

PROVIDER ILP OUTCOMES

PROVIDER ID:	PROVIDER NAME:	REPORTING PERIOD:

CLIENT LIST

SSN (Last 4)	NAME	E21	E22	E23	E24	E25	E26	E27	E28	E29	E30	E31	E32	E33
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COLUMN NAME	DESCRIPTION	COLUMN NAME	DESCRIPTION
E21	Academic Support	E28	Family Support/Healthy Marriage Education
E22	Post-Secondary Educational Support	E29	Mentoring
E23	Career Preparation	E30	Supervised Independent Living
E24	Employment Programs or Vocational Training	E31	Room and Board Financial Assistance
E25	Budget and Financial Management	E32	Education Financial Assistance
E26	Housing Education and Home Management Training	E33	Other Financial Assistance
E27	Health Education and Risk Prevention		

AGENCY/FACILITY REPRESENTATIVE SIGNATURE

DATE