

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



April 24, 2003

ALL COUNTY LETTER NO. 03-14

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL COUNTY FISCAL OFFICERS  
 ALL INDEPENDENT LIVING PROGRAM  
 COORDINATORS  
 ALL COUNTY PROBATION OFFICERS

REASON FOR THIS TRANSMITTAL

- State Law Change  
 Federal Law or Regulation  
 Change  
 Court Order  
 Clarification Requested by  
 One or More Counties  
 Initiated by CDSS

**SUBJECT: INDEPENDENT LIVING PROGRAM ANNUAL NARRATIVE REPORT  
 FOR FEDERAL FISCAL YEAR 2002  
 (OCTOBER 1, 2001-SEPTEMBER 30, 2002)**

The purpose of this All County Letter is to notify counties that it is time to complete and return the *Independent Living Program (ILP) Annual Narrative Report (Report) for Federal Fiscal (FFY) Year 2002*. This Report which is required in accordance with provisions specified in the Administration on Children, Youth and Families (ACYF) Policy Interpretation

ACYF-CB-PI-01-02 requests details associated with the county's ILP and Transitional Housing Placement Program (THPP) for FFY 2002 and prospective plans for FFY 2003.

This Report has been modified from last year's version to include the THPP statistical section. A copy of the revised Report and instructions are enclosed. For your convenience, an electronic copy of the Report will be sent to county ILP coordinators to fill out. The county will e-mail the completed Reports to the California Department of Social Services (CDSS) at the address indicated below and may also be followed up by a mailed hardcopy.

The final date for CDSS to receive your county's completed Report is May 30, 2003. The Report may be e-mailed to [jennifer.ruoff@dss.ca.gov](mailto:jennifer.ruoff@dss.ca.gov). If you wish to provide a follow-up hard copy, you may mail it to: California Department of Social Services, ILP Policy Unit, Attention: Jennifer Ruoff, 744 P Street, M.S. 14-71, Sacramento, California 95814.

For technical assistance, please contact the statewide ILP coordinators: Lindsay Farris at (916) 327-9059, [lindsay.farris@dss.ca.gov](mailto:lindsay.farris@dss.ca.gov), or Daniel Walker at (916) 323-9705, [daniel.walker@dss.ca.gov](mailto:daniel.walker@dss.ca.gov). Thank you for your cooperation in completing this Report.

Sincerely,

***Original Signed by Sylvia Pizzini***

SYLVIA PIZZINI  
 Deputy Director  
 Children and Family Services Division

Enclosure

## INSTRUCTIONS

This report requests information regarding your county's Independent Living Program (ILP) and Transitional Housing Placement Program (THPP) for the Federal Fiscal Year (FFY) 2002. County staff is responsible for the provision of information being requested. When completing this report it is advisable that county program and fiscal staff work closely with County Independent Living Program (ILP) coordinators and county probation to make certain accurate information is provided. Please ensure that each question is answered completely and the completed report be e-mailed to the California Department of Social Services (CDSS) at the address below no later than close of business on **May 30, 2003**.

In accordance with the provisions of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families (ACYF), Program Instruction ACYF-CB-PI-01-02 requirements, the information you provide is included in California's Title IV-E Annual Progress and Services Report.

The report may be e-mailed to [jennifer.ruoff@dss.ca.gov](mailto:jennifer.ruoff@dss.ca.gov). If you wish to provide a follow-up hard copy you may mail it to: California Department of Social Services, ILP Policy Unit, Attention: Jennifer Ruoff, 744 P Street, M.S. 14-71, Sacramento, California 95814.

As this report is completed please refer to the definitions on page ii and iii as needed. The letters referenced on the budget expenditures pages 9 through 11, can be located at the CDSS website at <http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

For technical assistance regarding this report, please contact the CDSS statewide ILP coordinators: Lindsay Farris at (916) 327-9059, [lindsay.farris@dss.ca.gov](mailto:lindsay.farris@dss.ca.gov), or Daniel Walker at (916) 323-9705, [daniel.walker@dss.ca.gov](mailto:daniel.walker@dss.ca.gov).

