilization

Did [Q1] County have *OTHER* services available for youth ages 18-21 that were not listed above?

YES  NO



INDEPENDENT LIVING PROGRAM (ILP)  
ANNUAL REPORT AND PLAN - FFY 2015

32. SERVICES - age group 18-21

8a. Please list *OTHER* services available to youth ages 18-21 in [Q1] County.

OTHER 1

OTHER 2

OTHER 3

OTHER 4

OTHER 5



## INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

### 33. SERVICES

**Please read each question carefully. Each question asks specific populations or requests information regarding specific programs or services in order to meet Federal Reporting requirements. Responses should include information about all county collaborative partners and/or any contracting agencies that provide these services or programs in the answer. For example, if the County ILP collaborates with County Mental Health, Foster Family Agencies, or other agencies to provide independent living services, please include the name of the providing agency (i.e., Child Welfare, Employment Development Department), a description of the service which is provided, and the purpose of the service (meets ILP core services, employment, or mentoring services, etc.).**

9. Briefly describe how youth are informed about new services benefiting this population (include how you engage with community service providers, how community providers reach out to you to inform you of new services and supports for this population)

**NOTE:** Please use bullet or number format to provide your answer.

10. Briefly describe the specific training [Q1] County provided to service providers in FFY 2015 for youth (in care, exiting from care, and exited from care) regarding the services available, needs, and unique issues facing this population. (include how you train on new programs, new legislation, new requirements, certification, etc.)

Social Workers

Probation Officers

Community Providers

Other (nurses, high school counselors, etc.)

11. List all barriers youth are experiencing in [Q1] County that may prevent them from accessing/receiving services (e.g. housing, transportation, health care coverage, CalFresh, educational services, etc.). Briefly describe [Q1] County's plans to address each of these barriers.

**NOTE:** Please use bullet or number format to provide your answer.

12. What services are in place for special needs populations(i.e., young adults who are pregnant and parenting; young adults with histories of substance abuse, mental health, and/or trafficking; youth with criminal histories; young adults with disabilities) who are 18 or older and part of the extended foster care program?.

**NOTE:** Please use bullet or number format to provide your answer.





INDEPENDENT LIVING PROGRAM (ILP)  
ANNUAL REPORT AND PLAN - FFY 2015

34. CREDIT REPORTS

1. Who assisted the youth aged 16 and 17 and the NMDs (non-minor dependents) with interpreting their credit reports? Select *ALL* that apply.

- Social Workers
- Nonprofit Agencies
- Probation Officers
- Governmental Agencies
- Other (specify)

2. Who assisted the youth aged 16 and 17 and the NMDs with resolving any inaccuracies in their credit reports? Select *ALL* that apply.

- Social Workers
- Nonprofit Agencies
- Probation Officers
- Governmental Agencies
- Other (specify)

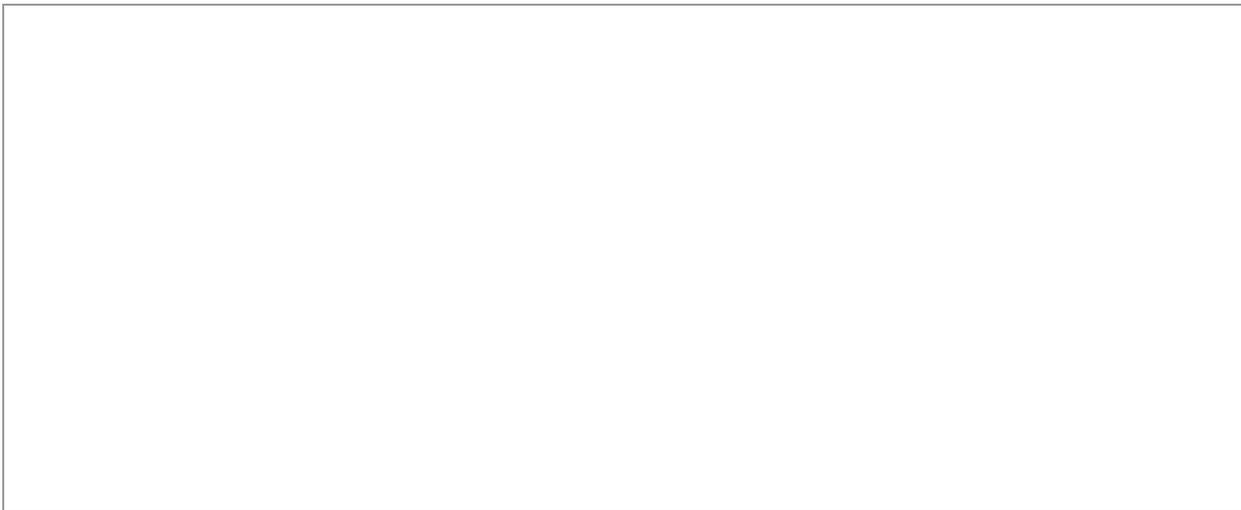
3. Briefly describe how [Q1] County ensures that the youth aged 16 and 17 and the NMDs receive assistance with interpreting their credit reports.

