

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 Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

<b>GENDER OF PROGRAM PARTICIPANTS:</b> <i>(Enter number participants per gender)</i>		<b>MALE</b> _____	<b>FEMALE</b> _____
<b>ETHNICITY:</b> <i>(Enter number of participants per ethnic group)</i>	WHITE _____	BLACK OR AFRICAN AMERICAN _____	HISPANIC OR LATINO _____
	AMERICAN INDIAN OR ALASKAN NATIVE _____	ASIAN _____	
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____	TWO OR MORE RACES _____	
<b>AGES</b>	0-4 _____	5-9 _____	10-14 _____ 15-17 _____ 18-20 _____ 21+ _____
<b>IS TARGET POPULATION SERVING DISCONNECTED YOUTH:</b> <i>(Enter number of participants per population described)</i>			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>IF "YES",</b> 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 _____			

**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>	

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

<b>GENDER OF PROGRAM PARTICIPANTS:</b> <i>(Enter number participants per gender)</i>		<b>MALE</b> _____	<b>FEMALE</b> _____
<b>ETHNICITY:</b> <i>(Enter number of participants per ethnic group)</i>	WHITE _____	BLACK OR AFRICAN AMERICAN _____	HISPANIC OR LATINO _____
	AMERICAN INDIAN OR ALASKAN NATIVE _____	ASIAN _____	
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<b>IF "YES",</b> 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 _____			

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**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 **1ES**.

**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 **111** - 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**

<b>0119</b>	Employment Opportunities
<b>0120</b>	Work Readiness Skills
<b>0121</b>	Career Development Supports
<b>0122</b>	College Exploration Opportunities
<b>0123</b>	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.**

- Gender
- Ethnicity
- Ages
- 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.