

NOTICE OF FORM CHANGE NO. 04-289

DATE

10/18/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE SOC 405A (10/04) - Independent Living Program (ILP) Annual Statistical Report Federal Fiscal Year
October 1 through September 30

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 10/04	REPLACES 10/03	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

 Other:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective 10/04

USE FORM IN ACCORDANCE WITH

 All County Letter No. 04-42 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Data Systems and Survey Design Bureau at 916-657-2074, or download from the internet at <http://www.dss.cahwnet.gov/research/>.

**Independent Living Program (ILP)
Annual Statistical Report
Federal Fiscal Year
October 1 through September 30**

SEND ONE COPY OF THIS REPORT TO:
California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430
FAX: (916) 657-2074

COUNTY NAME	REPORT PERIOD October 1, 2003 - September 30, 2004
-------------	--

Part A. Youths Served and Client Characteristics

1. Youths to whom ILP services were offered during the year.....	1
2. Youths who received ILP services during the year (Items 2a plus 2b).....	2
a. Youths who are not married.....	3
b. Youths who are married.....	4
3. Youths who received ILP services and are parents (Items 3a plus 3b).....	5
a. Youths who are fathers.....	6
b. Youths who are mothers.....	7
4. Youths who received ILP services and have special needs (educational, mental and/or physical).....	8
5. Youths who received ILP services and are no longer in foster care (ages 18-20).....	9
6. Youths who received ILP services during the six month period following exit from foster care.....	10
7. Youths in the Probation Department who received ILP services.....	11
8. Youths in the County Welfare Department (CWD) who received ILP services.....	12

Part B. Program Outcome/Client Progress

9. Youths who completed ILP services or a component of services.....	13
10. Youths who are continuing to receive ILP services.....	14
11. Youths who completed high school/GED or adult education.....	15
12. Youths continuing and/or currently enrolled in high school/GED or adult education.....	16
13. Youths who have completed vocational or on-the-job training.....	17
14. Youths continuing and/or currently enrolled in vocational education or on-the-job training.....	18
15. Youths enrolled in college (Items 15a plus 15b).....	19
a. Youths in community college.....	20
b. Youths in four-year university.....	21
16. Youths who obtained employment (Items 16a plus 16b).....	22
a. Youths who obtained full-time employment.....	23
b. Youths who obtained part-time employment.....	24
17. Youths enlisted in military, Job Corps, or California Conservation Corps.....	25
18. Youths actively seeking employment.....	26
19. Youths determined unemployable, SSI eligible, or other similar special category.....	27
20. Youths who are living independently of agency maintenance programs.....	28
21. Youths who obtained subsidized housing.....	29
22. Youths who transitioned into other government assisted services.....	30
23. Youths who participated in the Supportive Transitional Emancipation Program (STEP).....	31
24. Youths who were placed in a transitional housing placement program (Items 24a plus 24b plus 24c).....	32
a. Youths who participated in a supervised, Transitional Housing Placement Program (THPP) (youths ages 16-18).....	33
b. STEP youths who participated in a certified, Transitional Housing Program-Plus (THP-Plus) (youths ages 18-21).....	34
c. Non-Supportive Transitional Emancipation Program (non-STEP) youths who participated in a certified, THP-Plus Program (youths ages 18-21).....	35
25. Youths who did not emancipate into safe and affordable housing.....	36
26. Youths for whom no information could be obtained.....	37

COMMENTS

CONTACT PERSON (Print)	TELEPHONE ()	DATE COMPLETED
TITLE/CLASSIFICATION	FAX ()	EMAIL

**INDEPENDENT LIVING PROGRAM (ILP)
ANNUAL STATISTICAL REPORT
FEDERAL FISCAL YEAR
OCTOBER 1 THROUGH SEPTEMBER 30
SOC 405A (10/04)**

INSTRUCTIONS

CONTENT

The annual SOC 405A report contains statistical information on youths, age 16 through 21, that receive services from the Independent Living Program (ILP) during a federal fiscal year (October through September). It identifies the number of youths receiving ILP services, the Program outcomes for those youths, and certain client characteristics.

PURPOSE

The purpose of this report is to meet the reporting requirements specified by the U.S. Department of Health and Human Services in Public Law 100-647.

This report also provides county, state, and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

COMPLETION AND SUBMISSION

The County Welfare Department (CWD) is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. Reports are to be received on or before November 15th each year. Fax or mail reports to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430

FAX: (916) 657-2074

Report data and the report's form and instructions are available on the California Department of Social Services, Research and Data Reports website at: <http://www.dss.cahwnet.gov/research/>. Copies may be printed from the website.