**NOTE:** Please use bullet or number format to provide your answer.



4. Briefly describe how [Q1] County ensures that the youth aged 16 and 17 and the NMDs receive assistance with resolving any inaccuracies in their credit reports.

**NOTE:** Please use bullet or number format to provide your answer.



5. Briefly describe how [Q1] County assists NMDs with requesting free credit reports from each of the three major credit reporting agencies.

**NOTE:** Please use bullet or number format to provide your answer.

6. Briefly describe the efforts by [Q1] County in continuing to encourage NMDs to obtain their credit reports and informing them of the importance of doing so in the event that they refuse to request the credit reports.

**NOTE:** Please use bullet or number format to provide your answer.

7. Briefly describe any barriers [Q1] County experiences in fulfilling this Federal mandate.

**NOTE:** Please use bullet or number format to provide your answer.

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# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 35. SPECIFIC ACCOMPLISHMENTS IN ACHIEVING THE PURPOSE OF THE ILP

**Please read each question carefully. Each question asks specific populations or requests information regarding specific programs or services in order to meet Federal Reporting requirements. Responses should include information about all county collaborative partners and/or any contracting agencies that provide these services or programs in the answer. For example, if the County ILP collaborates with County Mental Health, Foster Family Agencies, or other agencies to provide independent living services, please include the name of the providing agency (i.e., Child Welfare, Employment Development Department), a description of the service which is provided, and the purpose of the service (meets ILP core services, employment, or mentoring services, etc.).**

1. Describe how [Q1] County helps in-care youth make the transition to self-sufficiency.

Ages 14-15

Ages 16-18

Ages 18-21

2. Describe how [Q1] County helps in-care youth receive the education, training, and services necessary to obtain employment.

Ages 14-15

Ages 16-18

Ages 18-21

3. Describe how [Q1] County helps in-care youth prepare and enter post-secondary training and educational institutions.

Ages 14-15

Ages 16-18

Ages 18-21

4. Briefly describe methods or strategies [Q1] County uses to provide personal and emotional support to in-care youth through mentors and the promotion of interactions with dedicated adults.

**NOTE:** Please use bullet or number format to provide your answer.

5. Identify the one practice used in [Q1] County that has been most helpful in assisting youth in establishing a permanent connection with at least one dedicated adult prior to transitioning out of foster care.

Ages 14-15

Ages 16-18

Ages 18-21

6. Briefly describe how [Q1] County informs youth of their ILP eligibility and provides services when they have left foster care for guardianship, or adoption.

**NOTE:** Please use bullet or number format to provide your answer.



## INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

### 36. AFTER CARE

**Please read each question carefully. Each question asks specific populations or requests information regarding specific programs or services in order to meet Federal Reporting requirements. Responses should include information about all county collaborative partners and/or any contracting agencies that provide these services or programs in the answer. For example, if the County ILP collaborates with County Mental Health, Foster Family Agencies, or other agencies to provide independent living services, please include the name of the providing agency (i.e., Child Welfare, Employment Development Department), a description of the service which is provided, and the purpose of the service (meets ILP core services, employment, or mentoring services, etc.).**

1. Briefly describe how [Q1] County informs youth about their health care eligibility after leaving foster care (Medi-Cal to age 26 program). Describe how you inform youth about this program and any challenges encountered in doing this.

