

Technical Assistance Document for:

New York State Office of Children and Family Services **INDIVIDUAL PROGRAM APPLICATION** **Agency-Program Profile** **(OCFS 5002)**

The OCFS 5002 is a form to gather meaningful data on the overall program. When filling in the OCFS 5002 we are asking about the entire program that is requesting either Youth Development Delinquency Prevention (YDDP) funds, Special Delinquency Prevention Program (SDPP) funds, Runaway and Homeless Youth Act (RHYA) funds, as well as, other funding administered through the County Resource Allocation Process (RAP).

Listed below are some explanations and/or guidance on how to respond to corresponding topic:

- Direct Services will not be provided by this program.
 - If the program applying for funding does not provide a direct service for youth ages 0-21, check the box. Examples of this type of service could be; Youth Bureau Administration, RHYA Coordination, Parenting Education/Classes, Professional Development Trainings. If this box is checked, the program would only need to project the total program enrollment and projected daily/weekly/monthly attendance, then skip to the OCFS 5003 (see special notes on the technical assistance document for OCFS 5003).
- Projected Total Enrollment and the Projected Daily/Weekly/Monthly Attendance
 - It is most likely that programs are completing form OCFS 5002 before the actually program begins. With knowledge of the community to be served and/or history providing programming in the community, please use your best projections on the data required. A Program Annual Report will be required after the completion of the program where the actual figures and data will be described. **Please use whole numbers, not percentages.**

Website Resource's:

Disconnected Youth:

- 1.) <http://www.ccf.state.ny.us/Initiatives/CabRelate/DiscYouth.htm>
- 2.) [http://www.forumforyouthinvestment.org/files/back on track report1.pdf](http://www.forumforyouthinvestment.org/files/back_on_track_report1.pdf)
- 3.) <http://fcnetwork.org/wp/wp-content/uploads/nvinitiativevabrecs.pdf>

Website Resource's continued:

Features of Positive Youth Development Settings:

- 1.) http://www.bocyf.org/youth_development_brief.pdf
- 2.) <http://www.rcgd.isr.umich.edu/garp/articles/eccles04b.pdf>
- 3.) [http://www.forumforyouthinvestment.org/files/ForumFOCUS Jul-Aug2003.pdf](http://www.forumforyouthinvestment.org/files/ForumFOCUS_Jul-Aug2003.pdf)
- 4.) <http://www.ncfy.com/publications/pdf/PosYthDevel.pdf> (pg 21 of document)

New York State Touchstones:

- 1.) <http://www.nvskwic.org/about/touchstones.cfm>

Youth Development:

- 1.) <http://www.ncfv.com/publications/pdf/PosYthDevel.pdf>

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
AGENCY- PROGRAM PROFILE

IMPLEMENTING AGENCY:
PROGRAM TITLE:

<input type="checkbox"/> Direct Services will not be provided by this program	Projected Total Program Enrollment _____	Projected Daily/Weekly/Monthly Attendance _____
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Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: <i>(Enter number participants per gender)</i>		MALE _____	FEMALE _____
ETHNICITY: <i>(Enter number of participants per ethnic group)</i>	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: <i>(Enter number of participants per population described)</i>		<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 _____	

Please describe (in 100 words maximum per feature) how the program for which you are requesting funding addresses each of the Features of Positive Youth Development settings below.

Features of Youth Development Settings <i>(School, Home and Community)</i>	Please describe how the program for which you are requesting funding addresses each of the Features of Positive Youth Development settings.
Physical & Psychological Safety Safe and health-promoting facilities; practices that increase safe peer group interaction and decrease unsafe or confrontational peer interactions.	
Appropriate Structure Limit setting; clear and consistent rules and expectations; firm enough control; continuity and predictability; clear boundaries, and age appropriate monitoring.	

IMPLEMENTING AGENCY:

PROGRAM TITLE:

Supportive Relationship

Warmth; closeness; connectedness; good communication; caring; support; guidance; secure attachment, and responsiveness.

Opportunities to Belong

Opportunities for meaningful inclusion, regardless of one's gender, ethnicity, sexual orientation, or disabilities; social inclusion, social engagement, and integration; opportunities for socio-cultural identity formation; and support for cultural and bicultural competence.

Positive Social Norms

Rules of behavior, expectations, injunctions, ways of doing things, values and morals, and obligations for service.

Support for Efficacy & Mattering

Youth-based; empowerment practices that support autonomy; making a real difference in one's community, and being taken seriously. Practices that include enabling, responsibility granting, and meaningful challenge. Practices that focus on improvement rather than on relative current performance levels.

IMPLEMENTING AGENCY:

PROGRAM TITLE:

Opportunities for Skill Building

Opportunities to learn physical, intellectual, psychological, emotional, and social skills; exposure to intentional learning experiences, opportunities to learn cultural literacy, media literacy, communication skills and good habits of mind; preparation for adult employment, and opportunities to develop social and cultural capital.

Integration of Family, School & Community Efforts

Concordance; coordination and synergy among family, school and community

Monitoring & Evaluation Methods

(Please describe in 100 words or less)

Monitoring and Evaluation Methods

Describe the process to be used to monitor on a regular basis. Include who is responsible, frequency, and documentation of monitoring activities. Describe the process to be used to evaluate attainment of objectives. Include what will be measured, who will conduct the evaluation, when it will be conducted, and how results will be used