If you would like to receive the instructions and report as a fill-in Microsoft Word document please contact Jennifer Ruoff at [jennifer.ruoff@dss.ca.gov](mailto:jennifer.ruoff@dss.ca.gov).

This report is divided into three sections:

- Narrative
- Budget Expenditures
- Statistical Information

Please answer the questions contained in each section as thoroughly as possible. If you require more space to answer these questions you may submit additional sheets as an addendum or utilize the MS Word version of this report.

## DEFINITIONS

**Contracted Services:** Services provided based on a written agreement between a county and another entity (governmental or non-governmental).

**Eligible Foster Youth:** For the purposes of this report, Eligible Foster Youth shall include Child Welfare and Foster/Probation Youth for which your county has jurisdiction, under Welfare and Institutions Code Section 300 or 600 et. seq., whether residing in-county or placed out-of-county.

**Aftercare Services:** Those support services for emancipated youth that have not yet attained 21 years of age, which include but are not limited to, education assistance and counseling, job placement and retention training, vocational training, crisis counseling, legal assistance, housing assistance, emergency assistance, and any other service/activity directly related to aftercare for the foster/probation youth.

**Emancipated Youth:** Emancipated youth, for the purposes of this report, are former foster youth that were in care after age 16.

**Emancipated Youth Stipends:** Are 100 percent State General Fund and are a separate source of funds from a county's ILP allocation. Emancipated Youth Stipends are used to address the special needs of emancipated foster youth. Any Emancipated Youth Stipend expenditures paid in excess of a county's Emancipated Youth Stipend allocation will be a county-only cost.

**Federal Fiscal Year (FFY):** FFY beginning on October 1, and ending on September 30.

**Health:** Health-related activities/services/classes for foster/probation youth in ILP or emancipated youth receiving aftercare. Health-related activities/services/classes include health insurance, medical emergencies, home health and safety management, nutrition, family planning, parenting skills, sexuality and sexual behavior, drug/alcohol/smoking use, prenatal drug/alcohol exposure, eating disorders, hygiene and personal care, and any other activities/services/classes directly related to the health of the foster/probation youth.

**ILP Activities:** Utilization of the Transitional Independent Living Plan (TILP) goals, such as assistance in obtaining a high school diploma and pursuing post secondary education, career exploration, employment development, vocational training, job placement and retention, daily living skills, including financial management and budgeting, consumer and resource use, self development and survival skills, preventive health and safety activities including substance abuse, pregnancy prevention, nutrition, smoking prevention and/or cessation, personal and emotional support through counseling and mentors, transitional housing experiences including the Transitional Housing Placement Program (THPP) and household management training.

**Incentives:** Reasonable rewards, as documented in the TILP, utilized to motivate youth to participate in and successfully complete independent living training.

**Room & Board:** Food purchases; payment of rental deposits and/or utility deposits; payment of rent and/or utility bills; emergency assistance (a county's interpretation) for eligible emancipated youth, who are at least 18 years of age, but have not yet attained 21 years of age.

A county may spend less than, but cannot exceed, 30 percent of the total of their ILP allocation for the room and board needs.

**Transitional Independent Living Plan (TILP):** Refers to the TILP in the CWS/CMS application, which is the required emancipation preparation document described in MPP Division 31.206.37 and 31.525 that describes the specific skills acquired and needed by foster youth in order to transition successfully.

**Transportation Assistance:** Any and/or all transportation costs associated with ILP. Costs may include but are not limited to, transporting children to and from court proceedings, medical appointments/services, sibling visitation, or costs directly related to work, training, or education.

**Transitional Housing Placement Program (THPP):** For the purpose of this report THPP is defined as a CDSS Community Care Licensing Division licensed foster care facility type as described in Welfare and Institutions Code Section 16522 et. seq... which provides real-life independent living experiences for foster/probation youth who are ILP participants and 17 but not more than 18 years old unless the requirements of W&IC section 11403 are met.