**NOTE:** Please use bullet or number format to provide your answer.

2. Briefly describe why youth choose to leave the extended foster care program *PRIOR* to the age of 21.

**NOTE:** Please use bullet or number format to provide your answer.

3. Briefly describe what supports are available to the youth during their transition out of extended foster care.

**NOTE:** Please use bullet or number format to provide your answer.

Did [Q1] County have *OTHER* support and services available to former foster care recipients ages 18-21 that were not listed above?

YES  NO



INDEPENDENT LIVING PROGRAM (ILP)  
ANNUAL REPORT AND PLAN - FFY 2015

37. AFTER CARE

5a. Please list *OTHER* support and services available to former foster care recipients ages 18-21 in [Q1] County.

OTHER 1

OTHER 2

OTHER 3

OTHER 4

OTHER 5



# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 38. COORDINATION WITH TRIBES

**Please read each question carefully. Each question asks specific populations or requests information regarding specific programs or services in order to meet Federal Reporting requirements. Responses should include information about all county collaborative partners and/or any contracting agencies that provide these services or programs in the answer. For example, if the County ILP collaborates with County Mental Health, Foster Family Agencies, or other agencies to provide independent living services, please include the name of the providing agency (i.e., Child Welfare, Employment Development Department), a description of the service which is provided, and the purpose of the service (meets ILP core services, employment, or mentoring services, etc.).**

1. How many Tribal youth in [Q1] County were eligible for ILP?

Tribal youth under county jurisdiction

Tribal youth transferred to tribal jurisdiction

Tribal youth under tribal jurisdiction who were never under county jurisdiction

2. How many Tribal youth in [Q1] County participated in ILP?

Tribal youth under county jurisdiction

Tribal youth transferred to tribal jurisdiction

Tribal youth under tribal jurisdiction who were never under county jurisdiction

3. Briefly describe the methods used in [Q1] County to collaborate with Tribal representatives to ensure that Tribal youth receive culturally appropriate services as well as access to the same services as other youth.

**NOTE:** Please use bullet or number format to provide your answer.

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# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 39. SPECIALIZED PROGRAMS

**Please read each question carefully. Each question asks specific populations or requests information regarding specific programs or services in order to meet Federal Reporting requirements. Responses should include information about all county collaborative partners and/or any contracting agencies that provide these services or programs in the answer. For example, if the County ILP collaborates with County Mental Health, Foster Family Agencies, or other agencies to provide independent living services, please include the name of the providing agency (i.e., Child Welfare, Employment Development Department), a description of the service which is provided, and the purpose of the service (meets ILP core services, employment, or mentoring services, etc.).**

1. Select *EACH* category of specialized program [Q1] County offers. For each selected category, please describe what services/programs are offered.

YES (please describe) NO

Abstinence Program

If YES is selected, briefly describe what services/programs county offers. If NO is selected, enter N/A in the box.

Child Care Program

If YES is selected, briefly describe what services/programs county offers. If NO is selected, enter N/A in the box.

Commercial Sexual Exploitation of Children (CSEC)

If YES is selected, briefly describe what services/programs county offers. If NO is selected, enter N/A in the box.

Disabled Youth

YES (please describe)

NO

If YES is selected, briefly describe what services/programs county offers. If NO is selected, enter N/A in the box.

Homeless Youth

If YES is selected, briefly describe what services/programs county offers. If NO is selected, enter N/A in the box.

Lesbian, Gay, Bisexual, and Transgender Youth (LGBT)

If YES is selected, briefly describe what services/programs county offers. If NO is selected, enter N/A in the box.

Local Housing Program (Not THPP/THP-Plus or THP+FC)

If YES is selected, briefly describe what services/programs county offers. If NO is selected, enter N/A in the box.

Pregnant/Parenting Youth

If YES is selected, briefly describe what services/programs county offers. If NO is selected, enter N/A in the box.

School-to-Work Programs

If YES is selected, briefly describe what services/programs county offers. If NO is selected, enter N/A in the box.

Other

If YES is selected, briefly describe what services/programs county offers. If NO is selected, enter N/A in the box.



