

**NOTICE OF FORM CHANGE NO. 07-001**

DATE

01-11-2007

**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 **ILP 1 (1/07)**

**Independent Living Program Annual Report And Plan Federal Fiscal Year (FFY) 2006**

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 1/07	REPLACES	<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

                     Date of this notice

USE FORM IN ACCORDANCE WITH

All County Letter No. 06-61

Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a reproducible copy

Print form: 8 1/2 x 11, 20 pages

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

## Independent Living Program Annual Report and Plan Federal Fiscal Year (FFY) 2006

### 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: (    ) -    ext.
Fax Number: (    ) -	Other: (    ) -

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

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

**Name of ILP Manager/Administrator:**

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

**Name of ILP Aftercare Administrator:**

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

**Name of County THPP/THP-Plus Administrator:**

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

**Name of ILP Coordinator:**

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

**Name of Probation Officer:**

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

# NARRATIVE

## Part I – ILP Description

### A. Program Description

1. How many youth in your county were eligible for ILP participation during FFY 2006?

a) How many of these youth participated in the ILP?

The number of dependents:

The number of wards:

b) What age groups do you serve?

2. How is your program designed to help youth make the transition from dependency to self-sufficiency?

3. What method(s) do you utilize to ensure that youth recognize and accept responsibility for making the transition to adulthood?

4. What program improvements did you implement during FFY 2006? (Please include only those improvements implemented during FFY 2006)

### B. Assessment

1. What assessment(s) do you utilize?

Ansell-Casey Life Skills

Daniel Memorial

Community College Foundation

Additional/other:

2. If your county has developed an assessment provide a brief description:

3. Who conducts the assessment?

Social Worker

Probation Officer

ILP Coordinator

Other - please explain:

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

1. Who initiates the TILP?

- Social Worker  
 Probation Officer

If someone other than the social worker/probation officer initiates and updates the TILP please explain:

2. What process is utilized for developing and implementing the TILP?

3. If your county does not utilize the TILP in the CWS/CMS please explain:

4. How often is the TILP updated and by whom?

- Every six months  
 Less often than every six months, please explain:

Updated by:

- Social Worker  
 Probation Officer  
 ILP Coordinator/Staff  
 Other - please explain:

5. How does ILP staff provide information to the social worker/probation officer for updating the TILP?

6. Under what circumstances are ILP services determined inappropriate for a youth?

a) Who incorporates this information into the case plan and the TILP?

b) At what intervals are re-determinations made?

c) Who assists youth who are not participating in the ILP to achieve the goals contained in the TILP?

- Social Worker  
 Probation Officer  
 Other – please explain:

### **C. Transitional Independent Living Plan (TILP) Implementation (Continued)**

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

Yes

No

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

### **D. Access to Services**

1. What methods are utilized by youth for accessing ILP services?

2. Under what circumstances do you have waiting lists for activities/services? For which activities/services are there waiting lists?

What actions are being taken to eliminate the wait?

3. What methods are utilized to ensure equitable access to all ILP activities/services?

4. How do you provide accessible services for youth with disabilities?

5. What methods are utilized to encourage youth who previously refused services to participate?

6. 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. Services

1. What services/training is provided to youth to assist them in obtaining educational/vocational goals?
  - High school graduation preparation
  - GED preparation
  - Enrollment in vocational training program(s)
  - Additional/other:
  - College preparation/enrollment
  - Tutoring
  
2. What services/training is provided to youth to assist them in obtaining employment development and job experience?
  - Referral to/enrollment in One-Stop Center
  - Job search assistance
  - Community service
  - Computer/Internet skills
  - Additional/other:
  - Resume preparation
  - On-the-job experience
  - Apprenticeships
  
3. What emergency services are provided to homeless foster youth?
  
  
4. What services/training is provided to youth to increase their knowledge of successful daily living skills?
  - Household management training
  - Consumer budgeting
  - Transportation (Drivers' education/training on how to use transit system(s))
  - Self-development/interpersonal skills
  - Social skills building
  - Additional/other:
  