**Work-Related Activities/Expense:** Work and training-related costs incurred by the ILP participants. Costs may include but are not limited to, work uniforms, training, tools, books and union dues.

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# Independent Living Program Annual Report and Plan, Federal Fiscal Year (FFY) 2002<sup>1</sup>

## Report Information

Name of County: \_\_\_\_\_

### County personnel responsible for this report:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -

### Name of person(s) completing the Narrative:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -

### Name of person (s) completing the Budget Expenditures:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -

### Name of ILP Manager/Administrator:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -

<sup>1</sup> FFY 2002 (October 1, 2001-September 30, 2002)

**Name of ILP Aftercare Administrator:**

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    ) -    x.
Fax Number: (    ) -	Other: (    ) -

**Name of ILP Transitional Housing Placement Program (THPP) Administrator:**

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    ) -    x.
Fax Number: (    ) -	Other: (    ) -

**Name of ILP Coordinator:**

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    ) -    x.
Fax Number: (    ) -	Other: (    ) -

**Name of Probation Officer:**

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    ) -    x.
Fax Number: (    ) -	Other: (    ) -

# NARRATIVE

## Part I – ILP Description

### A. ILP Description

1. Describe the age groups your county ILP serves.
2. Describe how your ILP has been designed to help eligible foster youth make the transition to self-sufficiency.
3. Describe how your program assures that the participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.
4. Describe any ILP enhancements, new programs, protocols or services that resulted in greater quality of services and/or larger numbers of eligible foster youth receiving ILP services over the past FY.

### B. ILP Participant Assessment

1. What assessment tool(s) does your county utilize to assess the needs and strengths of each eligible foster youth? (Examples: Ansell-Casey Life Skills, Daniel Memorial, Community College Foundation, etc.)
2. If your county has developed an assessment tool(s), provide a brief description.
3. Who conducts the assessments?

### C. ILP Transitional Independent Living Plan (TILP) Implementation

1. Who implements the TILP?
2. When is the TILP implemented?
3. How is the TILP implemented?
4. Do you utilize the TILP in the CWS/CMS application?  
Yes , No



a) If no, why?

5. How often are TILPs updated and by whom?

6. How is information provided to the social worker/probation officer for updating and implementing the TILP?

7. When ILP services are determined not appropriate for the youth:

a) How is this information incorporated into the case plan and the TILP?

b) How often are re-determinations made for the appropriateness of services?

c) How are the TILP goals achieved for non-ILP participants?

8. Did the county pass its last ILP compliance review report?

Yes , No

a) If no, please attach a copy of the county ILP corrective action plan.

#### **D. ILP Program Access**

1. How do eligible foster youth access ILP services?

2. Does your county have waiting lists for ILP participation, activities or services?

a) If yes, describe each activity that has a waiting list, reason for the waiting list and efforts being taken to eliminate the wait.

3. How does your county assure equitable access to ILP services for all age appropriate eligible foster youth?

4. How are youth that previously refused ILP services being encouraged to participate?

5. If the process for delivering and/or assessing the need for services is different based on the type of jurisdiction, type of placement or residence, describe each process.

## E. ILP Services

1. Describe how you provide specific ILP services to assist eligible foster youth to obtain educational or vocational goals. (Examples: High School, Post High School, Vocational training, etc.)
2. How do you provide specific ILP services for eligible foster youth to teach career and employment development and job experiences? (Examples: resume development, Job search, transportation needs, on the job experiences, job placement and retention, community services activities, apprenticeship, internship, computer/internet skills, etc.)
3. Describe specific ILP services provided to eligible foster youth that would enable them to increase their knowledge and skills for successful daily independent living. (Examples: household management training, consumer budgeting personal/social self-development skills, etc.)
4. Describe ILP services that provide mentoring for eligible foster youth. (Examples: Americorp, Job Corp, etc.)
5. Describe ILP services provided to ILP Foster youth that will assist with transportation needs. (Example: Drivers' Education Training, etc.)
6. Describe ILP services, which provide eligible foster youth with health and safety activities. (Examples: smoking avoidance, substance abuse prevention, mental health referrals, nutrition education, and avoidance of incarceration.)
7. Do youth have a personal savings account (not including ILP Savings Account)?  
Yes , No
8. Do youth have an ILP Savings Account?  
Yes , No 
  - a) If no, why?
9. Describe your collaboration efforts for ILP with other organizations. (Examples: other county organizations, private non profits, foundations, associations, other state of California Departments, Community based organizations, private employers, Faith Based, community college and/or Universities.)
10. Describe your collaboration efforts for ILP with California Indian Tribes.

