

## MONTHLY TRANSITIONAL AND INDEPENDENT LIVING PLACEMENT REPORT

Agency/Facility Name (as shown on license) \_\_\_\_\_

Month \_\_\_\_\_

Year \_\_\_\_\_

(Select One)

- Transitional Living Placement** (An alternative living arrangement that provides youth, ages 17 through 20, in foster care with opportunities to practice independent living skills in a variety of on-campus settings with decreasing degrees of care and supervision.)
- Independent Living Placement** (An alternative living arrangement whereby youth live in community based housing rather than in a foster home or on a group home campus.)

<u>Youth's Name</u>	<u>Age</u>	<u>Grade</u>	<u>Employment</u>	<u>Expenses</u>	<u>Portion %</u>
			<input type="checkbox"/> FT <input type="checkbox"/> PT _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> FT <input type="checkbox"/> PT _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> FT <input type="checkbox"/> PT _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> FT <input type="checkbox"/> PT _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> FT <input type="checkbox"/> PT _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Agency/Facility Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_