  
5. What organizations do you collaborate with to connect youth with mentors?
  - AmeriCorps
  - CASA
  - Job Corps
  - Additional/other:

## E. Services (Continued)

6. What services do you provide to assist youth with their transportation needs?
- ILP staff provides transportation to activities/services
  - Bus passes
  - Additional/other:
7. What services do you provide to increase youths' knowledge of health and safety related issues?
- Health education classes (includes substance abuse and pregnancy prevention)
  - Referrals to physical/mental health professionals
  - Crime prevention activities/classes
  - Additional/other:
8. Savings Accounts
- a) Do youth have a personal savings account (not including an ILP Savings Account)?
- Yes
  - No
- b) Do youth have an ILP Savings Account?
- Yes
  - No
- If no, please explain:
9. What organizations do you collaborate with in the provision of ILP services?
10. Regarding American Indian youth in ILP:
- a) How are American Indian youth who are dependents/wards identified in your county?
- b) How many American Indian youth in your county are eligible for the ILP?
- c) How many of these youth are participating in the ILP?
- d) What methods do you utilize in collaborating with tribal representatives to ensure that American Indian youth receive culturally appropriate services?



**F. Evaluation**

1. What methods are utilized to evaluate the effectiveness of your program?

**G. Plans for ILP**

1. What program improvements are planned for the operation of your ILP during FFY 2007?

## Part II – ILP Aftercare

### A. Program Description

1. In what ways does your aftercare program complement/differ from the program offered to youth aged 16 to 18?
2. What program improvements did you implement to your aftercare program during the past federal fiscal year? (Please include only those improvements implemented during FFY 2006)

### B. Assessment

1. What assessment is utilized for youth in aftercare?  
 Ansell-Casey Life Skills  
 Daniel Memorial  
 Community College Foundation  
 Additional/other:
2. If your county has developed an assessment provide a brief description.
3. Who conducts the aftercare assessment?
4. What TILP does your county utilize for emancipated youth?

If you do not utilize a TILP for youth in aftercare please explain:

### C. Access to Services

1. How do youth access the aftercare program?
2. How do emancipated youth whose final dependency/wardship was of another county/state access aftercare services?

### C. Access to Services (Continued)

3. How do you provide accessible services for youth with disabilities?
  
  
  
  
  
  
  
  
  
  
4. What process is utilized for verifying a youth's eligibility for the Former Foster Youth Medi-Cal Program?
  
  
  
  
  
  
  
  
  
  
5. What outreach methods are utilized to inform youth of the Chafee Education and Training Voucher Program?
  - a) What services are available to assist youth in applying for the grant as well as ensuring they maintain passing grades and other objectives during the course of their education/training?

### D. Services

1. What educational/vocational services/training is provided to emancipated youth?

<input type="checkbox"/> High school graduation preparation	<input type="checkbox"/> College preparation/enrollment
<input type="checkbox"/> Enrollment in vocational training program(s)	<input type="checkbox"/> GED preparation
<input type="checkbox"/> Additional/other:	
  
  
  
  
  
  
  
  
  
  
2. What services/training is provided to emancipated youth related to employment development and work experience?

<input type="checkbox"/> Referral to/enrollment in One-Stop Center	<input type="checkbox"/> Career development
<input type="checkbox"/> Job referrals/job placement services	<input type="checkbox"/> Resume preparation
<input type="checkbox"/> Financial assistance for employment related costs	
<input type="checkbox"/> Apprenticeships/internships with local employers	
<input type="checkbox"/> Additional/other:	

#### D. Services (Continued)

3. What services/training is provided to emancipated youth to increase their knowledge of successful daily independent living skills?

- Household management training  Consumer budgeting  
 Self-development/social skills building  
 Transportation (Drivers' education/training on how to use transit system(s))  
 Additional/other:

4. What organizations do you collaborate with to connect emancipated youth to mentors?

- AmeriCorps  CASA  Job Corps  
 Additional/other:

a) What method(s) are utilized for matching youth with trained mentors?