## **F. ILP Evaluation**

1. How do you evaluate the effectiveness of your ILP?
2. What changes do you plan to make in FFY 2003<sup>2</sup> to enhance your ILP?

## **Part II – ILP Aftercare**

### **A. ILP Aftercare Program Description**

1. Describe your ILP aftercare program.
2. Does your ILP aftercare program include services for emancipated youth whose final dependency/wardship was of another county?  
Yes , No

### **B. ILP Aftercare Assessment**

1. What types of assessment tool(s) does your county utilize to assess the needs and strengths of emancipated youth? (Examples: Ansell-Casey Life Skills, Daniel Memorial, Community College Foundation, etc.)
2. If your county has developed an assessment tool(s), provide a brief description.
3. Who conducts the aftercare assessment?

### **C. ILP Aftercare Access**

1. Describe how emancipated youth access ILP aftercare services.
2. Describe your process for referring and verifying that eligibility has been determined for emancipated youth in the Former Foster Youth Medi-Cal Program.

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<sup>2</sup> October 1, 2002-September 30, 2003

#### **D. ILP Aftercare Services**

1. Describe how you provide ILP aftercare services to assist emancipated youth to obtain their educational or vocational goals. (Examples: High School, post High School, vocational training, etc.)
  
2. How do you provide specific ILP aftercare services for emancipated youth to teach career and employment development skills and job experiences? (Examples: resume development, job search, transportation needs, on-the-job experiences, job placement and retention, community services activities, apprenticeships, internships, computer/Internet skills, etc.)
  
3. Describe specific ILP aftercare services provided to emancipated youth that would enable them to increase their knowledge and skills for successful daily independent living. (Examples: Household management training, assistance with locating safe and affordable housing, consumer budgeting, interpersonal/social and self-development skills, etc.)
  
4. Describe ILP aftercare services that provide mentoring for emancipated youth. (Examples: Americorp, Job Corp, etc.)
  
5. Describe ILP services provided to emancipated youth that would assist with transportation needs. (Examples: Drivers' education training.)
  
6. Describe ILP services, which provide emancipated youth with health and safety activities. (Examples: smoking avoidance, substance abuse prevention, pregnancy prevention, access to the former foster youth Medi-Cal program, mental health referral, nutrition education, and avoidance of incarceration.)
  
7. Do your emancipated youth have personal savings accounts?  
Yes , No
  
8. Does your county refer youth to Social Security Administration for SSI benefits?  
Yes , No
  
9. Does your county have housing programs and/or services for emancipated youth?  
Yes , No
  
- a) If yes, describe those programs and/or services:

## **E. ILP Aftercare Evaluation**

1. How do you evaluate the effectiveness of your ILP aftercare program?
2. What changes do you plan to make in FFY 2003<sup>3</sup> to enhance the ILP aftercare program?

## **F. Plans for ILP**

1. What changes do you plan to make in FFY 2003<sup>4</sup> to enhance your aftercare program?

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<sup>3</sup> FFY 2003 (October 1, 2002-September 30, 2003)

<sup>4</sup> FFY 2003 (October 1, 2002-September 30, 2003)

# BUDGET EXPENDITURES

## Part III – Independent Living Program Accounting of Funding Allocation

Name of County: \_\_\_\_\_

Total ILP Allocation<sup>5</sup>: \_\_\_\_\_

### ILP Administration Expenditures<sup>6</sup> (CDSS Program Code 182)

Administration (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
Salaries (Include- position, classification, FTE, PTE)				
Operating Cost				
Case Management (ILP)				
Salaries (Include- position, classification, FTE, PTE)				
Operating Cost				
Total Cost				

