

**INSTRUCTIONS FOR
ALABAMA INDEPENDENCE PROGRAM
PROVIDER ILP OUTCOMES (DHR-FCS-2215)**

This form is to be submitted monthly to the Independent Living Program by mail.
Mailing address: Department of Human Resources, Family Services, Office of
Permanency, 50 North Ripley Street, Montgomery, AL 36130.

Provider ID: Enter provider identification number

Provider Name: Enter provider name

Reporting Period: Enter month and year

SSN: Enter last 4 digits of youth SSN

Name: Enter youth name

In the boxes labeled E21 through E33, check all that apply to which services that have
been provided to youth during the reporting period. Below is a description of each
numbered column.

Column Name	Description
E21	Academic Support
E22	Post- Secondary Educational Support
E23	Career Preparation
E24	Employment Programs or Vocational Training
E25	Budget and Financial Management
E26	Housing Education and Home Management Training
E27	Health Education and Home Management Training
E28	Family Support/Healthy Marriage Education
E29	Mentoring
E30	Supervised Independent Living
E31	Room and Board Financial Assistance
E32	Education Financial Assistance
E33	Other Financial Assistance

Agency/Facility Representative Signature: Self-Explanatory

Date: Self-Explanatory