OCFS-5003 (11/2015)						Page 1 of 3
NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES					IMPLEMENTING AG	ENCY:
INDIVIDUAL PROGRAM APPLICATION				PROGRAM TITLE:		
P	rogram Summa	ry-Program C	omponents			
LIFE AREA: (Enter Code)				GOAL: (Enter Code)		
OBJECTIVE:		SOS:		Performan	се	
(Enter Code)		(Enter Code)		Measures: (Enter Code)		
					How much: How well:	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: (Enter number participants per gender) MALE FEMALE							
ETHNICITY: (Enter number	WHITE	BLACK OR AFRICAN AMERICAN		HISPANI	C OR LATINO		
of manticipanta		IDIAN OR ALASKAN NATIVE			ASIAN		
group)	NATIVE HAW	AIIAN OR OTHER PACIFIC ISLAN	DER TWO OR MORE RACES				
AGES 0-4		5-9 10-14	15-17	18-2	0 2	21+	
IS TARGET POPULATION SERVING DISCONNECTED YOUTH: (Enter number of participants per population described)							
IF "YES",	Youth aging out	of foster care	Childr	en of incarcera	ited parents		
Youth in the juvenile justice system who re-enter the community Runaway and Homeless Youth							

IF APPLICABLE

OBJECTIVE:	SOS:	Performance	
(Enter Code)	(Enter	Measures:	
	Code)	(Enter Code)	
		How much:	
		How well:	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PF	ROGRAM PAR	TICIPANTS: (I	Enter number participants pe	r gender)	MALE	FEMALE	
			ACK OR AFRICAN		HISPANI	C OR LATINO	
			ASKAN NATIVE			ASIAN	
			HER PACIFIC ISLANDER		٢	TWO OR MORE RACES _	
AGES 0-4		5-9	10-14	15-17	18-2	0 :	21+
IS TARGET POPULATION SERVING DISCONNECTED YOUTH: (Enter number of participants per population described) IF "YES", Youth aging out of foster care Youth in the juvenile justice system who re-enter the community			bed)	□ No Child	☐ Yes ren of incarcera Runaway and	ated parents	·

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

Program Summary-Program Components (OCFS 5003) 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 code.

1 ES: ECONOMIC SECURITY

You would enter code **<u>1ES</u>**.

Step 2: Select the GOAL to be targeted and its code.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. Choices under this goal include:

111 Objective: Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities.

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

113 Objective: Youth seeking summer jobs will have employment opportunities. If you selected Objective <u>111</u> - Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities

You would enter code 111.

Step 4: Select from the following choices the Services Opportunities and Supports that your program offers.

Services, Opportunities, and Supports

0119	Employment Opportunities
0120	Work Readiness Skills
0121	Career Development Supports
0122	College Exploration Opportunities
0123	Life Skills Supports

If you selected Services, Opportunities and Supports 0121 Career Development Supports

You would enter code 0121.

Step 5: Enter the Performance Measures to be achieved. Choices under this SOS, include:

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

Note: a selection from each question must be indicated.

Step 6: Enter the following data on your projected target population (in whole numbers not percentages) for those youth participating in –Career Development Supports):

Please use whole numbers, not percentages.

- <u>Gender</u>
- <u>Ethnicity</u>
- <u>Ages</u>
- And if serving Disconnected Youth identify the number (not percentages) in group (i.e. Youth aging out of foster care, Children of incarcerated parents, Youth in juvenile justice system who re-enter community, Runaway and Homeless Youth)

Step 7: (*IF APPLICABLE*): If your Program chooses to address more selections, you would follow the steps again.

Note: that no more than 2 SOS can be selected per program.

Special Notes:

If the program checked the box on the OCFS-5002, Direct Services will not be provided by this program, follow steps 1-4 for each life area selected.

Each Life area has its own set of Goal(s), Objectives and Services, Opportunities and Supports. Once you identify the Life Area your program is addressing you must use the Goal(s), Objectives and Services, Opportunities and Supports listed under it.