5. What services/training do you provide to emancipated youth to assist them with their transportation needs?

- Drivers' education training  
 Bus/other transit passes  
 Financial assistance with transportation related costs  
 Additional/other:

6. What services/training do you provide to emancipated youth to assist them to increase their knowledge of health and safety issues?

- Health education classes (includes substance abuse prevention/pregnancy prevention)  
 Referrals to physical/mental health professionals  
 Crime prevention activities/classes  
 Additional/other:

7. Do your emancipated youth have personal savings accounts?

- Yes  
 No

8. What is your process for referring youth to the Social Security Administration for Social Security Insurance benefits?

#### **D. Services (Continued)**

9. How does your county assist emancipated youth who are in need of basic necessities such as food?

10. Does your county have Transitional Housing Placement/Transitional Housing Placement – Plus programs for youth?

Yes

No

a) If yes, please see Part III to provide detailed information about THPP and THP – Plus providers in your county.

b) If no, please describe how your county assists emancipated youth to meet housing related needs:

#### **E. Evaluation**

1. What methods do you utilize to evaluate the effectiveness of your aftercare program?

#### **F. Plans for ILP Aftercare**

1. What program improvements are planned for the operation of your ILP aftercare program during FFY 2007?

## **Part III – THPP and Transitional Housing Program – Plus Providers**

1. How many **THPP** providers are there in your county?
  - a) What age groups do your THPP providers serve?
  - b) What specific population(s) of youth do your providers serve?
  - c) How many youth in your county received transitional housing services during FFY 2006?
  - d) On a separate sheet, please list each provider's name, address and number of beds.
  
2. How many **THP – Plus** providers are there in your county?
  - a) What age groups do your THP – Plus providers serve?
  - b) What specific population(s) of youth do your providers serve?
  - c) How many youth in your county received transitional housing services during FFY 2006?
  - d) On a separate sheet, please list each provider's name, address and number of beds.

### **Housing for Pregnant and Parenting Youth**

1. What transitional housing resources are currently available to pregnant/parenting youth in your county? How many of these youth are currently being served?
  
2. Please describe your county's plan for meeting any existing unmet housing needs of pregnant/parenting youth:

# FFY 2006 BUDGET EXPENDITURES

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

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

Total ILP Allocation \_\_\_\_\_

### ILP Administration Expenditures (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				

## FFY 2006 BUDGET EXPENDITURES

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

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

Total ILP Allocation

#### ILP Services Expenditures (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>				



## Part V – Emancipated Youth Stipend

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

Total EYS Allocation: \_\_\_\_\_

### EYS Expenditures (CDSS Program Code 111)

Stipend Needs (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
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>				

## Part VI – Housing Programs

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

	Budgeted County Cost	County Expenditures
Chafee 30 percent housing for emancipated foster youth only		
THPP		
THP-Plus		
Other Transitional Housing Programs		
<b>Total Cost</b>		

## STATISTICAL INFORMATION

If you responded “**unknown**”, “**do not track**”, “**N/A**” or similar responses to any question(s) below, please attach a full explanation for each incomplete question and how you propose to begin capturing this data.

### Part VII – Outcomes for Emancipated Foster Youth

1. How many youth were discharged from foster/probation care during the reporting period?	
2. How many youth received aftercare services during the reporting period?	
3. How many youth in question 1. are counted in question 2.?	
4. How many youth discharged from foster/probation care 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, internship, etc. for at least 3 consecutive months?	a. b. c. d. e.
5. In addition to money acquired from employment, how many youth discharged from foster/probation care 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?	a. b. c. d. e. f. g.
6. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period: a. Had a personal savings account? b. Had an emancipation savings account?	a. b.
7. How many youth discharged from foster/probation care 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?	
8. How many youth discharged from foster/probation care 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. Felt unsafe in their home or neighborhood while living in a. or b.?	a. b. c.

