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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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ARNOLD SCHWARZENEGGER
GOVERNOR

December 24, 2008

ALL COUNTY LETTER NO. 08 - 63

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
ALL INDEPENDENT LIVING PROGRAM COORDINATORS
ALL INDEPENDENT LIVING PROGRAM MANAGERS
ALL COUNTY FISCAL OFFICERS

SUBJECT: INDEPENDENT LIVING PROGRAM (ILP) ANNUAL STATISTICAL
REPORT FOR ILP ELIGIBLE PROBATION AND AFTERCARE YOUTH
[SOC 405A.1 (10/08)]

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

The purpose of this letter is to inform counties that the ILP Annual Statistical Report (SOC 405A.1) will be continued for Federal Fiscal Years (FFY) 2009 (October 1, 2008 – September 30, 2009) and FFY 2010 (October 1, 2009 – September 30, 2010). The SOC 405A.1 report form, instructions, and target population have been modified to capture information on the data elements that are currently required by federal statute for those ILP eligible Probation and Aftercare youth. These modifications include a change in the report's number from SOC 405A to SOC 405A.1. Due to the modification of the SOC 405A.1, the aggregated version of the data report form SOC 405B will not be disseminated to counties. The ILP service data for eligible youth who are in foster care and have an open case in the Child Welfare Services/Case Management System (CWS/CMS) will be collected through data entry into the CWS/CMS (see ACL 08-31) and will not be included in the SOC 405A.1.

The SOC 405A.1 report form is to be completed and submitted to the California Department of Social Services (CDSS), Data Systems and Survey Design Bureau (DSSDB). The SOC 405A.1 information is used by CDSS for inclusion in the federal Title IV-E Annual Needs and Services Report.

This report is due on or before November 15, 2009. An electronic version of this report form can be completed and e-mailed by following instructions at <http://www.cdss.ca.gov/dssdb>. CDSS encourages all counties to utilize this automated form. It is a downloadable Excel file which contains several automated features and pre-calculated cells to assist counties in completing the form, running edit checks, and transmitting the cleared data back to CDSS.

ALL COUNTY LETTER
Page Two

Copies of this report form and its instructions can also be viewed and printed from [http:// www.cdss.ca.gov/research](http://www.cdss.ca.gov/research). If e-mail submission is not possible, fax or mail it to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 19-081
P.O. Box 944243
Sacramento, CA 94244-2430

FAX: (916) 657-2074

If you have any 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) 651-7464.

Sincerely,

***Original Document Signed
By Eric Fujii***

ERIC FUJII
Deputy Director
Administration Division

Attachment

Independent Living Program (ILP) Annual Statistical Report for ILP Eligible Probation and Aftercare Youth Federal Fiscal Year October 1 through September 30

DOWNLOAD REPORT FORM (IN EXCEL) AND INSTRUCTIONS AT:
<http://www.cdss.ca.gov/dssdb/>
E-MAIL COMPLETED REPORT FORM (AS AN EXCEL ATTACHMENT) TO:
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. 19-081
P.O. Box 944243
Sacramento, CA 94244-2430

COUNTY NAME	VERSION <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED	REPORT PERIOD
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Part A. Youth Served and Youth Characteristics During the Year
For Items 1 - 2 (Cells 1 through 6) count youth who met the criteria for inclusion during the year.

1. Youth who were eligible for ILP services.....	1
a. Of the youth in Item 1, youth in the Probation Department who were eligible for ILP services.....	2
2. Youth who received ILP services.....	3
a. Of the youth in Item 2, youth who were unwed mothers of at least one child.....	4
b. Of the youth in Item 2, youth who were unwed fathers of at least one child.....	5
c. Of the youth in Item 2, youth in the Probation Department who received ILP services.....	6

Part B. Program Outcome/Youth Progress During the Year
For Items 3 - 8 (Cells 7 through 14) count youth who met the criteria for inclusion during the year.

