

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



October 22, 2007

ALL COUNTY LETTER NO. 07-43

**REASON FOR THIS TRANSMITTAL**

- State Law Change
- Federal Law or Regulation Change
- Court Order
- 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 (10/07)]

The purpose of this letter is to remind counties that the ILP Annual Statistical Report (SOC 405A), for Federal Fiscal Year 2007 (October 1, 2006 - September 30, 2007), is to be completed and submitted to the California Department of Social Services (CDSS), Data Systems and Survey Design Bureau (DSSDB), by November 15, 2007. The report form and instructions are unchanged from last year, except for date references.

The SOC 405A information is used by the CDSS for inclusion in the federal Title IV-E Annual Needs and Services Report.

Enclosed are copies of the SOC 405A form and instructions. The form and instructions can be downloaded in Excel or printed in PDF from <http://www.cdss.ca.gov/research/>.

The report form is to be received on or before November 15, 2007. Please e-mail the completed report form to: [admsoc405a@dss.ca.gov](mailto:admsoc405a@dss.ca.gov). If unable to e-mail the report form, fax or mail 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

ALL COUNTY WELFARE DIRECTORS  
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If you have questions regarding completion of this form, please call the DSSDB at (916) 651-8269. For Program related questions and ILP technical assistance, please contact the ILP Policy Unit at (916) 651-7465.

Sincerely,

***Original Document Signed By  
Eric Fujii on 10/22/07***

ERIC FUJII  
Deputy Director  
Administration Division

Enclosures

# Independent Living Program (ILP) Annual Statistical Report Federal Fiscal Year October 1 through September 30

DOWNLOAD REPORT FORM (IN EXCEL OR PDF) AND INSTRUCTIONS AT:  
<http://www.cdss.ca.gov/research/>  
E-MAIL COMPLETED REPORT FORM (AS AN EXCEL ATTACHMENT) TO:  
[admsoc405a@dss.ca.gov](mailto:admsoc405a@dss.ca.gov)  
IF UNABLE TO E-MAIL REPORT FORM, FAX OR MAIL TO:  
**FAX: (916) 657-2074**  
California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430

COUNTY NAME	INITIAL	REPORT PERIOD
	REVISED	
		<b>October 1, 2006 - September 30, 2007</b>

## Part A. Youths Served and Client Characteristics

1. Youths to whom ILP services were offered during the year.....	1
2. Youths who received ILP services during the year (Items 2a plus 2b).....	2
a. Youths who are not married.....	3
b. Youths who are married.....	4
3. Youths who received ILP services and are parents (Items 3a plus 3b).....	5
a. Youths who are fathers.....	6
b. Youths who are mothers.....	7
4. Youths who received ILP services and have special needs (educational, mental and/or physical).....	8
5. Youths who received ILP services and are no longer in foster care (ages 18-20).....	9
6. Youths who received ILP services during the six month period following exit from foster care.....	10
7. Youths in the Probation Department who received ILP services.....	11
8. Youths in the County Welfare Department (CWD) who received ILP services.....	12

## Part B. Program Outcome/Client Progress

9. Youths who completed ILP services or a component of services.....	13
10. Youths who are continuing to receive ILP services.....	14
11. Youths who completed high school/GED or adult education.....	15
12. Youths continuing and/or currently enrolled in high school/GED or adult education.....	16
13. Youths who have completed vocational or on-the-job training.....	17
14. Youths continuing and/or currently enrolled in vocational education or on-the-job training.....	18
15. Youths enrolled in college (Items 15a plus 15b).....	19
a. Youths in community college.....	20
b. Youths in four-year university.....	21
16. Youths who obtained employment (Items 16a plus 16b).....	22
a. Youths who obtained full-time employment.....	23
b. Youths who obtained part-time employment.....	24
17. Youths enlisted in military, Job Corps, or California Conservation Corps.....	25
18. Youths actively seeking employment.....	26
19. Youths determined unemployable, SSI eligible, or other similar special category.....	27
20. Youths who are living independently of agency maintenance programs.....	28
21. Youths who obtained subsidized housing.....	29
22. Youths who transitioned into other government assisted services.....	30
23. Youths who participated in the Supportive Transitional Emancipation Program (STEP).....	31
24. Youths who were placed in a transitional housing placement program (Items 24a plus 24b plus 24c).....	32
a. Youths who participated in a supervised, Transitional Housing Placement Program (THPP) (youths ages 16-18).....	33
b. STEP youths who participated in a certified, Transitional Housing Program-Plus (THP-Plus) (youths ages 18-21).....	34
c. Non-Supportive Transitional Emancipation Program (non-STEP) youths who participated in a certified, THP-Plus Program (youths ages 18-21).....	35
25. Youths who did not emancipate into safe and affordable housing.....	36
26. Youths for whom no information could be obtained.....	37

COMMENTS

CONTACT PERSON (PRINT)	TELEPHONE	EXTENSION	FAX
TITLE/CLASSIFICATION	E-MAIL	DATE COMPLETED	