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| NEW YORK STATE  OFFICE OF CHILDREN AND FAMILY SERVICES  **INDIVIDUAL PROGRAM APPLICATION**  ***Program Summary-Program Components*** | | | | | | IMPLEMENTING AGENCY: | |
|  | | | | | | PROGRAM TITLE: | |
| **Life Area:**  *(Enter Code)* |  | | | | **GOAL:**  *(Enter Code)* |  | |
| **OBJECTIVE:**  *(Enter Code)* |  | **SOS:**  *(Enter Code)* | |  | **Performance Measures:**  *(Enter Code)* **How much:**  **How well:**  **Better off:** | |  |
| Use whole numbers when entering information for Sex, Race/Ethnicity, Ages, and Target Population areas, NOT percentages. Please note, residential programs may only serve young adults ages 21-24 if certified to do so and such services have been documented. | | | | | | | | |
| **SEX:**  (Enter number of participants per sex) | | | Male  Female  X | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RACE/ETHNICITY**  **OF PROGRAM PARTICIPANTS:**  *(Enter number of participants per race or ethnic group)* | Asian/Bangladeshi | | | Asian/Burmese | | | | Asian/Chinese | | | Asian/Filipino | | | Asian/Indian | | |
| Asian Korean | | | Asian/Japanese | | | | Asian/Nepalese | | | Asian/Pakistani | | | Asian/Vietnamese | | |
| Asian/Other | | | Pacific Islander/  Guamanian and Chamorro | | | | Pacific Islander/  Native Hawaiian | | | Pacific Islander/ Samoan | | | Pacific Islander/  Other | | |
| White | | | Black or African American | | | | Hispanic or Latino | | | American Indian or Alaskan Native | | | Two or more Races | | |
| Other (specify): | | | | | | | | | | | | | | | |
| **PRIMARY LANGUAGES SPOKEN AT HOME** | Arabic | | | Bengali | | | | Chinese | | | English | | | French | | |
| Haitian Creole | | | Italian | | | | Korean | | | Polish | | | Russian | | |
| Spanish | | | Urdu | | | | Yiddish | | | Other | | | | | |
| **AGES** | 0-4 |  | 5-9 |  | 10-14 |  | | | 15-17 |  | | 18-20 |  | | 21 + |  |
| **Is Target Population serving**  **Disconnected Youth?** | | | | No  Yes | | | *(Enter number of participants per population described)* | | | | | | | | | |

***If Applicable***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OBJECTIVE:**  *(Enter Code)* |  | **SOS:**  *(Enter Code)* |  | **Performance Measures:**  *(Enter Code)* **How much:**  **How well:**  **Better off:** |  |

|  |  |  |
| --- | --- | --- |
| **OCFS-5003** (10/2023) Page 2 of 4  Use whole numbers when entering information for Sex, Race/Ethnicity, Ages, and Target Population areas, NOT percentages. Please note, residential programs may only serve young adults ages 21-24 if certified to do so and such services have been documented. | | |
| **SEX:**  (Enter number of participants per sex) | Male  Female  X |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RACE/ETHNICITY**  **OF PROGRAM PARTICIPANTS:**  *(Enter number of participants per race or ethnic group)* | Asian/Bangladeshi | | | Asian/Burmese | | | Asian/Chinese | | | | Asian/Filipino | | | Asian/Indian | | |
| Asian Korean | | | Asian/Japanese | | | Asian/Nepalese | | | | Asian/Pakistani | | | Asian/Vietnamese | | |
| Asian/Other | | | Pacific Islander/  Guamanian and Chamorro | | | Pacific Islander/  Native Hawaiian | | | | Pacific Islander/ Samoan | | | Pacific Islander/  Other | | |
| White | | | Black or African American | | | Hispanic or Latino | | | | American Indian or Alaskan Native | | | Two or more Races | | |
| Other (specify): | | | | | | | | | | | | | | | |
| **PRIMARY LANGUAGES SPOKEN AT HOME** | Arabic | | | Bengali | | | Chinese | | | | English | | | French | | |
| Haitian Creole | | | Italian | | | Korean | | | | Polish | | | Russian | | |
| Spanish | | | Urdu | | | Yiddish | | | | Other | | | | | |
| **AGES** | 0-4 |  | 5-9 |  | 10-14 |  | | | 15-17 |  | | 18-20 |  | | 21 + |  |
| **Is Target Population serving**  **Disconnected Youth?** | | | | No  Yes | | | | *(Enter number of participants per population described)* | | | | | | | | |

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New York State

Office of Children and Family Services

**INDIVIDUAL PROGRAM APPLICATION**

***Program Summary-Program Components 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 corresponding code. Example:

1 ES: Economic Security

You would enter code **1 ES**.

**Step 2:** Select the **GOAL** to be targeted and the corresponding code.

Example:

**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.

Example:

**112 Objective:** Young adults who can work will have opportunities for employment.

You would enter code **111.**

**Step 4:** Select the Services, Opportunities and Supports your program offers.

Example:

**0120** **Work Readiness Skills**

You would enter code **0121**

**Step 5:** Enter the Performance Measures to be achieved.

**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

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**Step 6:** Enter the following data on your projected Target Population for the participants in the SOS you selected:

**Please use whole numbers, NOT percentages.**

* Sex
* Ethnicity
* Ages

And if serving Disconnected Youth, identify the number of participants in each corresponding group (i. e. Youth aging out of foster care; Children of incarcerated parents; Youth in the juvenile justice system who re-enter the community; and Runaway and Homeless Youth.

**Step 7: IF APPLICABLE:** If more than one SOS is selected for a program, Steps 1-4 must be completed for each SOS.

**Note:** No more than two SOSs can be selected per program.

**Special Notes:**

Whether a program is implemented by the youth bureau or implemented by a contracted agency, Steps 1-4 must be completed.

Each Life Area has its own set of Goal(s), Objectives, Services, Opportunities and Supports. One the Life Area is identified, the Goal(s), Objectives, Services, Opportunities and Supports listed underneath it are the ones that must be completed.