3. Youth who completed high school/GED or adult education.....	7
4. Youth continuing and/or enrolled in high school/GED or adult education.....	8
5. Youth enrolled in college.....	9
6. Youth who obtained employment (Items 6a plus 6b).....	10
a. Youth who obtained full-time employment.....	11
b. Youth who obtained part-time employment.....	12
7. Youth who are living independently of agency maintenance programs.....	13
8. Youth who had an episode of homelessness.....	14

COMMENTS

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

**INDEPENDENT LIVING PROGRAM (ILP)
ANNUAL STATISTICAL REPORT FOR
ILP ELIGIBLE PROBATION AND AFTERCARE YOUTH
FEDERAL FISCAL YEAR
OCTOBER 1 THROUGH SEPTEMBER 30
SOC 405A.1 (10/08)**

INSTRUCTIONS

CONTENT

The annual SOC 405A.1 report contains statistical information on ILP Eligible Probation and Aftercare youth, age 16 through 20, who received services from the Independent Living Program (ILP) during a federal fiscal year (October through September). It identifies the number of Probation and Aftercare youth receiving ILP services, the program outcomes for those youth, and certain youth characteristics. Aftercare youth are former foster care youth who are no longer in foster care and do not have an open CWS/CMS case including Kin-GAP, and children adopted after age 16.

Copies of the report form and instructions can be viewed or printed from the California Department of Social Services (CDSS), Research and Data Reports (RADR) website at <http://www.cdss.ca.gov/research/>. The report's statewide and county-specific data is also available on the website.

PURPOSE

The purpose of this report is to meet the reporting requirements specified by the U.S. Department of Health and Human Services in 42 U.S.C 677 (f). This report also provides county, state, and federal entities with information needed for budgeting, staffing, program planning and other purposes.

COMPLETION AND SUBMISSION

The County Welfare Department (CWD) is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. Reports are to be received on or before November 15th each year.

E-mail submission: Download an Excel version of the report form from <http://www.cdss.ca.gov/dssdb/> to your PC desktop, complete the downloaded report form, and e-mail to the CDSS, Data Systems and Survey Design Bureau (DSSDB) at admsoc405A@dss.ca.gov. This e-mail submission process contains automatic computation of some cells and easy e-mail transmission of completed report forms to DSSDB; the website contains specific instructions and guidance.

Hard copy submission: If e-mail submission is not possible, complete a paper copy of the report form and fax or mail to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 19-081
P.O. Box 944243
Sacramento, CA 94244-2430

FAX: (916) 657-2074

If you have questions regarding this report, contact the Data Systems and Survey Design Bureau at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter the county name in the box provided near the top of the form. Enter the version (Initial or Revised) in the box provided near the top of the form. If the reporting period is not pre-printed in the Report Period box, enter the federal fiscal year which this report covers.

Enter the data required for each item. If there is nothing to report for an item, enter “0”. **Do not leave any items blank.**

Enter in the boxes at the end of the form the name, job title or classification, telephone number, fax number and e-mail address of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.

ITEM INSTRUCTIONS

Part A. Youth Served and Youth Characteristics During the Year

For Items 1 – 2 (Cells 1 through 6) count youth who met the criteria for inclusion during the year.

This part collects information on ILP eligible Probation and Aftercare youth who were eligible for ILP services, with further detail on those who received ILP services. Probation youth are current foster care youth under the supervision of the Probation department. Aftercare youth are former foster care youth who are no longer in foster care and do not have an open CWS/CMS case including Kin-GAP, and children adopted after age 16.

1. Youth who were eligible for ILP services: Enter the number of Probation and Aftercare youth who were eligible to receive ILP services. *[Cell 1]*
 - a. Of the youth in Item 1, youth in the Probation Department who were eligible for ILP services: Of the youth in Item 1, enter the number of youth in the Probation Department who were eligible for ILP services. *[Cell 2]*
2. Youth who received ILP services: Enter the number of Probation and Aftercare youth who participated in ILP services provided by the county during the year. Count each youth only once for the year, regardless of the number of services that he/she received. **The county in which the youth resides, and is receiving services, is the county with the reporting responsibility to report on the SOC 405A.1.** *[Cell 3]*
 - a. Of the youth in Item 2, youth who were unwed mothers of at least one child: Of the youth in Item 2, enter the number of youth who were unwed mothers of at least one child. *[Cell 4]*
 - b. Of the youth in Item 2, youth who were unwed fathers of at least one child: Of the youth in Item 2, enter the number of youth who were unwed fathers of at least one child. *[Cell 5]*
 - c. Of the youth in Item 2, youth in the Probation Department who received ILP services: Of the youth in Item 2, enter the number of youth in the Probation Department who received ILP services. *[Cell 6]*

ITEM INSTRUCTIONS CONTINUED**Part B. Program Outcome/Youth Progress During the Year**

For Items 3 – 8 (Cells 7 through 14) count youth who met the criteria for inclusion during the year.