If you have questions regarding this report, contact Data Systems and Survey Design Bureau at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter the county name in the box provided near the top of the form. If the reporting period is not pre-printed in the Report Period box, enter the federal fiscal year which this report covers.

Enter the data required for each item. If there is nothing to report for an item, enter "0". **Do not leave any items blank.**

Enter in the boxes at the end of the form the name, job title or classification, telephone number, fax number, and email address of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.

ITEM INSTRUCTIONS**Part A. Youths Served and Client Characteristics**

This part collects information on foster youths, age 16 through 20, to whom ILP services have been offered, with further detail on those who received ILP services.

1. Youths to whom ILP services were offered during the year: Enter the number of youths to whom a component of ILP services was offered by the county during the year. Include in this item those youths that had been determined by the county to be eligible for services but who declined services when offered. A mass mailing of general information to prospective participants is not considered services offered. *[Cell 1]*
2. Youths who received ILP services during the year (Items 2a plus 2b): Enter the number of youths who participated in ILP services provided by the county during the year. Count each youth only once for the year, regardless of the number of services that he/she received. Youths who were placed in your county (out-of-county placements) for ILP services may be included in the count. Both the sending county and the receiving county may count the same individual in their respective reports if the counties either provided an ILP service or conducted a needs assessment. (Sum of Items 2a and 2b). *[Cell 2]*
 - a. Youths who are not married: Of the total number of youths who received ILP services reported in Item 2, enter the number of youths who are single. *[Cell 3]*
 - b. Youths who are married: Of the total number of youths who received ILP services reported in Item 2, enter the number who are married. *[Cell 4]*
3. Youths who received ILP services and are parents (Items 3a plus 3b): Enter the number of youths who are parents. (Sum of 3a and 3b). *[Cell 5]*
 - a. Youths who are fathers: Of the total number of youths who received ILP services reported in Item 3, enter the number who are fathers. *[Cell 6]*
 - b. Youths who are mothers: Of the total number of youths who received ILP services reported in Item 3, enter the number who are mothers. *[Cell 7]*
4. Youths who received ILP services and have special needs (educational, mental and/or physical): Enter the number of youths who have special needs which are educational, medical, mental and/or physical in nature and constitute a significant impediment toward transitional planning, as compared to other youths eligible for ILP services. *[Cell 8]*
5. Youths who received ILP services and are no longer in foster care (ages 18 - 20): Enter the number of youths, ages 18-20, and no longer in foster care, who received ILP services during the year. *[Cell 9]*
6. Youths who received ILP services during the six month period following exit from foster care: Of those youths reported in Item 2, enter the number of youths who received services during the six month period following exit from the foster care system. Exit is defined as the point in time when a youth becomes ineligible for foster care or when he/she is emancipated. This category includes those youths that have returned home and are in the Family Maintenance Program and/or those youths whose Family Reunification service plans have been successful in that they were returned home and their Child Welfare Services cases were closed. *[Cell 10]*
7. Youths in the Probation Department who received ILP services: Enter the number of youths in the Probation Department who received ILP services. *[Cell 11]*

ITEM INSTRUCTIONS CONTINUED

8. Youths in the County Welfare Department (CWD) who received ILP services: Enter the number of youths in the CWD who received ILP services. *[Cell 12]*

Part B. Program Outcome/Client Progress
Clients identified during FFY 2003 who received follow-up by September 30, 2004

This part collects information on program outcome/client progress. ILP results are measured by the status of participant achievement 90 days after completion of all services to be provided, or after completion of a component of services, which can lead to a measurable program outcome. Therefore, program outcome/client progress should be reported only for those youths for whom a 90 day follow-up report has been completed by September 30, 2004. An individual may have more than one program outcome or client progress report. The county having jurisdiction for the youth is responsible for identifying and reporting the program outcome/client progress on the SOC 405A.

9. Youths who completed ILP services or a component of services: Enter the total number of youths who completed ILP services or a component of services during the FFY. *[Cell 13]*

OF THE TOTAL NUMBER OF YOUTHS SPECIFIED IN ITEM 9, REPORT THE INFORMATION REQUESTED IN ITEMS 10 THROUGH 26. Numbers in each of Items 10 through 26 must be less than or equal to the total in Item 9.

