**OCFS-5007** (Rev. 8/2011) FRONT

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**PROGRAM ANNUAL ASSESSMENT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | QYDS ID: | |  | |
| Sponsoring Municipality: | | | | |  | | | | | |
| Implementing Agency: | | | |  | | | | | | |
| Program Title: | |  | | | | | | | | |
| Mailing Address: | | |  | | | | | | | |
| Contact Person for Agency/Municipality: | | | | | |  | | | | |
| Title: |  | | | | | | | Phone Number: | |  |

|  |
| --- |
| **PROGRAM PROFILE – Unduplicated Number of Youth** |
| TOTAL PROGRAM ENROLLMENT |
| Projected: |
| Actual: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STATISTICAL REPORT Use only Whole Numbers. Do NOT use Percentages.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No direct services provided to youth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender of program Participants:** *(Enter number participants per gender)* | | | | | | | | | | | | | | | | | | | | | | **MALE** |  | | | | **FEMALE** | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ETHNICITY:**  (Enter number of participants per ethnic group) | | | WHITE | |  | | | BLACK OR AFRICAN AMERICAN | | | | | | | |  | | | | | | | HISPANIC OR  LATINO | | | | | | | |  | | |
|  | | | AMERICAN INDIAN OR ALASKAN NATIVE | | | | | | | | | | | | |  | | | | | | | ASIAN | | | | | | | |  | | |
|  | | | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | | | | | | | | | | | | |  | | | | | | | TWO OR MORE RACES | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AGES** | | | 0-4 |  | | 5-9 |  | | | 10-14 |  | | | 15-17 | | | |  | | | 18-20 | | |  | | | | | 21 + | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DID TARGET POPULATION SERVE DISCONNECTED YOUTH?**  *(Enter number of participants per population described)* | | | | | | | | | | | | | | | No | | | | | Yes | | | | |  | | | | | | | | |
| **If *“Yes”,*** | Youth aging out of foster care | | | | | | | |  | | | | | | | | Children of incarcerated parents | | | | | | | | | | | | |  | | | |
| Youth in the juvenile justice system who re-enter the community | | | | | | | | | | | | |  | | | | | | Runaway and Homeless Youth | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prepared By: | |  | | | | | | | | | Title: |  | | | | | | | | | | | | | | Date: | |  | | | | | |
|  | | Signature of Program Director or Designee | | | | | | | | |  |  | | | | | | | | | | | | | |  | |  | | | | | |
| Certified By: | |  | | | | | | | | | Title: |  | | | | | | | | | | | | | | Date: | |  | | | | | |
|  | | SIGNATURE OF CHIEF EXECUTIVE OFFICER OR DESIGNEE, OR AGENCY EXECUTIVE DIRECTOR IF DIRECT CONTACT | | | | | | | | |  |  | | | | | | | | | | | | | |  | |  | | | | | |

**OCFS-5007** (Rev. 8/2011) REVERSE

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

COUNTY RESOURCE ALLOCATION PLAN

**PROGRAM ANNUAL ASSESSMENT**

***INSTRUCTIONS***

* Every Program that receives funds from the Office of Children and Family Services must submit a

Program Annual Assessment for Youth Bureau annual assessments. Youth bureaus must review and make necessary changes only to the address, contact person, and telephone number. Youth bureaus are not required to provide any additional information on this form.

* Reports must be submitted to the Office of Youth Development no later than six weeks after the end of the program year.
* Programs funded through Youth Bureaus must submit their assessment to the Youth Bureau. Municipal Youth Bureaus submit assessments to the County Youth Bureau, which will forward them to the Office of Youth Development.
* Programs which have a direct contact with OCFS must submit their assessment directly to the Office of Youth Development.
* In the case of joint programs and programs receiving funds from more than one category (ex. YDDP and SDPP funds), only one assessment report is submitted. However, all QYDS IDs **must** be referenced on the report submitted.
* Statistical Report –All information should be based on an unduplicated count of youth served during the period covered by this assessment. **Use whole numbers; do not use percentages**.
* Prepared By/Certified By – Signatures and titles of individuals preparing and certifying the Program Annual Assessment must be provided. **The assessment cannot be prepared and certified by the same individual**. Municipal programs and programs contracting with Youth bureaus must be certified by the municipal or county chief executive officer or their designee. Programs which have a direct contract with OCFS must be certified by the agency’s executive director.