

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
INDIVIDUAL PROGRAM APPLICATION
 Program Summary-Program Components

IMPLEMENTING AGENCY:
PROGRAM TITLE:

LIFE AREA 1: (Enter Code)		GOAL 1: (Enter Code)	
OBJECTIVE 1: (Enter Code)		SOS 1: (Enter Code)	

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

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

OBJECTIVE 1: (Enter Code)		SOS 2: (Enter Code)	
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