10. Youths who are continuing to receive ILP services: Enter services such as vocational training, scholarships, ILP workshops, etc. *[Cell 14]*
11. Youths who completed high school/GED or adult education: Enter the number of youths who completed high school/GED or adult education during the year. *[Cell 15]*
12. Youths continuing and/or currently enrolled in high school/GED or adult education: Enter the number of youths who are continuing and/or currently enrolled in high school/GED or adult education. *[Cell 16]*
13. Youths who have completed vocational or on-the-job training: Enter the number of youths who completed vocational or on-the-job training. *[Cell 17]*
14. Youths continuing and/or currently enrolled in vocational education or on-the-job training: Enter the number of youths who are continuing and/or currently enrolled in vocational education or on-the-job training. *[Cell 18]*
15. Youths enrolled in college (Items 15a plus 15b): Enter the number of youths enrolled in college. (Sum of 15a and 15b). *[Cell 19]*
- a. Youths in community college: Of the total number of youths reported in Item 15, enter the number of youths enrolled in a community college. *[Cell 20]*
- b. Youths in four-year university: Of the total number of youths reported in Item 15, enter the number of youths enrolled in a four-year university. *[Cell 21]*
16. Youths who obtained employment (Items 16a plus 16b): Enter the number of youths who obtained either full-time or part-time employment. If the youth has one or more full-time jobs during the year, count once in the full-time category, 16a. If the youth has one or more part-time jobs during the year, count once in the part-time category, 16b. If the youth has one or more full-time jobs and one or more part-time jobs during the year, whether concurrently or sequentially, count once in each

ITEM INSTRUCTIONS CONTINUED

category. Full-time equals 35 or more hours per week. Part-time equals less than 35 hours per week. Provide the breakout of full-time and part-time employment in Items 16a and 16b. (Sum of 16a plus 16b). [Cell 22]

- a. Youths who obtained full-time employment: Enter the number of youths who obtained full-time employment. [Cell 23]
 - b. Youths who obtained part-time employment: Enter the number of youths who obtained part-time employment. [Cell 24]
17. Youths enlisted in military, Job Corps, or California Conservation Corps: Enter the number of youths who are military, Job Corps, or California Conservation Corps enlistees. [Cell 25]
 18. Youths actively seeking employment: Enter the number of youths who are actively seeking employment. [Cell 26]
 19. Youths determined unemployable, SSI eligible, or other similar special category: Enter the number of youths determined unemployable, SSI eligible, or other similar category. [Cell 27]
 20. Youths who are living independently of agency maintenance programs: Enter the number of youths who are living independently of agency maintenance programs (i.e. Temporary Assistance for Needy Families, General Assistance, Food Stamps, etc.). [Cell 28]
 21. Youths who obtained subsidized housing: Enter the number of youths who obtained subsidized housing such as Homeless Youth Program, psychiatric/treatment facility. [Cell 29]
 22. Youths who transitioned into other government assisted services: Enter the number of youths who transitioned into other government assisted services. [Cell 30]
 23. Youths who participated in the Supportive Transitional Emancipation Program (STEP): Enter the number of youths who participated in the STEP. [Cell 31]
 24. Youths who were placed in a transitional housing placement program (Items 24a plus 24b plus 24c): Enter the number of youths who lived in either a supervised, transitional housing placement program facility or in a certified, transitional housing program for emancipated foster youth facility. (Sum of 24a, 24b and 24c). [Cell 32]
 - a. Youths who participated in a supervised, Transitional Housing Placement Program (THPP) (youth ages 16-18): Of the number of youths reported in Item 24, enter the number of youths who lived in a supervised, THPP facility (youths ages 16-18). [Cell 33]
 - b. STEP youths who participated in a certified, Transitional Housing Program-Plus (THP-Plus) (youth ages 18-21): Of the number of STEP youths reported in Item 24, enter the number of youths who lived in a certified, THP-Plus facility (youths ages 18-21). [Cell 34]
 - c. Non-Supportive Transitional Emancipation Program (non-STEP) youths who participated in a certified, THP-Plus Program (youth ages 18-21): Of the number of non-STEP youths reported in Item 24, enter the number of youths who lived in a certified, THP-Plus facility (youths ages 18-21). [Cell 35]
 25. Youths who did not emancipate into safe and affordable housing: Enter the number of youths who did not emancipate into safe and affordable housing. [Cell 36]

ITEM INSTRUCTIONS CONTINUED

26. Youths for whom no information could be obtained: Report the number of youths for whom no information could be obtained or whose whereabouts are unknown. *[Cell 37]*

COMMENTS

Use the Comments section to:

- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide information as directed in the report instructions.
- Provide any other comments the county determines necessary.