**INDEPENDENT LIVING PROGRAM (ILP)  
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**40. TRAINING**

1. Select which groups received training from [Q1] County in FFY 2015. Select **ALL** that apply.

(For Other Groups\*, please refer to the trainings listed below and specify what group received the training. For example, if Housing Options were provided to Supervisors, enter "Housing Options - Supervisors")

	Social Worker	Probation Officer	Community Partner	Mental Health Providers	Youth	Other Groups*(specify below)
Best Practices for Working with this Population	<input type="checkbox"/>					
Training on How to Teach Life Skills to Youth	<input type="checkbox"/>					
New Issues (e.g., Sex trafficking) for this Population	<input type="checkbox"/>					
Services Available	<input type="checkbox"/>					
Needs Assessment (tools and process) of Youth in this Population	<input type="checkbox"/>					
Promising Practices when Working with this Population	<input type="checkbox"/>					
Extended Foster Care Training	<input type="checkbox"/>					
Housing Options	<input type="checkbox"/>					
Credit Report Requests	<input type="checkbox"/>					
National Youth in Transitional Database (NYTD) Requirements/Participation	<input type="checkbox"/>					
New Legislation	<input type="checkbox"/>					

\*Training and Other Groups (For example, if Housing Options were provided to Supervisors, enter "Housing Options - Supervisors")

Did [Q1] County have *OTHER* trainings available to providers?

YES  NO



# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 41. TRAINING

1a. Please list *OTHER* trainings available to providers.

*OTHER 1*

*OTHER 2*

*OTHER 3*

*OTHER 4*

*OTHER 5*



# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 42. TRAINING

2. Briefly describe [Q1] County's specific training that was planned and conducted for FFY 2015 to help understand and address the issues confronting adolescents preparing for independent living.

Adoptive Parents

Care Providers

Case Managers

Foster Family Agencies

Group Home Staff

3. Briefly describe any additional training needs and how [Q1] County will address them in FFY 2016.

**NOTE:** Please use bullet or number format to provide your answer.



**INDEPENDENT LIVING PROGRAM (ILP)  
ANNUAL REPORT AND PLAN - FFY 2015**

**43. THE NATIONAL YOUTH IN TRANSITION DATABASE (NYTD)**

1. Briefly describe [Q1] County's process of informing eligible youth of their ability to take the NYTD survey.

**NOTE:** Please use bullet or number format to provide your answer.

2. Briefly describe how [Q1] County provides opportunities for youth to take the survey in the county's child welfare or probation offices.

**NOTE:** Please use bullet or number format to provide your answer.

3. Briefly describe examples of best practices in engaging youth to take the survey, maintaining contact information and providing youth with the recommended incentive.

**NOTE:** Please use bullet or number format to provide your answer.

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# INDEPENDENT LIVING PROGRAM (ILP) ANNUAL REPORT AND PLAN - FFY 2015

## 44. FFY 2015 HOUSING EXPENDITURES

### Housing Programs

States are required to certify that no more than 30 percent of their allotment of federal CFCIP funds will be expended for room and board for youth who left foster care after the age of 18 years of age but have not yet attained 21 years of age (section 477(b)(3)(B) of the Act). Allowable expenditures for the 30 percent housing allocation may include the following variety of costs emancipated youth incur:

- Food purchases
- Payment of rental deposits and/or utility deposits
- Payment of rent and/or utility bills
- Emergency assistance - the determination of which is a county's interpretation

1. Provide information for Chafee funding, not exceeding 30 percent, spent on housing for former foster youth ages 18-21 who exited care after age 18.

(Do not leave any boxes blank. If None or Not Applicable, enter 0 and use the box provided below for an explanation.)

Number of Youth Participating

County Expenditures (\$) in whole number

Enter brief explanation here.

**NOTE:** Please use bullet or number format to provide your answer.

**2. Provide the number of youth participating in each housing program.**

(Do not leave any boxes blank. If None or Not Applicable, enter 0 and use the box provided below for an explanation.)

Transitional Housing Placement Program (THPP)

Transitional Housing Program - Plus (THP-Plus)

Transitional Housing Program Plus Foster Care (THP+FC)

Enter brief explanation here.

**NOTE:** Please use bullet or number format to provide your answer.

Please give us any feedback about the survey, including the use of Survey Monkey.

\*\*\*\*END OF SURVEY\*\*\*\*