

NOTICE OF FORM CHANGE NO. 04-309

DATE

11/22/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE FC 26 (10/04) Transitional Housing Placement Program (THPP)/THP-PLUS - Statistical Information

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 10/04	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective immediately.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print Form: 8 1/2 x 11, 1-sided.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP)/THP-PLUS

Statistical Information

1.	How many youth, for whom your county has jurisdiction, participated in THPP during the reporting period either in your county or in another county?	
2.	Does your county have a Department approved THPP plan?	
3.	How many licensed THPP providers are in your county? Attach a list that includes the name, address, phone, and e-mail address of each THPP provider in your county.	
4.	How many THPP participants during the reporting period held a job, apprenticeship, etc., for at least 3 consecutive months?	
5.	How many THPP participants during the reporting period:	
	a. Were enrolled in high school?	
	b. Received a high school diploma or GED?	
6.	How many THPP participants during the reporting period were parents whose child/children lived with the participant?	
7.	How many youth (former THPP/THP-Plus participants) participated in THPP/THP-Plus during:	
	a. The 2002-2003 fiscal year?	
	b. The 2003-2004 fiscal year?	
8.	How many former THPP participants were enrolled in high school during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	
9.	How many former THPP participants received a high school diploma or GED during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	
10.	How many former THPP participants are enrolled in a post-high school vocational training program or college during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	
11.	How many former THPP participants experienced homelessness during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	
12.	How many former THPP participants were parents during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	
13.	How many former THPP participants held a job, apprenticeship, internship, etc. for at least 3 consecutive months during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	