

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL PROGRAM APPLICATION**

Program Summary-Program Components

IMPLEMENTING AGENCY:
PROGRAM TITLE:

<b>LIFE AREA:</b> <i>(Enter Code)</i>		<b>GOAL:</b> <i>(Enter Code)</i>	
<b>OBJECTIVE:</b> <i>(Enter Code)</i>	<b>SOS:</b> <i>(Enter Code)</i>	<b>Performance Measures:</b> <i>(Enter Code)</i>	<b>How much:</b> <b>How well:</b> <b>Better off:</b>

**Use whole numbers when entering information for Sex, Race/Ethnicity, Ages, and Target Population areas; NOT percentages. Please note, residential programs may only serve young adults ages 21-24 if certified to do so and such services have been documented.**

<b>SEX :</b> <i>(Enter number of participants per sex)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X					
<b>RACE/ETHNICITY OF PROGRAM PARTICIPANTS:</b> <i>(Enter number of participants per race or ethnic group)</i>	Asian/Bangladeshi	Asian/Burmese	Asian/Chinese	Asian/Filipino	Asian/Indian	
	Asian Korean	Asian/Japanese	Asian/Nepalese	Asian/Pakistani	Asian/Vietnamese	
	Asian/Other	Pacific Islander/Guamanian and Chamorro	Pacific Islander/Native Hawaiian	Pacific Islander/Samoan	Pacific Islander/Other	
	White	Black or African American	Hispanic or Latino	American Indian or Alaskan Native	Two or more Races	
	Other (specify):					
<b>PRIMARY LANGUAES SPOKEN AT HOME</b>	<input type="checkbox"/> Arabic	<input type="checkbox"/> Bengali	<input type="checkbox"/> Chinese	<input type="checkbox"/> English	<input type="checkbox"/> French	
	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Italian	<input type="checkbox"/> Korean	<input type="checkbox"/> Polish	<input type="checkbox"/> Russian	
	<input type="checkbox"/> Spanish	<input type="checkbox"/> Urdu	<input type="checkbox"/> Yiddish	<input type="checkbox"/> Other		
<b>AGES</b>	0	5-9	10-14	15-17	18-20	21 +
<b>IS TARGET POPULATION SERVING DISCONNECTED YOUTH?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		<i>(Enter number of participants per population described)</i>			

**IF APPLICABLE**

<b>OBJECTIVE:</b> <i>(Enter Code)</i>		<b>SOS:</b> <i>(Enter Code)</i>	
<b>Performance Measures:</b> <i>(Enter Code)</i>	<b>How much:</b> <b>How well:</b> <b>Better off:</b>		

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NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL PROGRAM APPLICATION**  
Program Summary-Program Components Instructions

**Implementing Agency:** Enter name of incorporated agency responsible for program.

**Program Title:** Enter the title of the program.

**Each program will select:**

Life Areas  
Goals per Life Area  
Objectives per Goal  
Services, Opportunities and Supports (SOS)

**Step 1:** For the Program Component, identify the **Life Area** to be addressed and the appropriate corresponding code. Example:

**1 ES: ECONOMIC SECURITY**

You would enter code **1 ES**.

**Step 2:** Select the **GOAL** to be targeted and the corresponding code.

Example:

**11 Goal:** Youth will be prepared for their eventual economic self-sufficiency.

You would enter code **11**.

**Step 3:** Select the **Objective** to be achieved.

Example:

**112 Objective:** Young adults who can work will have opportunities for employment.

You would enter code **111**.

**Step 4:** Select the Services, Opportunities and Supports your program offers.

Example:

**0120 Work Readiness Skills**

You would enter code **0121**

**Step 5:** Enter the Performance Measures to be achieved.

**Performance Measures**

**How Much**

- **021B.1** # of youth enrolled in the program (unduplicated)

**How Well**

- **0121B.1** % of youth who completed the program
- **0121B.2** % of youth reporting satisfaction with the program

**Better Off**

- **0121C.1** #% of youth with increased understanding of career interests
- **0121C.2** #% of youth with defined career occupational objectives
- **0121C.3** #% of youth who can name one skill they learned in the program

**Step 6:** Enter the following data on your projected Target Population for the participants in the SOS you selected:

**Please use whole numbers, not percentages;.**

- Sex
- Ethnicity
- Ages

And if serving Disconnected Youth, identify the number of participants in each corresponding group (i. e. Youth aging out of foster care; Children of incarcerated parents; Youth in the juvenile justice system who re-enter the community; and Runaway and Homeless Youth.

**Step 7: IF APPLICABLE:** If more than one SOS is selected for a program, Steps 1-4 must be completed for each SOS.

**Note:** No more than two SOSs can be selected per program.

**Special Notes:**

Whether a program is implemented by the youth bureau or implemented by a contracted agency, Steps 1-4 must be completed.

Each Life Area has its own set of Goal(s), Objectives, Services, Opportunities and Supports. One the Life Area is identified, the Goal(s), Objectives, Services, Opportunities and Supports listed underneath it are the ones that must be completed.