This part collects information on program outcome/youth progress during the year. ILP results are measured by the status of participant achievement 90 days after completion of all services to be provided or after completion of a component of services which can lead to a measurable program outcome. Therefore, program outcome/youth progress should be reported only for those youth for whom a 90-day follow-up report has been completed by **September 30th**. An individual may have more than one program outcome or youth progress report. **The county in which the youth resides, and is receiving services, is the county with the reporting responsibility to report on the SOC 405A.1.**

3. Youth who completed high school/GED or adult education: Enter the number of youth who completed high school/GED or adult education. *[Cell 7]*
4. Youth continuing and/or enrolled in high school/GED or adult education: Enter the number of youth who are continuing and/or enrolled in high school/GED or adult education. *[Cell 8]*
5. Youth enrolled in college: Enter the number of youth enrolled in college (i.e., a two-year community college and/or a four-year university). *[Cell 9]*
6. Youth who obtained employment (Items 6a plus 6b): Enter the number of youth who obtained either full-time or part-time employment. If the youth has one or more full-time jobs during the year, count once in the full-time category, Item 6a. If the youth has one or more part-time jobs during the year, count once in the part-time category, Item 6b. If the youth has one or more full-time jobs and one or more part-time jobs during the year, whether concurrently or sequentially, count only once in the full-time category. Full-time equals 35 or more hours per week. Part-time equals less than 35 hours per week. Provide the breakout of full-time and part-time employment in Items 6a and 6b. (Sum of Item 6a plus Item 6b.) *[Cell 10]*
 - a. Youth who obtained full-time employment: Enter the number of youth who obtained full-time employment. *[Cell 11]*
 - b. Youth who obtained part-time employment: Enter the number of youth who obtained part-time employment. *[Cell 12]*
7. Youth who are living independently of agency maintenance programs: Enter the number of youth who are living independently of agency maintenance programs (i.e. California Work Opportunity and Responsibility to Kids (CalWORKs), General Assistance, Food Stamps). *[Cell 13]*
8. Youth who had an episode of homelessness: Enter the number of youth who did not emancipate into safe and affordable housing. A youth is considered homeless if he/she is without housing, has experienced at least one night of homelessness or is in an unsafe, unaffordable, and/or unstable housing situation which would include a homeless shelter. *[Cell 14]*

COMMENTS

Use the Comments section to:

- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide information as directed in the report instructions.
- Provide any other comments the county determines necessary.

**Independent Living Program (ILP)
Annual Statistical Report for
ILP Eligible Probation and
Aftercare Youth
Federal Fiscal Year
October 1 through September 30**

VALIDATION RULES AND EDITS

CELLS 1 - 14: Each data cell in this report must be equal to or greater than 0. No data cells should be left blank.

PART A. YOUTHS SERVED AND YOUTH CHARACTERISTICS DURING THE YEAR

CELL 1	Cell 1 must be greater than or equal to Cell 2
CELL 2	Cell 2 must be less than or equal to Cell 1
CELL 3	Cell 3 must be greater than or equal to Cell 4 Cell 3 must be greater than or equal to Cell 5 Cell 3 must be greater than or equal to Cell 6 Cell 3 must be greater than or equal to Cell 7 Cell 3 must be greater than or equal to Cell 8 Cell 3 must be greater than or equal to Cell 9 Cell 3 must be greater than or equal to Cell 10 Cell 3 must be greater than or equal to Cell 13 Cell 3 must be greater than or equal to Cell 14
CELL 4	Cell 4 must be less than or equal to Cell 3
CELL 5	Cell 5 must be less than or equal to Cell 3
CELL 6	Cell 6 must be less than or equal to Cell 3

PART B. PROGRAM OUTCOME/YOUTH PROGRESS DURING THE YEAR

CELL 7	Cell 7 must be less than or equal to Cell 3
CELL 8	Cell 8 must be less than or equal to Cell 3
CELL 9	Cell 9 must be less than or equal to Cell 3
CELL 10	Cell 10 must be equal to (Cell 11 plus Cell 12) Cell 10 must be less than or equal to Cell 3
CELL 13	Cell 13 must be less than or equal to Cell 3
CELL 14	Cell 14 must be less than or equal to Cell 3