

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



October 17, 2001

ALL-COUNTY LETTER NO. 01-72

REASON FOR THIS TRANSMITTAL

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

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

SUBJECT: INDEPENDENT LIVING PROGRAM (ILP) ANNUAL STATISTICAL REPORT [SOC 405A (10/01)]

This is a reminder to counties that the Independent Living Program (ILP) Annual Statistical Report (SOC 405A), for Federal Fiscal Year 2001 (October 1, 2000 - September 30, 2001) is to be completed and submitted to the California Department of Social Services (CDSS), Data Systems and Survey Design Bureau (DSSDB), by November 15, 2001. The report form and instructions have been modified somewhat to reflect new DSSDB formatting standards. All data cells have been aligned in the right hand column and renumbered to reflect this realignment. There have been no changes to the content of the report.

Attached is a camera ready copy of the SOC 405A and instructions for completion of the report. The form and the instructions also will be available on the CDSS, Research and Development Division web site at: <http://www.dss.cahwnet.gov/research/>. Please fax or mail reports to:

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

FAX: (916) 657-2074

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If you have any questions about this report, please call DSSDB at (916) 651-8269. Program related questions should be directed to the state Independent Living Program Consultant, Lindsay Farris, at (916) 323-6214.

Sincerely,

***Original Document Signed By
Lois VanBeers on 10/17/01***

LOIS VANBEERS
Deputy Director
Research and Development Division

Attachments

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	October 1, 2000 - September 30, 2001
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COMMENTS

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

**INDEPENDENT LIVING PROGRAM (ILP)
ANNUAL STATISTICAL REPORT
FEDERAL FISCAL YEAR
OCTOBER 1 THROUGH SEPTEMBER 30
SOC 405A (10/01)**

INSTRUCTIONS

CONTENT

The annual SOC 405A report for Federal Fiscal Year (FFY) 2001 (October 1, 2000 through September 30, 2001) contains statistical information on youths, ages 16 through 20, that receive services from the Independent Living Program (ILP). 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.

DUE DATE AND CONTACT

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 (CDSS), Research and Development Division (RADD) web site at:
<http://www.dss.cahwnet.gov/research/>. Copies may be printed from the web site.

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

GENERAL INSTRUCTIONS

Enter the county name in the box provided near the top of the form.

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 and fax number 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
For FFY 2001**

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. Items 2a through 8 refer to youths included in Item 2.

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 perspective participants is not considered services offered. *[Cell 1]*
2. Youths who received ILP services during the year (Items a plus b): 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 single: 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 of youths who are married. *[Cell 4]*
3. Youths who received ILP services and are parents (Items a plus b): 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 of youths who are fathers. *[Cell 6]*
 - b. Youths who are mothers: Of the total number of youths who received ILP service reported in Item 3, enter the number of youths 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 that impact or create 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 age 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]*

ITEM INSTRUCTIONS CONTINUED

7. Youths in Probation Department who received ILP services: Enter the number of youths who received ILP services that are Probation Department youths. *[Cell 11]*
8. Youths in County Welfare Department who received ILP services: Enter the number of youths who received ILP services that are County Welfare Department youths. *[Cell 12]*

**Part B. Program Outcome/Client Progress
Clients identified during FFY 2001 who received follow-up by September 30, 2001**

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, 2001. 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 25. Numbers in each of Items 10 through 25 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 a plus b): 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 a plus b): Enter the number of youths who obtained either full-time or part-time employment. Provide the breakout of full-time and part-time employment in Items 16a and 16b. *[Cell 22]*

ITEM INSTRUCTIONS CONTINUED

- 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 received transitional housing placement services: Enter the number of youths who lived in a supervised, transitional housing placement program. *[Cell 31]*
24. Youths who were appropriate for and were denied transitional housing placement services: Enter the number of youths who would have lived in a supervised, transitional housing placement program if it were available. *[Cell 32]*
25. 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 33]*

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.