<sup>5</sup> Refer to attached County Fiscal Letter No.: 01/02-13 (Fiscal Year (FY) 2001/02 Independent Living Program (ILP) Planning Allocation)

<sup>6</sup> Refer to attached County Fiscal Letter No.: 01/02-13 (CFL same as above)

**ILP Services Expenditures<sup>7</sup> (CDSS Program Code 184)**

Services (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
Personnel Salaries (Include- position, classification, FTE, PTE)				
Education/Vocational Training				
Employment Training				
Daily Living Skills Training				
Mentoring				
Transportation				
Health and Safety Activities				
<b>Total Cost</b>				

<sup>7</sup> Refer to attached County Fiscal Letter No.: 01/02-15 ((Fiscal Year (FY) 2001/02 Independent Living Program (ILP) Planning Allocation, also same CFL as previous page)

**Part IV – Emancipated Youth Stipend**

Name of County: \_\_\_\_\_

Total EYS Allocation<sup>8</sup>: \_\_\_\_\_

**EYS Expenditures<sup>9</sup> (CDSS Program Code 111)**

<b>Stipend Needs (ILP)</b>	<b>Budgeted County Cost</b>	<b>Budgeted Contracted Cost</b>	<b>County Expenditures</b>	<b>Contracted Expenditures</b>
Transportation Assistance				
Work Activities Expense/ Non-Assistance				
Health Related – Non-Medical				
Cost Related to the Child(ren) Of the Emancipated Youth				
Housing Assistance Services				
Emancipated Youth Aftercare Services				
<b>Total Cost</b>				

<sup>8</sup>Refer to County Fiscal Letter No.: 01/02-22 (Final Allocation to Fiscal Year (FY) 2001/02)  
 Refer to County Fiscal Letter No.: 00/01-88 (Fiscal Year (FY) 2001/02 Emancipated Youth Stipend Planning Allocation)  
<sup>9</sup>Refer to County Fiscal Letter No.: 00/01-88 (CFL same as above)  
 Refer to All County Letter No.: 00-84 (Allowable Expenditures for Emancipated Youth Stipends)



## STATISTICAL INFORMATION

<b>Part V – Outcomes for Emancipated Foster Youth</b>	
1. How many youth were discharged from foster/probation during the reporting period?	1.
2. How many youth received aftercare services during the reporting period?	2.
3. How many youth in question 1. are counted in question 2.?	3.
4. How many youth discharged from foster/probation or receiving aftercare services during the reporting period: a. Were employed full-time? b. Were employed part-time? c. Were not employed? d. Were enrolled in school? e. Held a job, apprenticeship, internship, etc. for at least 3 consecutive months? f. Left or aged out?	4. a. b. c. d. e. f.
5. Besides money acquired from employment, how many youth discharged from foster/probation or receiving aftercare services during the reporting period: a. Received SSI funds? b. Received scholarship funds? c. Received stipend funds? d. Received TANF funds? e. Received support from family or spouse? f. Received Chafee room and board? g. Received other funds?	5. a. b. c. d. e. f. g.
6. How many youth discharged from foster/probation or receiving aftercare services during the reporting period: a. Had a personal savings account? b. Had an emancipation savings account?	6. a. b.
7. How many youth discharged from foster/probation or receiving aftercare services during the reporting period reported that they had experienced a period of time when they did not have enough money to buy food?	7.
8. How many youth discharged from foster/probation or receiving aftercare services during the reporting period: a. Lived with family members or relatives for at least 9 of the past 12 months? b. Lived in their own housing (by themselves, with a spouse or roommate, in supervised independent living, or in a college dormitory) for at least 9 of the past 12 months? c. Had ever felt unsafe in their home or neighborhood while living in a. or b.?	8. a. b. c.
9. How many youth discharged from foster/probation or receiving aftercare services during the reporting period reported that they had had no place to sleep or had to sleep in a shelter for at least one night during the reporting period?	9.