## Part VII – Outcomes for Emancipated Foster Youth (Continued)

<p>9. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period reported that they had had no place to sleep or slept in a shelter for at least one night during the reporting period?</p>	
<p>10. How many youth discharged from foster/probation care or in receipt of aftercare services during or prior to the reporting period:</p> <ul style="list-style-type: none"> <li>a. Received a high school diploma?</li> <li>b. Received a General Equivalency Diploma (GED)?</li> <li>c. Received an Associate of Arts degree (AA)?</li> <li>d. Received a Bachelor of Arts degree (BA)?</li> <li>e. Received a vocational certificate or license?</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> <li>b.</li> <li>c.</li> <li>d.</li> <li>e.</li> </ul>
<p>11. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period:</p> <ul style="list-style-type: none"> <li>a. Were enrolled in high school?</li> <li>b. Enrolled in a post-high school vocational training program or college?</li> <li>c. Had all passing grades on their most recent report cards?</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> <li>b.</li> <li>c.</li> </ul>
<p>12. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period reported at least one adult in the community that they could go to for:</p> <ul style="list-style-type: none"> <li>a. Emotional support?</li> <li>b. Job/school advice or guidance?</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> <li>b.</li> </ul>
<p>13. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period were known to have used illegal drugs during the reporting period?</p>	
<p>14. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period were incarcerated during the reporting period?</p>	
<p>15. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period were parents?</p>	
<p>16. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period received their health, including mental health, records at the time of discharge from foster care?</p>	
<p>17. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period had health insurance during the entire reporting period?</p>	
<p>18. How many youth discharged from foster/probation care 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>	

## Part VIII – Transitional Housing Placement Programs

	THPP	THP-Plus
1. How many youth, for whom your county has/had jurisdiction, participated in THPP/THP-Plus during the reporting period either in your county or in another county?		
2. How many THPP/THP-Plus participants during the reporting period held a job, apprenticeship, etc. for at least 3 consecutive months?		
3. How many THPP/THP-Plus participants during the reporting period: a. Were enrolled in high school? b. Received a high school diploma or GED?	a. b.	a. b.
4. How many THPP/THP-Plus participants during the reporting period were parents whose child/children lived with the participant?		
5. How many youth ( <b>former</b> THPP/THP-Plus participants) participated in THPP/THP-Plus during: a. The 2004-2005 fiscal year? b. The 2005-2006 fiscal year?	a. b.	a. b.
6. How many <b>former</b> THPP/THP-Plus participants were enrolled in high school during the reporting period: a. Of the 2004-2005 fiscal year participants? b. Of the 2005-2006 fiscal year participants?	6. a. b.	6. a. b.
7. How many <b>former</b> THPP/THP-Plus participants received a high school diploma or GED during the reporting period: a. Of the 2004-2005 fiscal year participants? b. Of the 2005-2006 fiscal year participants?	a. b.	a. b.
8. How many <b>former</b> THPP/THP-Plus participants are enrolled in a post-high school vocational training program or college during the reporting period: a. Of the 2004-2005 fiscal year participants? b. Of the 2005-2006 fiscal year participants?	a. b.	a. b.
9. How many <b>former</b> THPP/THP-Plus participants experienced homelessness during the reporting period: a. Of the 2004-2005 fiscal year participants? b. Of the 2005-2006 fiscal year participants?	a. b.	a. b.
10. How many <b>former</b> THPP/THP-Plus participants were parents during the reporting period: a. Of the 2004-2005 fiscal year participants? b. Of the 2005-2006 fiscal year participants?	a. b.	a. b.
11. How many <b>former</b> THPP/THP-Plus participants held a job, apprenticeship, internship, etc. for at least 3 consecutive months during the reporting period: a. Of the 2004-2005 fiscal year participants? b. Of the 2005-2006 fiscal year participants?	a. b.	a. b.