<p>10. How many youth discharged from foster/probation or receiving aftercare services during the reporting period, during or prior to the reporting period:</p> <p>a. Received a high school diploma?</p> <p>b. Received a General Equivalency Diploma (GED)?</p> <p>c. Received an Associate of Arts degree (AA)?</p> <p>d. Received a Bachelor of Arts degree (BA)?</p> <p>e. Received a vocational certificate or license?</p>	<p>10.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p>
<p>11. How many youth discharged from foster/probation or receiving aftercare services during the reporting period:</p> <p>a. Were enrolled in high school?</p> <p>b. Enrolled in a post-high school vocational training or college?</p> <p>c. Had all passing grades on their most recent report cards?</p>	<p>11.</p> <p>a.</p> <p>b.</p> <p>c.</p>
<p>12. How many youth discharged from foster/probation or receiving aftercare services during the reporting period reported at least one adult in the community that they could go to for:</p> <p>a. Emotional support?</p> <p>b. Job/school advice or guidance?</p>	<p>12.</p> <p>a.</p> <p>b.</p>
<p>13. How many youth discharged from foster/probation or receiving aftercare services during the reporting period were known to have used illegal drugs during the reporting period?</p>	<p>13.</p>
<p>14. How many youth discharged from foster/probation or receiving aftercare services during the reporting period had been incarcerated during the reporting period?</p>	<p>14.</p>
<p>15. How many youth discharged from foster/probation or receiving aftercare services during the reporting period were parents?</p>	<p>15.</p>
<p>16. How many youth discharged from foster/probation or receiving aftercare services during the reporting period received their health/mental health records at the time of discharge from foster care?</p>	<p>16.</p>
<p>17. How many youth discharged from foster/probation or receiving aftercare services during the reporting period had health insurance during the entire reporting period?</p>	<p>17.</p>
<p>18. How many youth discharged from foster/probation or receiving aftercare services during the reporting period who require ongoing medication for maintenance of physical or mental health, reported that they knew how to access resources to continue receiving their medications?</p>	<p>18.</p>

<b>Part VI – Transitional Housing Placement Program (THPP)</b>	
1. How many youth, for whom your county has jurisdiction, participated in THPP during the reporting period?	1.
2. Does your county have a Department approved THPP plan?	2.
3. How many licensed THPP providers are in your county?	3.
4. How many THPP participants during the reporting period held a job, apprenticeship, internship, etc. for at least 3 consecutive months?	4.
5. How many THPP participants during the reporting period: a. Were enrolled in high school? b. Received a high school diploma or GED?	5. a. b.
6. How many THPP participants during the reporting period were parents whose child/children lived with the participant?	6.
7. How many youth ( <b>former</b> THPP participants) participated in THPP during: a. The 2000-2001 fiscal year? b. The 1999-2000 fiscal year?	7. a. b.
8. How many <b>former</b> THPP participants were enrolled in high school during the reporting period: a. Of the 2000-2001 fiscal year participants? b. Of the 1999-2000 fiscal year participants?	8. a. b.
9. How many <b>former</b> THPP participants received a high school diploma or GED during the reporting period: a. Of the 2000-2001 fiscal year participants? b. Of the 1999-2000 fiscal year participants?	9. a. b.
10. How many <b>former</b> THPP participants are enrolled in a post-high school vocational training or college during the reporting period: a. Of the 2000-2001 fiscal year participants? b. Of the 1999-2000 fiscal year participants?	10. a. b.
11. How many <b>former</b> THPP participants experienced homelessness during the reporting period: a. Of the 2000-2001 fiscal year participants? b. Of the 1999-2000 fiscal year participants?	11. a. b.
12. How many <b>former</b> THPP participants were parents during the reporting period: a. Of the 2000-2001 fiscal year participants? b. Of the 1999-2000 fiscal year participants?	12. a. b.
13. How many <b>former</b> THPP participants held a job, apprenticeship, internship, etc. for at least 3 consecutive months during the reporting period: a. Of the 2000-2001 fiscal year participants? b. Of the 1999-2000 fiscal year participants?	13. a. b.